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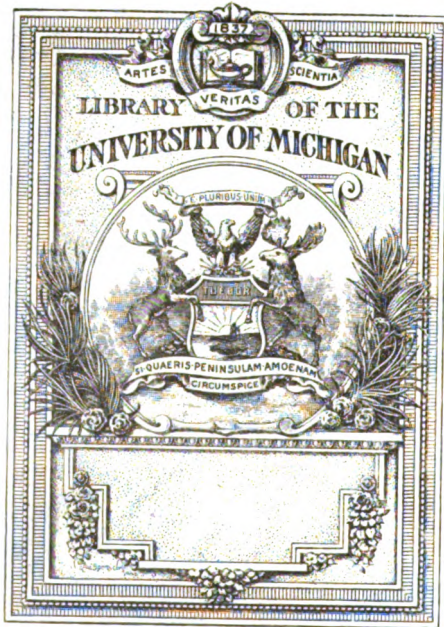
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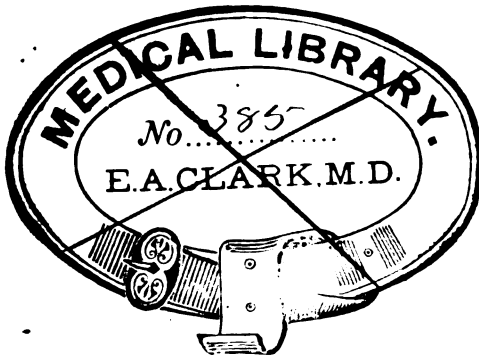
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Dr. D. M. S. P.

for Dr. M. S. P. 14/—

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DR. HARLEY ON BELLADONNA.*

BY CARROLL DUNHAM, M.D., NEW YORK.

DR. HARLEY'S essay on *Belladonna* begins thus: "Of late years, and since its active principle has come into general use, *Belladonna* has engaged a large share of attention; and so much that is at variance has been written concerning its physiological action, that, in treating of the subject, there is risk of falling into controversy. * * My labors have been directed to ascertain the effects of *Belladonna* on the body in medicinal doses, with a view to its rational employment in disease." Is this, then, the way to come upon the rational use of a drug in disease—to ascertain its effects on the (healthy) body in medicinal doses? Why, what else did Hahnemann propose and practice? "I shall commence with a description of the effects of the medicine on the horse, the dog, and on man, in increasing doses; in the second place, I shall endeavor to interpret the several phenomena; and, thirdly, to apply the knowledge thus obtained to the relief of those morbid conditions to which it seems adapted."

* The Old Vegetable Neurotics, by John Harley, M.D. London, 1866.

The *Sulphate of Atropia* was used by Dr. Harley in his experiments, and it was applied by subcutaneous injection. First trying it upon the horse, his conclusions are as follows :

"In the horse, *Belladonna* causes :

1. Powerful stimulation of the heart, the maximum effects following doses which are insufficient to produce nervousness. In large doses the maximum acceleration is often less, and the force of the heart's action and tone of the blood-vessels is always diminished.

2. The action of moderate doses on the cerebro-spinal system results in a general quieting effect. Large doses cause undue sensibility to external impressions, a slight noise or a touch causing a start or a tremor ; the hearing becomes excessively acute, vision is obscured, but the impressions conveyed by the eyes are acutely perceived. Wakefulness and slight restlessness are the results of the prolonged action of large doses. Injection of the membranes of the brain, as indicated by the effect on the sclerotic and conjunctivæ, accompany this condition.

3. The urinary function is excited, and generally the quantity of urine is increased. The mucous secretions of the alimentary canal and the bile are slightly increased. The skin appears to be unaffected.

4. No appreciable effects on the respiration."

"On the dog," says Dr. Harley, "intense stimulation of the heart, accompanied by dilatation of the pupil and dryness of the mouth, is the most prominent effect of *Belladonna*."

1. "In comparison of its size, the dog bears a much larger dose than the horse.

2. "In the dog, the influence on the heart is more strongly marked, while the cerebral effects are much less decided.

4. "The effect on the kidneys was decidedly diuretic, and *Atropia* continued to be eliminated with the urine so long as the action of the medicine continued. The presence of the alkaloid can be readily proved by dropping a little of the urine into the eye."

In experimenting upon man, Dr. Harley used subcutaneous injections of \mathfrak{m} v to \mathfrak{m} vij of a solution of 1 grain *Sulphate of Atropia* in \mathfrak{z} j water—say from the $\frac{1}{160}$ to the $\frac{1}{100}$ of a grain.

"If \mathfrak{m} iij to \mathfrak{m} iv of the solution be injected beneath the skin of a person in health we shall observe, after ten or twenty minutes, an acceleration of the pulse, and generally a slight increase in volume and power. If the pulse was previously slow and feeble, or intermitting, the change will be very decided. The acceleration will generally amount to twenty beats in a

minute; it will take place suddenly, and attain its maximum within one or two minutes. After being maintained for half an hour, a gradual decline takes place, and the heart soon returns to its usual state, and continues to beat as quickly and powerfully as before. Just as the pulse rises, a slight giddiness is often perceptible. Usually, these will be the whole of the symptoms; but, in weak and delicate adults, a feeling of dryness of the mouth and throat, and, at the end of an hour or two, a slight dilatation of the pupil, in a subdued light, will be superadded."

Larger and larger doses produce —

"Increased acceleration of pulse; dryness of the anterior part of the tongue, and of the hard palate; much giddiness and waviness of vision; unsteadiness of gait; huskiness of voice; great dryness of mouth and throat, and anterior part of the tongue, or the whole of the dorsum, excepting a wide margin, being dry, brown, and rough. The hard, and, in many persons, the soft palate also will be perfectly dry and glazed. More or less somnolency and, sometimes, a little flushing of the face."

Still larger doses, ℥ xx of the solution, produce —

"If the subject be weak or unusually susceptible to the action of the drug, a little meddlesome delirium. He will require attention to keep him from getting out of bed; will have little or no inclination for sleep, and will probably be busily influenced by pleasing illusions and delusions, meddling with every thing in his way, picking at and handling imaginary objects in the air, and accompanying his acts by muttering and smiling, or with loud chattering, interrupted by subdued laughter."

"As far as my observations go, *nausea* and *headache* are rare and exceptional consequences of the *subcutaneous* use of *Atropia*. *Dysuria*, or more or less complete retention of urine for two or three hours, invariably follows the action of a full medicinal dose of the drug." Statement very interesting to the Homœopathist who knows the value of *Belladonna* in retention of urine.

Certain conditions, according to Dr. Harley, affect the action of *Belladonna* :

"*Children* are remarkably insusceptible of its action. This, however, is more apparent than real. Children in this respect resemble the lower animals, and while acceleration of pulse, dilatation of pupils, and dryness of the mouth, are most readily induced in them, cerebro-spinal effects, giddiness, drowsiness, illusions of the senses and unsteadiness of gait, are only developed after very large doses."

2. "Pregnancy appeared to diminish the activity of *Atropia*. This is a point on which observation is very desirable with regard to all drugs. To us it seems doubtful."

3. "The *weak* and those of *excitable temperament* are more readily affected than the strong."

4. "*Condition of the renal function.* In kidney disease, where the secretion of urine is diminished, or only very moderate in quantity, the effects of *Belladonna* are both readily induced and are considerably prolonged; and, secondly, in persons in whom the kidneys are usually active, the action of the drug is less powerful. * * We may safely conclude that the effects of *Belladonna* are in some degree proportionate to the activity of the renal function, the action of the drug being much more marked when the quantity of urine is small than when it is abundant. This fact will, to some extent, explain the comparative immunity of children."

Neither alkalis, nor acids in the blood have any modifying influence on the action of *Atropia*, according to Dr. Harley, except in so far as they increase the renal secretion.

These observations on the relation between a full renal secretion and a minimum sensibility to the action of the drug are quite interesting, in view of the experiments of Hermann upon the action of curare given by the mouth, when the renal artery was ligated and this suggestion that the action of serpent venom might be dependent on the activity of the renal secretion. (See Vol. IV., p. 67.)

As regards the elimination of *Atropia*, Dr. Harley says: .

"It passes, undiminished and unchanged, through the blood, and the kidneys are active in its elimination from the minute it enters the circulation until it is entirely removed from the body. After a full medicinal dose, two or three hours are required for this purpose. Availing myself of its dilating action upon the pupil, I have repeatedly demonstrated the presence of *Atropia*, in the urinary secretion of different individuals, eighteen to twenty minutes after the subcutaneous injection of the $\frac{1}{8}$, and even the $\frac{1}{16}$ of a grain of *Sulphate of Atropia*, and have ascertained its existence in urine secreted two and a half hours after a larger dose. This fact is readily demonstrated by placing one or two drops of the urine between the eyelids, at intervals of ten to twenty minutes, for two or three hours. That the $\frac{1}{16}$ of a grain of *Sulphate of Atropia* — a quantity insufficient to destroy an infant — may thus easily be detected in the urine, is a fact of practical importance in a medico-legal point of view (the physiological test), while, to the physiologist, it is one of great interest. That the drug passes undiminished through the system, is evident from the fact that the *Atropia* urine dilates the pupil as readily, and to as great an extent, as an equal bulk of water, to which the dose of *Atropia* has been added. I conclude, therefore, that the fullest medicinal doses are wholly removed by the kidneys alone. *Belladonna*, indeed, is, in the truest sense of the word, a diuretic, and more powerful, perhaps, than any other that we possess. After excessive doses in both man and the lower animals, frequent emission

of urine is a marked symptom. In medicinal doses, the diuretic effect is often masked by the retention of the urine; but if that which is excreted during the operation of the *Belladonna*, and a few hours afterwards be examined, an increase, either in the specific gravity, or of the quantity, will be observed. In the latter case, the specific gravity will, of course, be proportionally diminished. Analysis will show an increased elimination of all the solid constituents, excepting generally the *Chlorine*, which, on account of the increase of the other constituents, appears to be diminished. The urea is always increased, and often to a considerable extent; but the effects of the drug are most manifest in the increase of the phosphates and sulphates, which are sometimes doubled."

Tables are given which show the increase of solid constituents, as well as of the bulk of the urine under the action of *Sulphate of Atropia*. These observations are very interesting, in a pathological sense, to Homœopathists who have been led, by other than pathological considerations, to use *Belladonna* in scarlatina, in view of the important part played by the renal function in the pathology of that disease.

"Having completed my description of the phenomena which attend the operation of *Belladonna*, and discovered some of its results, I now pass on to a more general consideration of the subject, with the view of ascertaining, as far as possible, the nature and mode of an action which, in every aspect, is as wonderful as any in nature. An infinitesimal quantity of *Atropia*—a mere atom—as soon as it enters the blood, originates an action which is closely allied to, if it be not identical with that which induces the circulatory and nervous phenomena which accompany meningitis, enteric, or typhus fevers; and as the alkaloid gradually passes out of the body, and is finally eliminated, undiminished and unchanged, we see these great functional disturbances decrease *pari passu*, until the body is restored to its normal condition. Such an action is strictly comparable with that of sunlight on a mixture of *Chlorine* and *Hydrogen*, or of spongy *Platinum* on *Hydrogen*. *Atropia* determines an action as powerful and almost as rapid as either of these agents, and, like them, it is only the determining cause—it undergoes no change itself."

This noteworthy passage states clearly enough that *Atropia* produces symptoms very similar to those of meningitis, and enteric or typhus fevers; a fact long known to Homœopathists, and made available by them. Taken along with the records of his various experiments, it shows an awakening to the fact that a given action of a drug is not necessarily in direct proportion to the quantity of the drug

administered — a fact long ago demonstrated in Homœopathic practice, but hardly admitted as yet by our opponents.

“If we take the simplest view of its action on the sympathetic nervous system and circulation, *Atropia* is a direct and powerful stimulant. * * The stimulant effect is so intense, that if the dose be excessive, signs of exhaustion are soon manifest. The maximum effect is observed after *moderate doses only*. * * *

“After moderate doses, the whole circulation is increased in force and rapidity. The tone of the larger arteries is good, and, if the circulation was previously slow, we find that they are usually increased in volume as well as in tone. After larger doses, we observe no further increase in the force and rapidity of the circulation, and usually a decided decrease in the volume of the smaller arteries. If the dose be still further increased, we shall observe only a moderate acceleration of the pulse, a diminution of the size of the artery, and a positive decrease in the force of the pulsations. When the dose is excessive, the artery will often be found dilated, and its coats flaccid, and collapsing under the slightest pressure.”

“ACTION ON THE SKIN AND MAMMARY SECRETIONS. Simultaneously with that general diffusion of warmth which accompanies the equal distribution of the blood throughout the body, a *scarlet suffusion* of the skin is often observable in young children and those who have a delicate skin. This injection of the cutaneous capillaries has been described as a scarlatinous rash. [So it has!] Generally it is nothing more than a temporary blush, but in rare cases, and in persons who are liable to vascular irritation of the skin, the redness remains, and its disappearance is attended with slight roughness and desquamation.”

Now, is not the disingenuousness of men who are thus, little by little, constrained to rediscover what Hahnemann observed, proclaimed, and made available fifty years ago, calculated to bring more than a “temporary blush” to the cheek of every honest professional man?

“The action of *Belladonna* is most unmistakably displayed in allaying and removing excessive functional activity of the mammary gland.”

This is a clinical observation, and Homœopathic lore contains many which confirm it. When, at length, we shall have a number of well educated women-physicians engaged in drug provings, we shall know more about the pathogenetic action of this important drug on the mammary gland, the ovaries, the uterus, and their respective functions. Until then, we shall grope blindly, to how great detriment of our patients we shall only then know.

“ON THE MUCOUS MEMBRANE AND GLANDULAR SYSTEM. Theoretically we might conclude that an increased flow of blood through the parenchymatous glands would result in increase of their secretions. With the kidney this is actually the case; but in the mouth we have positive evidence of the arrest of secretion. While there is no lack of moisture on the finger-ends and skin generally, or in any other part of the body, and while the whole circulation is endowed with increased tone and activity, those parts of the mouth which are adjacent to the median plane are so completely parched that they fail to impart the least moisture to a bit of bibulous paper. * * * Dryness of the lips, the buccal mucous membrane and the pillars of the fauces, only occurs after large doses; but a very moderate dose is required to render the central part of the *tongue* dry and parched from back to front, and the hard and soft palates and back of the œsophagus as dry and glazed as a piece of paper. If we examine the parts last mentioned, we shall find them dark red and congested, and there will be no difficulty in recognizing a turgid vessel here and there. It is plain, therefore, that the absence of moisture is not due to the occlusion of the blood-vessels; we have, in fact, a condition which exactly resembles that accompanying the typhous state. The blood-vessels of the part are congested and the blood is arrested.”

After a not very lucid attempt to account for the production of stasis in any part, whereas *Belladonna* increases the general activity of the circulation, Dr. Harley regales us with the following deliciously naïve remark :

“While dryness is the invariable result of the use of *Belladonna* in health, it is remarkable that the *reverse* effect occasionally follows its use in disease. A quarter of an hour after the injection of a medicinal dose of *Atropia* beneath the skin of a patient suffering from fever, I have several times observed the tongue, which, for days before had been parched, contracted and hard, swell out again and become moist for a time.”

As who of us has not, whether he be a high or a low-potency man! “A Daniel come to judgment!” A Hahnemann again at the bedside!

“I can not say that I have ever noticed positive dryness of the conjunctival membrane during the action of *Belladonna*, but the injection of one-sixth of a grain produced ophthalmia of several days' duration in one of the dogs employed in my experiment.”

In Dr. Harley's opinion, *Belladonna* increases the coloring matter and the quantity of the bile. As to its action on the intestines and bladder, the following observations are exceedingly interesting and instructive :

“*Belladonna* has been deemed efficacious in obstinate constipation; in incontinence of fecal matters, in incontinence of urine, and in the expulsion of renal and biliary calculi. Its influence in these cases is usually attributed to the property which it is assumed to possess ‘of increasing the peristaltic contraction of the intestines, by virtue of which it easily overcomes obstinate constipations, and which very often goes so far as to cause diarrhœa.’ Now, I think it will be conceded that diarrhœa is no evidence of increased peristaltic action, but rather of the reverse condition. Increased peristaltic action often follows the subcutaneous use of *Morphia*, and the intestines are emptied without the production of diarrhœa, which may, however, subsequently arise from causes independent of the contraction of muscular fibre. The *modus operandi* in the above mentioned conditions appears to be as follows: *Belladonna* allays pain, and thus removes irritation and the attendant spasm, which is at once a cause of pain, and an obstructing agent. And, further, the drug relaxes the circular muscular fibre, and ‘in the case of a calculus’ this facilitates its passage. In incontinence arising from spasm, the expulsive efforts are moderated. I take the condition of the bladder as sufficient evidence of the correctness of this view. Retention of urine almost invariably occurs during the action of a full dose of *Belladonna*, and dysuria very often follows. We may encourage a patient to make prolonged efforts to pass urine, when fully under the influence of the drug, and he will either fail altogether or only pass a few drachms, and this not in little jerks, which indicate spasm, but in weak dribblets. Indeed the absence of spasm is easily determined. If a full-sized flexible catheter be introduced under these circumstances, it meets no opposition, but slips readily into the bladder, and the urine flows as sluggishly as from the bladder of a patient afflicted with paraplegia. I have several times had occasion to use the catheter in order to complete an observation. When the viscus has contained quantities varying from $\frac{3}{4}$ vij to $\frac{3}{4}$ xix, its contractile force has only been such that, while the handle of the instrument (No. 11) has been held horizontally with the orifice lodged upon the margin of a glass jar $3\frac{1}{2}$ inches across, the stream has fallen in a short curve a space of four inches before it has come in contact with the opposite side of the vessel. The frequent micturition which is observed after poisonous doses, and sometimes after medicinal ones, is the result of repeated calls to empty a distended and weakened bladder. Faint spasms may occasionally happen. It appears pretty conclusive, then, that *Belladonna* relaxes the hollow viscera, and it is to this effect that we must attribute its antispasmodic as well as its expulsive action. Experimental enquiry shows that the circular fibres of the hollow viscera are under the control of the spinal cord, and there is reason for believing that the longitudinal fibres are equally under the influence of the sympathetic nervous system. We can readily understand, then, how the action of *Belladonna*, by relaxing the circular fibres, and at the same time tightening the longitudinal, may be effectual in getting rid of a biliary or renal calculus, or an intestinal concretion, and this without the strong, expulsive efforts which accompany contractions of the circular fibres. For the same reason no particular intestinal contractions would

occur in the absence of such fulcra for the contractions of the longitudinal fibres. These remarks are equally applicable to the bladder, the contractile fibres of which, as diseases of the spinal cord teach us, receive their stimulus through the spinal nerves."

We pass, for the present, Dr. Harley's extended remarks upon the action of *Belladonna* upon the pupil, since these should form the subject of a separate article, and quote, concerning its effect on the cerebro-spinal system :

"The general effects of *Belladonna* resemble those of *Opium* in being excitant and hypnotic, but, in their particular character, they differ greatly from those produced by *Opium*. The excitement does not produce cramp ; and convulsion is an after effect, and not a result of the direct action of *Belladonna*. So also the soporific effect is much less marked ; it never, in man, amounts to narcotism, and the coma which supervenes during the last hours, after a poisonous dose, is, like the convulsions which occasionally happen, a remote consequence, and not a direct effect of the action of the drug. * * After larger doses, insomnia and delirium arise, and poisonous doses prolong these effects for many hours. * * The influence of *Belladonna* on morbid sensation is not merely palliative, it is remedial. The beneficial effect is partly attributable to a direct action on the nerve tissue, and partly to the influence of the drug in removing hyperæmia, from which the neuralgia often results."

We have seen that, according to Dr. Harley, *Belladonna* produces hyperæmia on the healthy.

"The action on the motor centres and the spinal cord is comparatively slight. The *corpora striata* participate both in the hypnotic and in the excitant effects. Giddiness and muscular weakness, from inability for exertion, rather than from real loss of motor power, accompany the hypnotic effect ; while restlessness and insomnia as invariably occur when the hypnosis is overruled by the excitant action.

"The spinal cord is least of all affected by the action of *Belladonna*. Some observers conclude that the reflex function is diminished, others that it is increased. The truth appears to be that it is only when the voluntary control over the muscular movements is weakened that any effect on the cord is observable. When the movements become feeble and tremulous, it is then that jactitation appears, and feeble convulsive movements are apt to supervene. It is not that the reflex activity of the cord is increased, but that the voluntary control is weakened.

"*Belladonna* has no direct influence on the respiration. * * It has no paralyzing action on the vagus nerves, as exhibited in either the respiratory movements, or the action of the heart. * * The most decisive result of the action of *Belladonna* is a very considerable increase of the phosphates, and the whole of the accompanying phenomena may be attributed to excessive stimulation of the nerve centres, attended by increased oxydation.

* * The essential action of *Atropia*, therefore, appears to be hyperoxydation of nerve tissue. If the supply of *Oxygen* were proportionately increased, the process would probably be sustained until nutrition failed; but the respiratory function is only rarely and exceptionally increased, the blood suffers deoxydation, the nervous system manifests general depression, and symptoms resembling those of poisoning by *Carbonic oxide* or *Carbonic acid* supervene. The temperature falls, and the skin becomes cold and dusky, the respiratory movements become slower and shallower, the heart's action weaker, and torpor soon ends in coma."

We turn now to Dr. Harley's suggestions as to the "Therapeutic uses of *Belladonna*;" and which he professes to deduce from its action on the healthy.

"*Belladonna* must be regarded, *first*, as a *vaso-cardiac stimulant*; *secondly*, it is a potent diuretic; *thirdly*, by virtue of a direct action on the nerve centres, and of its stimulant effect on the circulation, it is an oxydizing agent; *fourthly*, it possesses powerful anodyne and hypnotic properties; and *fifthly*, as a result of its action on the sympathetic and sensory centres, it is a valuable antispasmodic. 1. Simply as a general diffusible stimulant, *Belladonna* surpasses all other drugs. * * In all conditions and diseases, therefore, in which there is depression of the sympathetic nerve-force, such as syncope from asthenia or shock; in the collapse of cholera; in failure of the heart's action from *Chloroform* or other cardiac paralyzers, the subcutaneous use of *Atropia* is the most appropriate and hopeful means of resuscitation.

"While such cases as the above will call for the occasional use of *Belladonna*, my experience of its beneficial action in *acute disease*, in hyperæmia and stasis from impaired power or disordered action of the sympathetic, either general or local, leads me to believe that it has not yet attained to its legitimate place as a therapeutic agent, and to anticipate that its sphere of usefulness will be acknowledged before long to be co-extensive with that of acute disease itself."

We wonder if Dr. Harley has ever met any of our good colleagues, whose habit is to begin their treatment of almost every acute case with *Aconite* and *Belladonna*, in alternation, and, in every acute case where the prescription is doubtful, to give *Belladonna*, and whether he has remarked that, slipshod as this practice is, their success is, from the standpoint of *his school*, *enviable!*

"The similarity of the general phenomena which attend the operation of *Belladonna* and those which accompany pneumonia, enteritis, the development of pus in any of the tissues or organs of the body, etc., has already arrested attention. We know that these local diseases are the result of hyperæmia and stasis, and of exudations and their transformations, which

are taking place to relieve the congestion of the blood vessels of the part. But, what of the pyrexia? Why the general vascular excitement because the bed of the nail or the tonsil is inflamed? We call it symptomatic or *sympathetic*, and so it really is. One part of the sympathetic nerve is visited and the whole system is aroused against a local offender. The pyrexia then is not the disease but the remedy. Nature is lavish in this as in all else; she develops the curative means abundantly and leaves us to control them. Thus we dissociate pyrexia from morbid action; but if it be left uncontrolled, exhaustion ensues, and the remedial action becomes a part of the morbid process, just as occurs with *Belladonna* itself when used injudiciously. Thus, in applying *Belladonna* to the treatment of acute disease, we are not blindly led by an unscientific dogma, but simply follow nature."

This sequitur reminds us of a paragraph in a chemical lecture we once heard delivered, by an illiterate man, for the benefit of a religious society. "Oxygen," said the lecturer, "will combine, under all circumstances, with the hydro-carbons, even though slowly; when we hasten the process by heat, combustion ensues. Therefore, 'whatever is, is right.'" Dr. Harley sees that the beneficent pyrexia must be kept in check. He gives a drug the action of which, on the *healthy*, is to *produce* pyrexia, and, with *it*, he checks the existing pyrexia. (This looks like a Homœopathic procedure, but no, it is no such unscientific thing, for) "Thus we follow nature, and not an unscientific dogma." And pray where, save in the operations of nature, were observed those phenomena on which is based the dogma "Similia Similibus Curantur?"

Listen again :

"The action of *Belladonna* in febrile diseases is frequently attended with results which are not only unexpected but *exactly* the *opposite* of what is observed in health. Thus it may happen, if we give a full dose of *Atropia* to a patient with a pulse of 120 and higher, a dry and hard tongue, and pupils measuring the $\frac{1}{4}$ ", 'that after 10, 20, or 30 minutes, when the action of the *Belladonna* is fully developed, the pulse will be decreased, the tongue be moist, and the pupils contracted.' (The Dutch have indeed taken Holland!)

"TWO SIMILAR EFFECTS, the one arising from a local irritation, and the other from the presence of *Belladonna*, like spreading circles on a smooth sheet of water, interfere and neutralize each other."

A wishy-washy way of stating the Homœopathic process of cure, but not bad for a beginner!

"It appears, therefore, that the stimulant action of *Belladonna* is converted in a great measure in febrile diseases into a tonic and sedative influence."

Good again!

Dr. Harley considers *Belladonna* the most hopeful remedy in pneumonia, and gives three cases, of which one was convalescent on the 12th day, one on the 20th, and the last on the 22nd day. This success would not have been creditable to an average Homœopathic practitioner. He gives likewise four cases of enteric fever, and four of typhus, in which he conceived *Belladonna* to have done good service.

Respecting nephritis, he says :

"If *Belladonna* really influences congested blood-vessels in the way above indicated, in any tissue of the body indifferently, it is to be expected that its power in relieving inflammatory conditions of the gland, which is solely instrumental in eliminating medicinal doses, will be even more rapid and decided. * * In nephritis the quantity of albumen in a given sample of urine will depend on two conditions: 1, the ingestion of nitrogenized diet; and 2, the activity of the body. After a full meal and exercise, the albumen will attain the maximum, and after a period of rest and fasting, the minimum amount. If a dose of *Atropia* be given when the exudation of albumen is at the maximum, it will be observed to undergo little or no diminution so long as the *Belladonna* symptoms continue fully developed; towards the close of its operation, however, a gradual diminution will be observable.

"On the other hand, if the dose be administered when the exudation of albumen is at the minimum, the first effect will usually be a slight increase, unless the dose be a very small one; and if the dose be excessive, the albumen will be increased to the maximum amount. If the dose be not excessive, the albumen begins to decrease as the symptoms of the *Belladonna* action decline and after a few hours the beneficial influence of the drug becomes apparent. * * In using *Belladonna* in renal disease, we must be careful to avoid large doses."

The old caution this — the more Homœopathic the drug, the smaller must be the dose, if you would do good and no harm! He gives several cases of nephritis, acute and chronic; one of desquamative nephritis following scarlatina; and one of chronic albuminuria, all successfully treated by *Belladonna* and *Atropia*.

Dr. Harley recommends *Belladonna* on theoretical grounds in "suppression of urine and uræmia," because of its

“direct and simultaneous action on the circulation and renal function, arousing the former and reëstablishing the latter.” It will not fail to be observed that his method gives us no means of distinguishing between the indications for *Belladonna* and those for *Terebinth*, *Mercury corr.*, and *Cantharis*, which likewise affect the renal function and the circulation simultaneously.

In gout and rheumatism, acute and chronic, *Belladonna* is recommended, as a promoter of oxidation and an anodyne.

“**NEURALGIA.** In painful affections of the nerves, whether arising from functional disorder or inflammatory action, *Atropia*, used subcutaneously, is the most valuable remedy that we possess. In my hands it has never failed to bring relief, and in all cases, save one, has finally removed the affection. Its action is not merely anodyne; it is remedial.” (What we used to call *specific*.)

In spasmodic asthma; in epilepsy when traceable to emotional excitements; in removing the pain incident to the passage of calculi; and in enuresis, Dr. Harley has found *Belladonna* very serviceable.

This is but a small list of maladies, and these are but vague indications for a remedy so widely applicable, and so precisely defined in its action, as *Belladonna* is in our *Materia Medica*, as we shall see by a future comparison. The essay contains, nevertheless, many data, and some pathological deductions, which are most interesting, and may be made very profitable to us.

DISEASES OF CHILDREN.

BY T. G. COMSTOCK, M.D., ST. LOUIS, MO.

MEASLES.

THE disease called measles has been very prevalent in St. Louis for the past three months; and another very peculiar eruption called by some physicians, roseola, by others scarlet-rash, by others considered an exanthematous affection, and designated by the German dermatologists as "*Friesel*," (*miliaria rubra exanthematosa*,) has prevailed even more than genuine measles. This eruption was a slight rash, which affected a great many children, and assumed much the appearance of a light form of measles; it alarmed mothers and nurses, but in most every instance ran a very mild course. We had seldom occasion to give any medicine, but prescribed *Saccharum lactis*, as nature seemed perfectly competent to cure it. In a few cases there was a sore throat and swelling of the glands, and in some few the eruption remained out a good while. In these cases *Bell.*, *Merc. sol.*, *Merc. deut-iodat.*, or *Rhus tox.* were prescribed. This eruption, *miliaria rubra*, or *Friesel*, proved to be no preventive against the measles; for in most cases after its appearance, in a few weeks, the measles broke out, so that quite often mothers would tell us, "why! my child had the measles only a few weeks since, at least the doctor pronounced it so." This peculiar eruption is also known in St. Louis under the familiar name of "French measles," a term we have been accustomed to hear for the last fifteen years, whenever we treated a mild case of measles. The origin of this nomenclature in disease we could never trace out. The cases of measles which we have seen (and we have treated at least sixty or more within the last three months), have generally been mild, not characterized so strongly as usual by the catarrhal symptoms which generally precede an attack, such

as sneezing, dry cough, lachrymation, slight fever, etc.; in some cases, however, the prodrome, or stage of incubation, lasted a week or ten days before the diagnosis was clear, or the measles appeared. In nearly all cases we had a sore-throat to deal with, which seemed to be a tonsillitis; in a few cases we had diphtheria; in two cases congestion of the lungs, and in one case gangrene of the mouth (noma). In simple, uncomplicated measles, we found little necessary to do; in some cases we did not interfere with nature, prescribing only *Saccharum alb.* When medication was necessary, our principal remedies were *Aconitum*, *Bryonia*, *Pulsatilla*, *Hepar sulph.*, and *Hyoscyamus*. In cases where sore throat was troublesome, we gave *Bell.*, *Merc. deuto-iodat.*, or *Merc. sol.* Where the eruption did not come out well, we gave *Ipecac.* and *Bryonia*.*

Where congestion of the lungs was a complication, *Aconite*, *Bry.*, *Phos.*, and *Tartar emetic*; where diphtheria was a complication, *Bell.*, *Kali chlor.*, *Merc. deuto-iodat.*, *Cantharis* or *Hepar sulph.* were prescribed. One case of gangrene of the mouth we saw in a beautiful boy \ae t. ten, after a light attack of measles, attended by another practitioner, who called us in consultation when the disease had become pretty well developed. The gangrene seemed to have commenced from a slight ulceration of the mucous membrane, near the incisor teeth, and rapidly progressed, notwithstanding the use of the usual remedies, such as *Arsen.*, *Lachesis*, *Secale*, *Carbo vegetabilis*; also, gargles of *Nitric* and *Muriatic Acid*, *Sulph.*, *Ether*, *Carbolic acid*, etc., were tried, but all to no effect. The sepsis of the blood could not be arrested, and the child died on the eleventh day. These cases are exceedingly rare, but we have seen several during the past fifteen

* In St. Louis, from time immemorial, *Saffron tea* has been used as a domestic remedy in measles. It is believed to have the power to "drive out the eruption;" but it has just as much power to *drive it in*. Fortunately, it does no harm, and no good. It is said the ancients fancied that *Saffron tea* would drive out the eruption, because the color of *saffron* was similar to the color of the eruption of measles. As a remedy it is useless, but its virtues are so fixed in the minds of the old ladies that it is useless to taboo it.

years—have also observed them in St. Anna's Children's Hospital, in Vienna. The same disease comes on in children after scarlet fever, or typhoid fever, and as a complication of malarious fever in the "Illinois bottom," opposite St. Louis; also after small pox and mercurial intoxication. In all cases that we have ever met with of genuine gangrene of the mouth, or noma, it proved fatal.* This gangrene of the mouth (called also cancer aquaticus) is not to be confounded with stomacace, cancrum oris or aphthæ, which affections are always amenable to Homœopathic remedies.

Other sequelæ after measles :

1. *Catarrhal Ozæna*.—Prognosis usually favorable, but it may last a long time. Remedies—*Calc. carb.*, *Hepar sulph.*, *Natr. mur.*, *Kali bichrom.*, *Aurum mur.*, *Silicea*, *Phosphor.*, *Kali hydriod.*, *Merc. corros.*, *Cinnabaris*; also the use of Dr. Thudicum's nasal douche, using a solution of salt in tepid water. In some cases of the most obstinate ozæna in children as well as adults, electricity will cure when every other means have failed. The electrical current must be applied once daily through the Schneiderian membrane. After its use other medicines seem to act much better.

2. *Chronic Ophthalmia*.—Prognosis, favorable. Therapeutics—*Arsen.*, *Merc. sol.*, *Bell.*, *Apis*, *Acon.*, *Euphrasia*. As an eye-wash, *Sassafras-pith-mucilage*, to be used freely every two hours; child to have a nutritious diet, the eyes to be protected by means of a shade.

3. *Laryngitis and Chronic Bronchitis*.—Prognosis favorable, except in scrofulous or hereditary consumptive children. Remedies—*Aconite*, especially when acute catarrh, with feverish symptoms, are complications. If there is a dry cough, either *Phosphor.*, *Hepar sulph.*, *Merc. sol.*, *Nux Vom.*, *Causticum*, or *Sulphur* should be selected. Should these symptoms be worse at night, then give *Hyosc.*, *Bell.*, *Spongia*, or *Conium*. If the cough is spasmodic, then give *Ipecac.*, *Bryonia*, *Pulsatilla*, *Hyosc.*, or *Bell.*; if with difficulty of breathing, dyspnœa, give *Tartar emetic*, *Ipecac.*, *Arsenic*, *Veratrum*, or *Lachesis*.

* *Guaræa* is said to cure this formidable affection.—*S.*

4. *Acute and chronic tuberculosis.*—Acute consumption occasionally follows measles, and may readily be mistaken for typhoid fever. Prognosis unfavorable. Remedies: *Aconite, Arsenic, Phosphorus, Rhus. tox., Silicea, Hepar sulph., Calc. carb, Natr. mur. and Iodine.*

5. *Dysentery not unfrequently follows measles.*—Prognosis favorable. Remedies—*Merc. corros., Podophyllin, Ipec., Colocynthis, Verat., Acid phos., Aconite, Arnica, Plumbum,* or *China.* Chronic diarrhœa is best treated by *Acid phos.,* or *Sulphur,* or *Cinchona.*

6. *Diphtheria.*—When diphtheria complicates measles it is a very serious affection, far more serious than when it comes after any other disease. Dr. West has most graphically described it in his work upon Diseases of Children, and his unfavorable prognosis in such cases is by no means an overdrawn picture. In the last three months we have had several cases of this kind, and they have all fortunately terminated favorably. Our experience in former years has, however, not always been so favorable. Remedies: *Merc. deuto-iodat., Bell., Kali chlor., Canth., Carbo veg., Fer. pyrophos.,* or *Chinin. ars.* The two last named are especially useful where the diphtheria assumes a chronic form.

Constipation of young Children.—The young physician who is anxious to please, will find, in practice, a good deal of trouble in the management of constipation. The young mother brings to the doctor a fine looking, healthy child to be treated for constipation. She relates a most glowing account of the little one's sufferings, and desires relief to be given immediately. What is to be done in these cases? If the constipation seems not to hurt the child, very little need be done, as such children are always healthy; but you must satisfy the anxious mother by prescribing something, else she will certainly call in another medical man. In our experience, we have always found constipation to affect only the most healthy children, and the treatment necessary has been nearly always expectant. Sometimes it is annoying because it causes the child to "strain," and to ameliorate this, therapeutical means will be requisite.

First of all, the mother must conform to hygienic rules as regards her living and diet. Among medicines we may name *Nux vom.*, *Opium*, *Sulphur*, *Alum.*, *Plumb.*, *Lycopodium*. A tea-spoonful of stewed figs may be administered three times daily, or to children over six months a fresh fig may be given occasionally and the child allowed to eat it. We have personally known of a great many converts to the Homœopathic faith, who have left Allopathy because their "old doctor" gave too much *Rhubarb*, *Castor oil*, *Magnesia*, *Salts*, and *Calomel* to cure the constipation of their babies; pure expectant medicine is vastly superior to this kind of treatment.

The Itch in Children.—This is a disease which is more and more common every year among the better classes; in fact, for several years past, most all the cases of itch we have treated, with few exceptions, have been among the upper classes. Diagnosis of the disease: If there are two things necessary for a physician to know, and to know well, one is to be able to recognize the small pox, and the other the itch. Our esteemed medical brethren who ignore pathology consider the diagnosis of a disease as quite unnecessary, it being required simply to remove the symptoms of any disease, when a cure will follow, and they will pronounce our assertion as an exaggeration; but we have lost our patience with these gentlemen years ago. If old practicing physicians choose to act so nonsensically as to sneer at pathology, it is their own business, and not ours; we are writing for younger members of our profession, for students and scholars, and we wish particularly to enjoin upon them that it is not sufficient merely to prescribe for the subjective symptoms of a disease, the objective symptoms or pathological conditions must be prescribed for, if they can possibly be discovered. In case we have the itch to deal with, if the subjective symptoms are alone prescribed for the disease will last for years: in a large practice of nearly twenty years' duration, we have never seen or known of a single case of true itch cured by high attenuations of *Sulphur* given internally; and Hahnemann himself, in practising

upon Dr. Hartman's brother, it seems, saw fit to modify this practice, for he triturated half a scruple of the flowers of *Sulphur* with one hundred grains of *Concha Preparata*, (which he then used as vehicle instead of *Sugar of milk*), and take "as much as would cover the point of a knife three times a day. An ointment of ten grains of *Sulphur* to an ounce of *Lard* was used externally every evening. My brother was completely restored in seven weeks, and has enjoyed perfect health up to this moment (at least for twenty years)."*

Our Hahnemannian purist need not be shocked after this: if it is true that the itch is an animalcule in the skin, its cure must be effected by external remedies as well as internal; the treatment, when properly carried out, is free from all danger, and the great master, Hahnemann, did not hesitate to employ it, and twenty years' after, the patient seems to have been in perfect health, and never suffered any evil consequences from such treatment. How to be able to diagnosticate the itch is sometimes quite a difficult matter. The itch being an animalcule which burrows beneath the skin, the only way to really recognize it is to find one of the cuniculi where the little animal resides. They (the animalcula) are seldom, if ever, found on the face, but generally between the fingers, upon the nates and penis, and about the region of the elbow, upon the anterior surface of the fore arm, in the popliteal space, and upon the inside of the thighs. To cure this the life of the animalcule must be destroyed, and this may be done by the application daily, until from five to ten inunctions have been made of *Sulphur ointment*, one part to eight of *Lard*. *Sulphur tincture* may be given in five drop doses three times daily, or, instead of the tincture, the second trituration, as much as will cover the point of a knife, dry, on the tongue may be given at same intervals.

We may add that, at the present day, the very best of the elder Homœopathic physicians in Germany treat the itch by external applications.

* Hartman's Theory of Chronic Diseases and their Homœopathic Treatment, translated by Dr. Hempel, vol. III., p. 17.

THIRTY DAYS' EXPERIENCE IN A SURGICAL PRACTICE.

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To the many readers of this journal who are unfamiliar with the routine of a surgeon's life, intermingled, as it often is, with medical practice and obstetrical appointments, it may not be uninteresting to note down the details of surgical diseases treated in a single month, with a few remarks on the more important cases as they present themselves to the writer while transcribing them from his diary. It may suggest itself to some in the profession, could not these diseases have been cured by the pellet without resort to the scalpel? I answer, in my judgment, no. A few of these diseases I have tried to cure heretofore by the use of the pill, in some I have only partially succeeded, in others little or no benefit followed internal remedies, and finally I have been compelled to resort to the knife, after having lost valuable time by a resort to the milder power. The scalpel I know will cure, if used with judgment and discretion, very many diseases that are without the pale of medication, and some of these may be recognized in the subsequent portion of this article.

CASE 1st, *Hæmorrhoides*.—Mr. T., aged 37 years, married, of a scrofulous diathesis; has been subject to this troublesome disease for the past eight years. His bowels have generally been constipated, and in this condition the tumors were enlarged and painful, and often protruded during defecation to an alarming extent. Under the charge of allopathic medicine, various expedients were tried, both externally and internally, with little or no benefit. On the 11th June he came under my charge, and an examination of the parts showed a varicose condition of the veins of the rectum of long standing. From high living and constipation the veins of the rectum had become congested and

thickened ; this state had become permanent, producing coagulation of the contents of the veins, which, acting as extraneous matter, excited inflammation in the surrounding sub-mucous cellular tissue ; adhesive matter was thrown out which united the congeries of varicose veins into a solid mass, constituting a hæmorrhoidal tumor. It sometimes happens that some of the veins included in the adherent mass still contain fluid blood, producing the slight hæmorrhages that sometimes occur. From these hæmorrhages the patient frequently derives so much relief as to believe that the attack of piles has subsided ; the relief, however, is of short duration, and the vessels soon become full again, and a return of all the unpleasant symptoms is reproduced. In time these tumors became so much elongated by frequent protrusion as to become permanently external, and from exposure to constant friction, and other causes of irritation, their mucous membrane becomes converted into true skin. It might be supposed, that, in this condition the hæmorrhoid would produce much less irritation, but such is not the case, for as they still remain connected with the interior of the rectum, they continue to excite considerable irritation, and, becoming inflamed, require professional attention. External piles do not, however, always appear as the mere result of the protrusion of internal piles, but are sometimes entirely independent of them, and arise from inflammation and thickening of the subcutaneous cellular tissue around the anus. This condition of hæmorrhoids is apparently unconnected with a dilated state of the veins, although originally the congestion of the latter may have given rise to the inflammation. External hæmorrhoids often produce prolapsus ani, irritation of the sciatic nerve, pain in the perineum, and in some cases difficulty of voiding the urine, which, to the anatomist and pathologist, are explained by the fact that these parts are supplied by nervous filaments derived from this source. Whether piles be internal or external they necessarily occasion great inconvenience in the act of defecation, and the fæces are generally passed in small portions, and often attended with more or less loss of

blood, thereby greatly prostrating the patient, and increasing his constitutional troubles.

In this condition of the patient I at once concluded to try excision as one of the most certain methods of getting rid of the trouble. Without reference to the various expedients recommended by authors, I placed the patient under the influence of an anæsthetic; drawing out the protrusions as far as possible with a double toothed forceps, I snipped off the tumors as far up in the rectum as I could reach with a curved scissors. My object in this was not only to remove the protrusions, but to destroy, as far as possible, the diseased veins which gave rise to the tumors; then, by the cicatrices which take place from the adhesive inflammation which is sure to follow, I hoped to form a base to support the lower part of the rectum, and thus prevent further protrusion. Surgeons have been deterred from performing excision for the most part on account of the hæmorrhage that follows such process. It must be remembered, however, that the bleeding will go on if there be any coagulum left in the tumor. This should be removed after the tumor has been excised, and the basis touched with *Nitrate of silver*, if the bleeding be excessive, or an injection of *Erigeron* thrown into the rectum, if it be inconsiderable. The application of the *Nitrate* is much less painful than one would suppose, and as an effective agent in the cure I think it superior to the *Nitric acid* or other escharotics that I have hitherto employed. After excising the tumors the patient was placed in bed, and a lotion of *Staphisagria* applied to the anus. The diet was antiphlogistic throughout the course of the cure, and the patient did not have a stool until the seventh day after the operation, which produced little or no pain, and in two weeks he was able to resume his ordinary vocation, and, up to this time, has been perfectly free from any trouble or inconvenience from his previous affection.

CASE II., *Lipoma, or Fatty Tumor in the Neck*.—Mr. S. applied to me on the 17th of June with a large fatty tumor upon the lower and anterior part of the neck, with which he

had been afflicted for years. The growth interfered with the motions of the neck, prevented the use of suspenders, and in many ways was very annoying in his business relations. The growth was a circumscribed adipose tumor, and was probably caused by the pressure of the suspender upon the cervical glands in the lower part of the neck. It first appeared as a soft, indolent, doughy, and inelastic swelling, growing slowly, and occupying a position between the integument and deep cervical fascia. It had attained the size of a duck's egg, was lobulated in structure, and caused great inconvenience both by its bulk and pressure. A curious circumstance connected with these tumors is that they occasionally shift their seat, slowly gliding from the spot on which they grew to occupy a position in some distant part of the body. Paget relates a case where such a tumor shifted its position from the groin to the perineum, and others are described as moving from the neck to the breast. There are two varieties of fatty tumor, the *Lipoma* and the *Cholestratoma*, which latter is the most infrequent. The *Lipoma* is composed of a mass of yellow, oily, fatty matter and cellular tissue, enclosed in a fine thin capsule, and having delicate vessels ramifying over its surface. It is more or less lobulated, frequently dentated and sending out long, irregular roots, or prolongations, that extend some distance into the surrounding cellulo-adipose substance. The *Cholestratoma* is composed of crystalline fat, inclosed in meshes of cellular tissue. It is a smooth, white, and dry, fatty mass, laminated in character, and is also contained in a cyst. Sometimes they attain a large size, rarely ulcerate or inflame, and never undergo any ulterior change of structure. The tumor having attained a considerable size, and the patient being anxious to get rid of the growth, I concluded to remove it. The operation consisted in making a free incision, not upon the tumor, but into it, cutting fairly into its structure, and extending from one end of the tumor to the other. Then laying aside the scalpel, I seized the cyst that contains the adipose matter with a strong forceps, and separated it from the neighbor-

ing textures, removing first one half of the growth, then the remaining half, till at last the tumor remains attached only at one extremity, that is, at the point at which the vessels pass in and out which supply the mass. There is no bleeding, except at the last mentioned extremity, where generally are found one or two small arteries which may demand ligation. When the tumor is situated under a muscle, as is sometimes the case, the operation will be performed in the same manner described, with this exception, that besides laying open the skin the muscle must be freely divided, cutting across its fibres. The lips of the wound are then to be closely approximated with sutures or adhesive plaster, and the part kept moistened with a solution of *Staphisagria* until adhesion takes place.

CASE III., *Double Fracture at the lower third of the fore-arm, or Colles' Fracture.*—This case was that of a child about eight years of age, who fell from the roof of a woodhouse. In the fall the child extended his arms to protect his head from injury, and the result was a double Colles' fracture. Upon arriving at the house I found a compound fracture (Colles') of the right fore-arm, and simple Colles' fracture of the left. The parts were greatly distorted, painful, and swollen, the fracture having occurred about one inch above the carpal end of the radius in one arm, and an inch and a half in the other. In both cases the lower fragment was tilted back, the hand being in a state of pronation. Upon restoring the broken bones into opposition by placing my thumb against the back of the lower fragment, and maintaining extension with the other hand, a slight crepitus was discovered, the parts manifesting no tendency to displacement. The limbs were secured in this position, and retained by straight splints and a roller applied moderately tight. Arnicated lotions to the parts were kept up during the night, and in the following morning, assisted by Professors Parsons, Comstock, and Vastine, I took off the previous dressings, placed the patient under an anæsthetic, and carefully adjusted both fractures, using Bond's splint for the arm simply fractured, and an extemporized Hay's

splint for the other with compound fracture. In the latter case the hand was strongly inclined to the ulnar border, and retained by a roller. This was done in order to bring the fragments of the radius in closer apposition, while the wound at the same time should not be covered up as would occur if the Bond splint had been employed as in the case of the other arm. In compound fractures of this kind I have been in the habit of extemporizing a splint from a cigar box or shingle, cut into the requisite shape and length. The length should be obtained by measuring from the front of the elbow joint, the arm being *flexed* to the metacarpo-phalangeal articulations. The shape being nearly that of Nelaton's radius splint. The breadth of the splint should be a little wider than the broadest part of the arm, that there shall be no pressure *laterally* upon the bones by the retaining bandages. Then padding the splints with cotton or tow, so that it shall fit accurately every part of the arm, but with a little more firmness just above the *lower end of the upper fragment* than other portions, it is carefully adjusted to the limb with a straight dorsal splint of the same width as the former, and extending from the elbow to the middle of the metacarpus. This latter splint should be covered in the same way as the palmar splint, except that the thickest and firmest portion be placed opposite the carpus and lower end of the lower fragment. A few doses of *Aconite* to allay febrile action, and a daily examination of the patient for the first twelve days, and three doses of *Symphytum* ʒ, daily, after the inflammation had passed away, served to complete the cure, which has resulted in the most desirable recovery. The point in this case consists in the proper adaptation of splints to meet the indications presented, which readily suggest themselves if the surgeon possesses a thorough knowledge of the injury and the anatomy of the parts therein concerned.

CASE IV., *Injury*.—Mr. B., in the employ of one of our extensive stove foundries, was severely injured by the bursting of an iron pulley about eighteen inches in diameter, while revolving at the rate of 1,800 revolutions per minute.

He was standing directly in front of the revolving wheel, and was struck in different portions of the body by the flying fragments. The most serious wound of all was in the left scrotum, where a portion of iron struck, opening the scrotum its whole length (the testicle hanging outside) and passing forwards and inwards, opened into the urethra a little anterior to the prostate gland. Upon examination of the patient I found considerable prostration from the effects of shock, which was readily overcome by a few doses of *Arnica*. Extravasation of urine took place during the next morning, with chills and fever recurring frequently during the day, threatening gangrene of the affected structures. The parts about the scrotum assumed a dark mahogany appearance, tending towards, and subsequently involving, the perineum. At this juncture I introduced a No. 10 bougie into the bladder, and retained it there by the T and cross bandages, and gave *Arsenicum* 30 internally, with the hope of arresting the gangrene already set up. The second day the gangrenous tissues began to assume a reddened appearance, the evidences of mortification diminishing gradually until the third day, when they had entirely disappeared. In passing urine a portion was emitted through the wound, which was prevented by holding up the scrotum and pressing it against the urethra, thus blocking up the false passage. On the 18th day patient was enabled to pass all the urine through the natural opening, the parts having almost entirely healed up from the bottom of the wound, and on the 19th day he was entirely cured from the effects of the injury sustained.

CASE V., *Subluxation of Ankle Joint*.—Mrs. M. sustained a severe sprain, wrenching and tearing the ligaments of the ankle joint with more or less injury of the surrounding structures, by jumping from her carriage while in the act of upsetting. The pain was very severe, swelling slight, with impairment of motion, and a sense of faintness caused by the shock of the system. A few doses of *Arnica* soon relieved the constitutional trouble. The next indication was to prevent inflammation and restore the functions of

the joint as soon as possible. To this end my practice has been to carefully bandage the limb, place it in an easy and elevated position, and securing it thus by means of splints. If the weather be not too warm, the object may be secured by laying the limb upon a hair or moss pillow. After the dressings have been applied, which should be light and open as possible, the parts should be steeped with hot *Arnica* lotion for two or three days, or until all traces of inflammation have passed away. Instead of removing the cloth and substituting another, as is the ordinary custom, I advise squeezing the hot lotion upon the compress, covering the parts as fast as it becomes cool. Immersion of the foot and ankle in hot salt water has oftentimes been productive of the most excellent results in the first stage of the injury. After the inflammatory symptoms have subsided, and the warm dressings prove disagreeable, cold applications of *Rhus radicans*, or *Rhus tox*, should be cautiously substituted in their place. The bandage should be carefully watched, and an equable support be kept up to the joint and limb. At a later stage of treatment frictions with the open hand; the cold douche, stimulating lotions, electricity, etc., may be advantageously employed throughout the cure. In the above case a cure was established by the means recommended in seventeen days from the date of injury.

CASE VI., *Simple Hare-lip*.—H. B., a negro, aged 37 years, applied to me on the 29th of June for relief of this malformation. The cleft was congenital, and occupied the left side, and involved the soft structures only, completely dividing the lip, and interfering with the functions of the organ. Placing the patient fully under the use of chloroform, and having an assistant to hold the head firmly, the patient sitting upon a chair, I seized hold of the angles of the lip, and with one sweep of the scalpel severed the muscular tissue that attached its upper portion to the superior maxillary, then, placing a thin, flat piece of gutta percha under the lip, pressing it well upwards, I transfixed it with a narrow bladed bistoury above the upper angle of

the fissure and cut downwards to the vermilion border, then deflected the knife inwards, taking care to include the rounded portion of the prolabium, which forms an angle at the base of the fissure. The same process was gone through with on the other side, and is the operation first pointed out by M. Malgaigne for obviating the prolabial notch, which so frequently follows the straight incisions. In making this operation, the chief point to be observed is that enough of the lip be included in the incision, as more failures occur from taking away too little than too much. The cut surfaces should now be carefully approximated, so that the *upper edge of the vermilion border shall be in one continuous line*. I introduce a fine hare-lip pin at the vermilion border of one side of the fissure, *through the lip*, and bring it out at a corresponding point in the other. The second pin is placed higher up, about midway between the vermilion border and the ala of the nose. Then apply the twisted suture first around the lower pin, and mounting upwards to the other, and unite the incision by a few cross turns of the ligature. To complete the process satisfactorily, and to prevent gaping of the wounded border, my plan is to introduce a delicate interrupted suture through the mucous membrane of the lower border, near the edge of the lip, from one flap to the other. The pins are then to be cut off close to the skin, and a piece of adhesive plaster placed over each, extending far enough beyond the fissure to take the pressure off from the sutures. The patient was ordered fluid food for the first two days, and the wound to be dressed with a lotion of *Staphysagria*. In three days the pins and sutures were removed, a strip of adhesive plaster applied, and on the seventh day all dressings were removed, the union being complete and permanent.

CASE VII., *Fracture of Femur at the upper third*.—Was called to visit the son of one of our princely merchants, who had fallen through the hatchway of the store, from the fourth story to the cellar below. The child when taken was supposed to be dead, but after the effects of

shock had passed away, reaction came on, and he was removed to his paternal residence. An examination of the case soon elicited the fact that there was a transverse fracture of the femur at the lower part of the upper third. The treatment in this case was by extension and counter-extension, after Swinburn's method, which I have almost invariably used since the triumphant success which followed the practice in the U. S. General Hospital at Mound City and elsewhere. There was little of interest in the case, except that union went on beautifully under the internal employment of *Symphytum*, and the little patient made a quick and successful recovery. In all cases of fracture, after the inflammation attendant upon the injury passes away, I have invariably found that the termination of the case was greatly assisted by the use of *Symphytum*.

CASE IX., *Sub-luxation of the Carpus*.—Mr. B., clerk in a leading mercantile house in this city, received a severe injury of the carpus from the falling of a heavy weight upon the hand, crushing and lacerating the posterior articulating ligaments, and causing a sub-luxation of the carpal bones among themselves. An allopathic physician, who had been previously called, pronounced it a dislocation of the carpus. I could find no evidence of dislocation, but all the symptoms pointed to a sub-luxation of the bones of the wrist. The treatment consisted in the use of gentle pressure, with a well padded concave splint, adapted to the configuration of the parts, and *Rhus radicans* lotion, applied as hot as the patient could bear it for two or three days, and gradually changed for cold as soon as the violence of the inflammation had passed away. The arm was placed in a sling, the bandages removed as often as occasion required, and in twenty-one days the patient was enabled to resume his vocation, the stiffness of the hand improving daily.

CASE X., *Necrosis of the Ungual Phalanx*.—Mr. H., an employee in a stove foundry, called on the 30th of June, having received a severe injury upon his thumb two weeks previous, crushing the soft structures and injuring the

distal phalanx. The bone was necrosed, and the end of the thumb was considerably swollen and covered with a deep angry looking ulcer, the extremity of the phalanx projecting through it, and presenting a mahogany looking appearance. Chloroform was used to produce anæsthesia; the phalanx dissected out, and dressings of *Calendula* applied to the ulcerated surface, which was approximated as closely as possible by means of adhesive plaster. In five days the wound had entirely healed.

CASE XI., *Removal of the alveolar process of the lower jaw*—Mrs. R. had been suffering with abscess, involving the border of the lower jaw, for the past three months, caused by a decayed tooth. The continuance of the inflammation for so long a time had produced necrosis of the alveolar process, with its characteristic phenomena. A portion of the process was found necrosed, and from contraction of the tissues, the patient was unable to open the mouth, and masticated food with the greatest difficulty. Articulation, of course, was greatly impeded, and there existed the peculiar fœtid state of the breath that accompanies this disease. Having placed the patient fully under the action of chloroform, and forcibly opening the mouth, I incised the parts freely, down to the bone, and with a bone forceps snipped out a V shaped portion large enough to include all the diseased mass; seizing the part detached with a strong forceps, and dividing the attached tissues, I extracted it through the mouth, and avoided the necessity of incising the external integuments and producing a scar upon the cheek. Under the use of *Silicea* internally, and pledgets of lint, wet with *Staphysagria* applied locally, the patient rapidly recovered, and in eight days was able to move the jaw in any direction and masticate food as well as before the existence of the disease.

CASE XII., *Encysted Tumor of lower jaw*.—Mrs. C., from Memphis, consulted me in reference to a lump, or swelling, occupying about the centre of the ramus of the lower jaw, and about the size of an olive. Examination of the part had been made by two or three physicians, who diagnosticated

it as cancer. The growth had existed for nearly two years, was exceedingly slow in its progress, and presented not a single trace of malignancy. In fact the appearance of the tumor, its history, and all the collateral evidences, pointed to it as a simple encysted tumor, which was verified by its extirpation. The operation was performed by a single vertical incision, and the tumor dissected from the surrounding structures. A single suture and two adhesive strips, with a cross bandage over all, comprised the after treatment.

CASE XIV., *Indolent Ulcer of the Tibia.*—Mrs. W., proprietress of a hotel in the lower part of the city, had been afflicted for seven years with an indolent ulcer, of the size of a silver half dollar, occupying the inner aspect and lower third of the tibia. She had been under the care of a dozen physicians and surgeons of the allopathic school, both in the east and in this city. The edges were thick, hardened, ragged, livid in appearance, and the surface of the sore sunken and covered over with a thin film of deposit, resembling the white of a half cooked egg. The granulations were exuberant, grayish, exceedingly sensitive to the touch just in the centre of the sore, and gradually becoming less so as the circumference was reached. Constitution degenerated from a long continuance of the ulcer, and the quantities of medicine previously taken. I applied a slippery elm poultice to the sore, morning and evening, for two days, ordered the recumbent posture, and internally *Sulph.* 30th, every evening for one week; regimen light and nutritious. After the poultices were withdrawn, ordered the part to be bathed with bran water and castile soap, and the 3rd trituration of *Cantharides*, applied so as to completely fill up the sore, twice a day for one week. *Ars.* 30th was ordered for the second week every evening, and *Belladonna* 3rd trituration substituted for the *Cantharides*. This treatment was kept up alternately for five weeks, when the case was discharged completely cured. At the end of the first week the glairy discharge was converted into a thick laudable pus, the surface of the sore presented a

granulating surface, with surrounding margin of cicatrising pellicle. No other treatment but the above was employed except a due observance of quiet and cleanliness, which was continued until the recovery was complete.

A number of minor matters, such as opening of abscesses and whitlows, the cauterization of ecchymosed lids and chancres, the mechanical dilatation of stricture, operation for onychia, acupuncture for hydrarthrosis of knee joint, extraction of foreign bodies, etc., etc., complete the surgical experience of a single month.

GLAUCOMA.

FROM NOTES TAKEN AT THE CLINIC OF PROF. STELLWAG, IN VIENNA, BY
DR. J. B. BRAUN, CHICAGO.

NOSOLOGY.—The principal characteristics of glaucoma are generally considered to be the *depression or excavation of the entrance of the optic nerve*, the *increase of the intra-ocular pressure*, and the appearance of well-marked *inflammatory symptoms*.

In the majority of cases these three conditions are found to exist together from the beginning, the glaucomatous process bearing the character of an *acute or chronic inflammation*, taking its course under an apparent increase of the intra-ocular pressure, and producing rapidly *depression of the entrance of the optic nerve* (inflammatory glaucoma). In other cases the inflammation is less developed, being so very little apparent, that it may be proven only with difficulty, or not at all, the glaucomatous process showing itself by a temporary or permanent increase of the *intra-ocular pressure*, and by the gradual development of the *characteristic excavation* (simple glaucoma). Finally, exceptional cases may occur, in which, even at repeated examinations, neither symptoms pointing to inflammation, nor an aggravated tension of the walls of the bulbus can be certainly perceived, so that the peculiar excavation of the *papilla nervi optici* seems alone to exist (glaucomatous affection of the optic nerve).

Until within a short time, merely the inflammatory form of the disease was acknowledged as glaucoma. The other forms were strictly distinguished from it, and being combined with a considerable amaurotic weakness of sight, as they are in general, were described as *amblyopy with excavation of the optic nerve*. Lately, however, the conviction has become prevalent, that the so-called amblyopy with excavation of the optic nerve is, with but a very few exceptions, a species of glaucoma, constituting only a variation in the course of that affection. It has been observed, that the glaucomatous alteration of the optic nerve does not long exist, as a general rule, without at least temporarily showing an exquisite increase of the intra-ocular pressure; that the *glaucomatous affection of the optic nerve*, as well as the *simple glaucoma*, very often, by the accession of evident inflammatory symptoms, changes into the *inflammatory glaucoma*; sometimes also co-existing with the latter, as one eye may present one, and the other eye another form. Finally, the inflammatory glaucoma, on the contrary, may, by the receding of the inflammatory symptoms, and likewise by the appearances of pressure, temporarily assume the character of a *simple glaucoma*, or even of the *glaucomatous affection of the optic nerve*. Moreover, the equal usefulness of the same therapeutics, points no less to a coincidence of these three forms of disease.

1. *The glaucomatous inflammatory process* always appears with local stagnation of blood, and with considerable increase of the intra-ocular pressure, by which it is principally influenced. It is not accompanied by any excessive growth of tissue, bearing more the character of the so-called *serous* or *secretory inflammations*, and exhibiting quite a decided disposition to *degenerate atrophy* of the parts. The whole process is to be conceived essentially as a panophthalmitis, as with a careful examination its existence may be proven in all the organs of the bulbus. However, choroiditis and hyalitis are very generally considered as the proper essence of the ophthalmia. The local stagnation of blood is plainly distinguished in every stage of the inflam-

matory process. It is particularly evident in the branching district of the ciliary vessels, in the uvea and episclera; but it may be also shown with distinctness in the central vessels of the retina, and in the nutritive vessels of the opticus. It has a tendency to occasion a considerable dilatation of collateral branches, and frequently extravasation, as well in the vasculosa as in the retina and the opticus. Beyond doubt, the stagnation of blood is derived, for the most part, from the inflammatory process, and especially from the concomitant aggravation of the intra-ocular pressure. But this is scarcely the original and only source of it, as stagnation of blood is often developed as the first symptom, even long before other marks of a commencing glaucoma become manifest. At any rate, the condition of the vessels plays an important part in the pathogenesis, for atheromatous vessels in the retina and choroid of glaucomatous eyes are a common occurrence, nay, frequently also the vessels of the base of the skull, or the entire system of circulation, experience a similar morbid affection. Further, also, this circumstance would indicate some pathological condition of the internal vessels of the bulbus, that, in glaucomatous sufferings, intra-ocular hæmorrhages occur exceedingly often.

1. The increase of the intra-ocular pressure is, undoubtedly, caused by the increase of the volume of the corpus vitreum, and that by an excessive production of a serous liquid. The growth of the cells of that organ is, in this instance, decidedly of subordinate significance; the tension of the walls of the bulbus being often very great, with slight dimness of the vitreous liquid. The enlargement of the mass of the vitrina is probably of an inflammatory origin, and might find its principal source in the choroid. But the inflammation alone would hardly explain it, as under other circumstances a like disproportion of the contents of the bulbus is easily and rapidly removed by an augmented absorption. Therefore it is to be supposed, that in glaucoma the activity of absorption is interrupted. The real causes of this may be considered to be the disturbances of circulation in the interior of the bulbus, the morbid condi-

tion of the walls of the vessels, and the aggravation of the intraocular pressure. According to analogy it is to be supposed that these disturbances of circulation play no less a part with the pathological exudation. Besides all this another particular deserves attention, upon which, of late, much stress has been laid, viz., the abnormal rigidity of the sclerotica. The opinion prevails that it occurs regularly in glaucoma, and that it is not infrequently a congenital and inherited quality of the sclera being usually acquired, but in the later periods of life, and then accounted for by senile involution, or an inflammatory process, which is thought to be in relation to the nekrobiotik process of fatty degeneration of the arterial membranes, effecting, at length, a degenerate atrophy and shriveling of that organ. If the sclerotica thus really loses some elasticity, it is plain that any trifling increase of the contents of the bulbus, however produced, must necessarily bring to bear a disproportionate aggravation of pressure, especially if it takes place rapidly. The inelasticity of the sclera may, therefore, be considered to be, as it were, the last member in the *circulus vitiosus*, in which cause and effect of the aggravated pressure are moving.

3. The excavation of the papilla of the optic nerve is, in the commencement, often a partial one, a recess of a smaller or greater portion of the periphery of the optic nerve. When fully displayed, the excavation is always a total one, by which it is essentially distinguished from the congenital depressions. The entrance of the optic nerve is in its entire surface pressed backward, presenting itself as a more or less deep pit, with a trough-like excavated ground, and steep, sometimes even overhanging borders, which, in a more or less rounded angle bend into the concave surface of the background of the eye. The wall of this pit is formed by the strikingly distended and backward pressed lamina cribrosa (sieve membrane). Above that is sometimes a thin layer of local tracts of nervous fibres, which pass into the retina; as a general rule, however, the fibres of the optic nerve have entirely disappeared there, and are

only replaced by a thin stratum of connective tissue, firmly attached to the bottom and the walls of the pit, and connected with the atrophic anterior strata of the retina. In this connective tissue, the branches of the central vessels are contained, attached to the excavation, thus experiencing in their course a double flexure. Single branches are apt to disappear entirely in the later course of the process, and it occurs even, that all chief branches within the reach of the entrance of the optic nerve are obliterated. As a substitute then, a variable number of vessels exist, which, by their abnormal location and direction, show themselves collaterals that have been dilated in a significant manner, owing to the impermeability of the main branches. They either penetrate through the anterior portion of the optic nerve in a posterior direction, in order to unite with the central artery or vein of the retina, or they may be also also possibly in connection with the nutritive vessels of the opticus.

The depression is principally produced by the recess of the lamina cribrosa or sieve membrane, and this is probably not only occasioned by an increase of the intra-ocular pressure, but also in part by a decrease of resistance of that membrane, which again proceeds from an inflammatory process.

The morbid appearance is generally constituted by the ophthalmoscopic phenomena of the depression, by the symptoms of the intra-ocular increase of pressure, of the venous stagnation of blood and inflammation, and by the symptoms of the disturbance of function of the optic apparatus. These diverse groups of symptoms in a special case are combined in a manifold way, and one or the other may be temporarily wanting altogether, so that the totality of the picture of glaucoma is rather changeable. The *glaucomatous depression* shows itself in the ophthalmoscopic picture principally by the bend of the main vessels of the retina on the extreme border of the entrance of the optic nerve, by the moving aside of the entrance of the vessels,

and by the surrounding of the papilla with a broad and light ring.

The aggravation of the intra-ocular pressure may be, perhaps, directly realized only by the sensation of touch, in the best manner, by placing the forefingers of both hands to the internal and external portion of the bulbus, when the opening of the eyelids is closed, and in making a slight pressure towards the centre of the eye. In the majority of cases the diminution of resistance is quite evident, the bulbus oftentimes being felt, indeed, like wood or bone. From this extreme the hardness varies in all degrees, till it reaches the normal quality. Slight degrees of an increased pressure are very difficult to ascertain by the sensation of touch, as the normal resistance would also vary within wide limits. By repeated examination and careful comparison of the resistance of the affected bulbus with that of the other perhaps still normal eye, of the observer's own eyes, or the eyes of other sound persons, the decision of the question may be facilitated; but in spite of that, a direct proof often remains wanting. Under such circumstances the symptoms of other morbid affections must be taken into consideration, which, according to experience, accompany pathological increase of pressure, and have their only, or principal, source in that. But unfortunately these affections are not always sufficiently developed under a slightly aggravated pressure, appearing, as they do, in an exquisite manner, whenever the increase of pressure is palpable to the touch.

The conditions resulting from a pathologically increased pressure are, for instance, pulsations in the central portions of the retinal vessels, narrowing of the chamber, dilatation and torpidity or complete rigidity of the pupil, reduction of the latitude of accommodation, and often also of the refraction of the dioptric apparatus, anæsthesia of the cornea and venous stagnation of blood in the internal organs and in the episclera.

The pulsations appeared first in the veins, but, with increased pressure, also take place in the arteries. Where-

ever they are absent in spite of an augmented tension of the bulbi, they may be produced by a comparatively slight external pressure on the eyeball.

The narrowing of the chamber is, in the beginning, often scarcely perceptible, even if the intra-ocular pressure were sensibly augmented. In the *primary and inflammatory glaucoma* sometimes even a dilatation of the chamber is observable. In the progress of the process, however, iris and lens are almost constantly moving forward, the chamber is strikingly narrowed or completely extinguished, the *humor vitreus* increasing its volume more and more, the secretion of the humor aqueus being also disturbed, and finally checked on account of gradual atrophy of the anterior portions of the uvea. The moveableness of the iris is not always affected in an evident manner. This is rather an exception. Generally the pupil becomes early somewhat larger, and reacts quite torpidly on change of light. In the advanced stages a striking dilatation and complete rigidity of the pupil is an almost constant symptom, unless during the course of the disease an iritis, and adhesions of the pupillary border, are developed. In most cases the iris is reduced to a small border, the mydriasis being a maximal one. It is owing then not only to the increase of pressure, but also to the demonstrable atrophy and shriveling of the iris. In close connection with the diminished moveableness of the iris is quite a striking and rapidly growing reduction of the *latitude of accommodation*. This rapid development of presbyopia is one of the most constant and early symptoms, and of the greatest importance, giving, as it does, the first hint of the nature of the disease.

The anæsthesia of the cornea arises mostly in the later stages of the glaucoma. In the earlier stages, as a rule, it occurs early on a very considerable increase of the intra-ocular pressure. It is not always equally developed in the different sections of the cornea. The insensibility of the cornea is, in a fully accomplished glaucoma, oftentimes so great, that the touch of the organ with the finger or a

feather, is hardly perceived. Like the disorders of the mobility of the iris, and of the muscle of accommodation, the anæsthesia is derived, for the most part, from the pressure acting on the nerves. In the later stages also material alterations of the nerves would become an accessory cause.

Venous hyperæmia is but seldom wanting. Wherever the intra-ocular pressure is merely in some measure increased, as a general rule, in the vessels of the retina, as well as in the ciliary branches of the episcleral tissue, congestion is plainly exhibited. In the episclera, by the use of the speculum, a considerable extension of a number of venous branches shows itself.

These stagnations frequently lead to hæmorrhages, not only in the internal organs of the bulbus, but also in the episclera, especially when they are suddenly enhanced by a rapid change of the intensity of the intra-ocular pressure.

The picture of the *glaucomatous inflammation* coincides in general with that of a *choroiditis serosa*, being complicated with *hyalitis diffusa*, and not seldom also with iritis. The most striking objective symptom is usually a more or less considerable yellow-grayish or gray dimness of the *humor aqueus*. In a greater intensity of the inflammatory process the obscurity is frequently so apparent, that the *iris* already seems to be enveloped in a dense fog, which renders an examination of the background of the eye altogether impossible. When the inflammation abates, however, the dimness also considerably diminishes; the haze hovering over the background grows thinner and thinner, presenting the outlines of single parts; or it else disappears entirely, so that the ophthalmoscopic symptoms of *choroiditis* and the *glaucomatous affection of the optic nerve* are distinctly perceivable. A concomitant iritis is, not regarding a dimness of the *humor aqueus*, distinguished perhaps by an evident discoloration of the superficial delineations of the iris. Pupillary excrescences and *consecutive posterior synechia* are not a rare occurrence. Then a dilated pupil may be contracted, or even closed. In such conditions the epithelium of the

capsule also participates in the process, thus in time giving rise to a capsular cataract. The disease of the dioptric media, in connection with a dilatation of the pupil, occasions a peculiar gray-blueish, gray-yellowish, or gray-greenish reflex of the background. This was formerly considered as the principal symptom, and the morbid process called after it, "*glaucoma*," or "*green cataract*." It may be, nevertheless, absent and become only striking in a visible enlargement of the pupil; but can not, therefore, be taken for a pathognomonic symptom.

Disturbances of sight constitute properly the term of *glaucoma*. Generally they are from the commencement very apparent. In the acute and inflammatory form of the disorder, it happens not rarely that the power of sight is reduced to a *quantitative sensation* of light within a few days or hours. In the majority of cases, however, a gradual decrease of the sight is observed. At first, the patients complain merely of a very troublesome indistinctness of vision, especially of smaller objects, printing, etc., an indistinctness which may be somewhat reduced, however, by a stronger illumination of the objects, and a considerable approximation of them to the eyes, thereby magnifying the angle of sight. At times, the indistinctness of perception is greatly increased, in common daylight a more or less dense mist spreading over the field of sight; but in artificial light the flame appears surrounded by a halo of *rain-bow colors*; so that at the outside the *green-blue*, at the inside the *red*, prevails. At times the mist becomes so dense that it virtually envelopes the object; or the field of sight is obscured to such a degree that walking alone becomes impossible, and the qualitative sensation of light ceases completely.

Before it reaches that point, a reduction of the field of sight has already taken place, which begins in almost every case at the inside of the monocular field of sight. Gradually or suddenly, under a temporary increase of the central disturbances of vision, that border line advances towards the *middle* of the field of sight, moving in an outward

direction, and restricting the field from all sides. As a general rule, the field of sight is narrowed to a small slit, in which perceptions more or less clear are possible. Sooner or later also the rest of the retinal sensibility vanishes, leading to an *absolute amaurosis*.

Accidental conditions in glaucoma are: *chromopsy*, *photopsy* and pains. These symptoms are pretty inconstant, varying in all possible degrees of intensity. The sight of sparks and colors is partly connected with the disordered circulation, being significantly intensified by a temporary aggravation of the latter. The pains may be absent. In the *inflammatory glaucoma* they are, however, sometimes very severe, at times even quite excessive, radiating then in different directions. Very severe headache is a usual attendant. Likewise a disorder of the gastric nerves occurs, and, in some cases, a disposition to vomit, and even hyperemesis has been observed.

Ætiology.—Glaucoma is, in all probability, solely developed on a somewhat prepared ground; in other words, it requires a certain predisposition. If every thing does not deceive, that disposition consists chiefly in a certain rigidity of the sclerotica, and the walls of the vessels, in consequence of which anomalous conditions of the circulation and nutrition of the bulbus take place more readily; and, once existing, are compensated with more difficulty than in other cases.

As may be proven, this pre-disposition is not infrequently inherited. There are families in which glaucoma befalls a disproportionate number of individuals, and a considerable hardness of the flat-constructed eyes may be observed even during the juvenile periods of life. Under such circumstances the morbid disposition not rarely shows itself in early life, the glaucoma being displayed at the age of twenty or thirty, a circumstance otherwise unusual. Indeed, the glaucoma properly belongs to the senile diseases; its appearance falling, in the average, beyond the fiftieth year of age. In these cases the disposition is, no doubt, mostly acquired. The senile involution, and

especially the simultaneous reduction of elasticity of all the tissues plays an important part. Indeed very much decayed and decrepit persons seem to be more frequently affected with glaucoma than others; and in premature marasmus the disease may also be often anticipated. A second pathogenetic element is found in an atheromatous process, which may be proven to exist in the vessels of the central organs of the eyeball, and in their trunks, principally at the base of the cranium, and even in the whole system of circulation. This would in like manner explain the intimate relation of glaucoma to arthritis or gout, a long since established fact, and its frequent development in exquisitely arthritic individuals. The atheromatous process has gained some importance in modern times, since it was found, that it is by no means confined to the membranes of the vessels, but also occurs in other tendinous and elastic tissues, for instance in the sclera. The disposition being once given, any impulse is easily sufficient to bring the glaucoma into existence. *Course of the disease*—The glaucoma presents, in its appearances, during its development and whole course, very great differences, which are of the highest practical importance.

In a certain number of cases the glaucoma appears directly from the beginning as such, without showing any premonitory symptoms. The development of the glaucoma is, in such cases, quite an imperceptible and slow one, so that the patient may easily overlook his condition, being no sooner alarmed than in a considerably advanced stage of the disease.

The patients generally complain of a rapid decrease of sight in one or both eyes, which is at times particularly noticeable not only in looking at distant, but also especially at near objects, in reading, writing, etc., and which can be remedied but imperfectly by spectacles. On a stricter examination, then, a very considerable reduction of the latitude of accommodation is discovered, often already a hyperpresbyopic or, as it is also termed, a hyperopic refraction, and besides, principally on the weaker bulbus,

not a little insensibility of the retina, which requires exceedingly large angles of vision and a very favorable light, so that with the use of convenient glasses somewhat distinct perceptions may be realized. The weaker eye is mostly somewhat harder, or the intra-ocular pressure is perceptibly augmented, when commonly numerous branches of veins appear in the episclera. The pupil is frequently, but not invariably, a little dilated and more tardy in its motions, the dioptric media, however, without any noticeable alteration. In the picture of the speculum appears a partial, or even total, glaucomatous depression with or without a noticeable dislocation of the entrance of the vessels, great dilatation of the venous branches and the possibility, by a comparatively slight pressure of the finger, of producing the pulse of the arteries. We have, therefore, here to deal with a *non-inflammatory, simple glaucoma, or a glaucomatous affection of the optic nerve.*

In this stage the glaucoma may remain many months, or even longer, without any essential alteration, or any considerable increase of the disturbances of vision; the depression alone progresses more and more. Generally, however, a very sensible aggravation of all the symptoms comes on, the affection advancing gradually, or with temporary exacerbations, remissions or intermissions. The bulbus steadily grows harder, the stagnation appears more distinctly, the cornea becomes less sensitive, the chamber becomes smaller, the pupil larger and more torpid, the depression assuming the peculiar pale color of atrophy, the reduction of the field of sight increasing, while at the same time also the central sharpness of sight diminishes more and more, until at last *complete amaurosis* is developed.

Not infrequently all these symptoms obtain a maximal degree, the completely blinded bulbus becoming as hard as bone, the cornea anæsthetic, the chamber almost annihilated, the iris, otherwise unaltered, being reduced to a small border, the deeply depressed papilla very atrophic, without any marks of inflammation ever having been distinctly exhibited. Sometimes the described state even

persists for several years, until at length the morbid picture changes with all the appearances of phlogosis. Oftener, however, manifest inflammations much sooner take place, the malady assuming the character of an inflammatory glaucoma, which either happens suddenly, under the form of a violent acute attack, or in succession, that is, under the change of slighter and more transient attacks, and more or less perfect intermissions. These paroxysms are distinguished by a rapid loss of vision, by the appearance of mist, and the perception of colored rings around flames; frequently also by a ciliary neuralgia; objectively, by a rapid increase of the intra-ocular pressure, by a strong dilatation and immobility of the pupil, by discoloration of the iris, sometimes also by hyperæmia of the episcleral vessels, and formation of a wreath of vessels; but chiefly by dimness of the humor aqueus and the humor vitreus. These symptoms change sometimes in degree within a few hours. The paroxysms are slighter first, increasing gradually, if not regularly, in regard to intensity, duration and frequency, until the disease is finally characterized by a permanent inflammatory character, and mere remissions.

In certain cases the glaucoma, without any precursors, appears in the form of a more or less acute inflammation, being quite completely developed in a short space of time. As an exception, the sight of eyes, quite normal, is entirely annihilated within a few hours, nay, within half an hour even, or reduced to an indistinct sensation of light (fulminating glaucoma). Objectively, then, sometimes there is nothing but a well-marked dimness of the dioptric media and a congestion of the veins of the retina to be observed; the aggravated pressure becoming evident later, but growing rapidly, while a more or less intense ciliary neuralgia, and appearances of congestion in the episclera take place. Just as often, however, the fulminating glaucoma bears the character of an inflammatory affection from the beginning, and is distinguished from the ordinary acute form only by the sudden loss of vision, and the rapid development of the other phenomena. The fulminating glaucoma has been

observed principally among persons of old age, above the fifty-fifth year of life; but it also occurs in individuals of a hereditary pre-disposition, within the period of manhood. It always leads, within the shortest time, in a few weeks or days, to the characteristic depression, and to degenerate atrophy of the internal organs of the bulbus.

In the majority of cases, for a shorter or longer time, the glaucoma is preceded by precursors. The starting point is generally the repeated appearance of quite an excessive headache. The eyeball appears to be somewhat more tense, and often lined with single episcleral veins. Soon afterwards, more or less distinct inflammatory attacks follow with all the rest of the symptoms that accompany the above described, fully displayed, form of the disease. Such attacks are more or less frequently repeated, with or without an external cause, in irregular or periodical intervals; but they abate usually altogether again, or leave behind, at most a somewhat augmented tension of the bulbus and a striking reduction of the latitude of accommodation, or perhaps also of the state of refraction. The *prodromal stage* may thus be extended for years. Generally, however, it is ended at an early period, the glaucoma being often completed after the second or third paroxysm, that is, there are more real intermissions, but certain conditions, peculiar to the glaucomatous process, remain permanently.

Objectively, such conditions as may be termed *absolute, consummated, or complete glaucoma*, are characterized by bony hardness of the bulbus, formation of a very coarse net of veins on the front half of the sclera, by considerable rigidity, local transparency, and a specific porcelain-like look of the atrophic sclera, by obliteration of the pit running between that membrane and the cornea, by a smoky dimness of the perfectly anæsthetic cornea, annihilation of the chamber, retraction of the iris to a small border, which is always very much discolored, and, on some places, even fully deprived of pigment, so that the stratum of connective tissue appears in the shape of a bluish-white fine network, or dense tendon-like patches (placques), by atrophy of the

pigment of the choroid, and the phenomena of a highly developed glaucomatous depression, with partial or entire destruction of the trunks of the central vessels and compensation by collaterals, with evident reduction of the pulsating arteries, and the peculiar lustre and tint of the depressed ground, by which the atrophy is invariably distinguished.

Absolute glaucoma may exist for several months or years without an essential change of the morbid picture, the atrophy in the single parts of the eyeball, especially in the iris, choroidea and papilla nervi optici steadily grows plainer, and sooner or later a cataract-like dimness of the lens is found. Frequently, however, the morbid picture changes so far, as from time to time inflammations arise, which usually terminate with the most violent pains of the head, a furious ciliary neuralgia and subjective perceptions of light, sometimes lasting a long time, and really rendering the life of the patient a torment. They arise at one time spontaneously, at another in consequence of external causes, at times the least external injury, a trifling fault of diet suffices to provoke them.

The secondary or consecutive glaucoma bears in general the character of the acute or chronic inflammatory form, takes its course like that, and differs from it merely by the preceding and attending primary morbid affections.

It is not to be confounded with the *complicated glaucoma*, that is with the glaucoma, which is sometimes developed together with other pathological affections in the bulbus, there being no near causative connection between both processes. So a glaucoma happens to be produced sometimes in eyes, the lens of which has already undergone the change of a cataract. In single cases the glaucoma is also complicated with cerebral amaurosis, or *vice versa*. The early atrophic discoloring of the papilla, that becomes depressed, and the restriction of the field of sight from the outside border present, beside the cerebral affection, the means of forming a correct diagnostic judgment.

In reference to the *secondary or consecutive glaucoma* it may

be added, that an occasional cause not rarely acts on a single organ of the bulbus, inducing inflammation, but the irritations and disorders of circulation following it, favor at length the formation of a glaucoma. Thus the disease in question arises sometimes from a *choroiditis serosa*, which, itself secondary, again may have been occasioned by a propagation of the process from the neighboring organs. In like manner a *keratitis*, an *iritis*, etc., becomes sometimes the indirect cause of a glaucoma. Most frequently the opportunity of observing the secondary formation of the glaucoma is given in consequence of an *irido-choroiditis*, which is supported, or at times aggravated, by a total *posterior synechia* of the pupillary border, by dislocation or dismemberment and consecutive swelling of the lens, by a *progressive staphyloma of the cornea*, and so forth.

The *staphyloma posticum* may likewise, by rapid growth, form the starting point of a glaucoma, although otherwise bathymorphic, or long-constructed, eyes are decidedly less inclined to glaucoma on account of the abnormal yielding character of the affected portion of the sclerotica. Occasionally a *neuritis*, or inflammation of the optic nerve, seems to occasion the glaucoma *indirectly*.

The glaucoma is at first always formed in one eye, to which it may be limited for a lifetime. But this happens in exceedingly rare cases, and only where a severe external injury, a violent traumatic action, etc., has given the impulse, or where the glaucoma has originated secondarily from other disorders, limited to the *affected eyeball*. But still, in such instances, there is a certain predisposition of the other eye to the disease, so that slight violence, an operation for cataract, or an accidental injury, is apt to provoke the glaucomatous process, which fact is to be well borne in mind in practice. The *primary glaucoma*, on the contrary, would hardly ever remain a *monocular one*. One eye being affected, the other is in the greatest danger, although it is sometimes years before the morbid process reveals itself in the second. Frequently, however, only a few days or weeks after the outbreak of the glaucoma in

the second eye, the forerunners announce themselves, and soon afterwards the glaucoma passes into a *binocular one*.

Termination.—By the employment of a suitable method of treatment, and under favorable circumstances, in a certain percentage of cases, a really permanent cure is possible, provided that the material alterations of the internal organs, and especially of the *anterior portion of the optic nerve* are not yet far advanced. Left to itself, glaucoma never gets well, but leads, finally, to atrophy of the whole eyeball, whose walls become relaxed and shriveled, the *retina* funnel-shaped, and, at the inside of the *choroid*, *ossified layers of a neoplastic connective tissue* are deposited, and the optic nerve becomes atrophied to a mere tendinous string as far as the *chiasma*, or even beyond that point.

The organ of vision, therefore, undergoes changes similar to those following *choroiditis serosa*, the difference consisting solely in the *excavation of the papilla nervi optici*, which is invariably to be observed in the shriveled up bulb.

Sometimes during the course of a glaucoma a *partial or total sclero-choroidal staphyloma* (staphyloma of the sclera and choroid or staphyloma posticum) is formed, a termination which oftentimes gives rise to terrible fits of pains, and the more surely, the sooner the sclera yields, and the less the ciliary nerves have thus suffered by the process. Generally, in such a state also extensive alterations of vessels take place. These show themselves often in the *interior* of the bulb by profuse extravasations of blood as well in the chambers as in the tissue of the deeper membranes and in the humor vitreus. In the *external parts* those extravasations are directly demonstrable, the conjunctiva and episclera being found interwoven with nets of quite enormously distended branches of veins, and frequently also drenched with recent or previous extravasations. In single cases striking symptoms of a strong cerebral hyperæmia, a very constant and intense headache, point to a spreading of the degeneration of the vessels to the *base of the cranium*. With all this, moreover, a considerable softness of the oedem-

atous conjunctiva, iris, and even of the cornea, is combined. This condition is termed *glaucomatous degeneration*.

Not infrequently the disease terminates with ulceration of the cornea; an accident which may also occur at an earlier period. The cornea often ulcerates during the stages of the *absolute glaucoma*. Most frequently it is observed during violent attacks of inflammation. Generally profuse intra-ocular hæmorrhages take place, and at last the bulbus undergoes suppuration, and is destroyed by phthisis.

Treatment.—The first and most important task is reduction of the abnormally increased intra-ocular pressure. For as long as this continues in a morbid degree, the reduction of the existing disturbances is directly hindered, and the process advances steadily, until finally the atrophy of the parts permanently prevents a restoration of the functions; while on the other hand, the reduction of the abnormal tension, combined with the proper dietetic regimen, in cases curable at all, is generally perfectly sufficient to obtain the desired effects. For that purpose, then, *iridectomy*, performed with certain precautions, is the main remedy, compared to which all other hitherto used agencies are so inferior, as regards probability of success, that they may be looked upon merely as trifling and subordinate. There are also certain disadvantages connected with *iridectomy*. But they are not at all proportional to the beneficial effects of an operation performed in season and with the necessary precautions. These disadvantages, therefore, should by no means restrict the limits of indication, but deserve only a stricter regard in a prognostic point of view.

Thus the sudden relaxation of the bulbus and the momentary congestion of its internal organs readily gives rise to *intra-ocular hæmorrhages*, and they are the more likely to happen the farther the process has advanced, and the more the walls of the vessels have become already altered. In the acute, and especially in the *fulminating glaucoma* they are apt to be frequent and profuse. As a general rule, these extravasations are rapidly absorbed, principally in the

retina, generally leaving behind no disturbances of function. Sometimes, if the hæmorrhage was somewhat large, such an accident may take place, the result of which is partial obscuration of the field of sight.

If the *iridectomy* is made in the first periods of the *acute inflammatory glaucoma*, during or after the first manifest inflammatory attacks, it accelerates, in a large percentage of cases, the outbreak of the disease in the other eye, supposing that this shows already prodromal appearances, possibly also, if the other eye were still perfectly sound. Otherwise in the *acute inflammatory glaucoma* the first manifest inflammatory attacks upon the eyes are separated by intervals of a few months or even years.

After *iridectomy* the second eye is seized after a lapse of one or two weeks. That disadvantage is amply compensated by the fact that *iridectomy* during the very first periods of the *acute glaucoma*, is attended with the most splendid success, which not only in the first affected bulbus, but also in the second one, may be turned to the fullest profit; while any neglect, any delay of the operation is severely punished. As is self-evident, the attending physician ought to direct the attention of the patient before the operation to the contingency, that the second eye may soon be affected, and itself require the operation. In general it may be said, that *iridectomy* does the more good, the earlier it is performed, and the less the central organs of the bulbus have sustained material alterations. Its chief effect consists in the reduction of the intra-ocular pressure, and in the immediate production of more favorable conditions of circulation and nutrition. It facilitates directly the equalization of the existing disturbance of nutrition. If the different organs are to acquire their functional ability again, it must be while they still exist. From that the general rule is derived, that the operation is to be performed as early as possible.

In the first period of the *prodromal stage*, with slight development of the forerunners, and slow aggravation of the same, there will be no great risk, if all the rules of

oculistic diet are strictly observed. But whenever the attacks of obscuration of the field of sight become more frequent, it is prudent not to delay the operation any longer, because the *outbreak of the glaucoma* is soon to be expected, and it is doubtful in what form it will come on, and may perchance produce alterations, against which *iridectomy* can accomplish but very little. After the operation the attacks seldom occur, and the efficiency of the *retina* is generally restored, so that the patients are enabled to follow their usual occupations. Exceptionally it happens, however, that in spite of permanent reduction of the intra-ocular pressure, a *glaucomatous affection of the optic nerve*, and gradual atrophy of the papilla, occurs with more or less intense disturbances of vision, or that repeated attacks of inflammation with augmented pressure require the repetition of the operation.

If the glaucomatous process has broken out in an *acute form*, the treatment with antiphlogistics, narcotics, mydriatics, etc., is mostly loss of time; the delay of the operation prolongs the intense sufferings of the patient, and diminishes the chance of restoration, giving the degenerate alterations time for development. Especially in the *fulminating glaucoma* immediate operative procedure is an urgent necessity, as here, often, but a few days are sufficient to cause incurable damage. In the common acute glaucoma a few days may well pass away, in order to allow the excessive inflammatory action in the vessels and nerves to somewhat abate. But such a delay is allowable, according to experience, only if the inflammatory fit has effected not too great a decrease of the power of sight. Wherever this is reduced to a quantitative sensation of light, or limitations of the field of sight arise, it would be dangerous to postpone the operation, in order to combat the intensity of the inflammation and ciliary neuralgia by antiphlogistics and *narcotics*. Furthermore, the operation has proven itself to be the safest and most vigorous antiphlogistic and sedative means. In fact, the almost intolerable pains generally cease immediately after the operation. At most for one or two days slight pains in the forehead remain. The inflam-

matory appearances also generally subside in the shortest time, or are diminished in a striking manner. Likewise the power of sight increases directly after the operation, as far as its disturbance had been dependent upon the dimness of the humor aqueus, and the aggravation of the intra-ocular pressure. The abatement of the inflammatory alterations, and of the ecchymosis of the *retina*, which accompany such cases nearly always, further favors a gradual increase of vision, that is especially evident within the first two weeks, making progress also after this period, so that in most cases the highest result is attained in from six to eight weeks.

If the operation has been performed early enough, in the *acute glaucoma*, the optic apparatus may be nearly or fully restored to its former functional ability, and that even be permanently preserved. According to experience, in the ordinary *acute inflammatory glaucoma* such a splendid result is to be expected, if the *iridectomy* is performed within the *first fortnight after the first attack*, but always with the supposition that an eye is concerned, which, before the attack and during the intervals of the prodromal affections, had a normal function, that the field of sight then was not perceptibly restricted, and that the sensation of light is still a prompt one. In less recent cases, and where a reduction of the field of sight is already noticeable, and perhaps also the ability of perceiving qualitative differences of light has been lost, such an excellent success is only exceptionally obtained, and never ought to be expected; the sharpness of sight remains usually more or less reduced, the field of sight not gaining its former extent. In such circumstances almost invariably *degenerate alterations* of the optic apparatus exist, which are but very little influenced by the *iridectomy*. This impotency of *iridectomy*, as regards *degenerate alterations*, is also shown very evidently on the more superficially located organs. Even in comparatively recent cases the normal sensitiveness of the cornea is no more restored, the chamber remains somewhat narrowed, the iris appears constantly more or less discolored as before the operation, the pupil enlarged and torpid, or quite immovable, and the

functional limitation of the muscle of accommodation expresses itself by a very striking *removal of the nearest point*. In the later periods of *acute glaucoma* the prospect of restoring the full functional capacity of the optic apparatus, and of preserving it permanently, is very limited. Indeed the *glaucomatous process* does not always lead with equal rapidity to *degenerate alterations* of the optic apparatus; on the contrary, cases sometimes occur where, after repeated acute attacks, the power of sight recovers spontaneously, and even a depression can not be discovered. In such conditions *iridectomy* may even restore the sight completely. These, however, are rare exceptions; generally in the later periods of the acute glaucoma the field of sight is found to be limited, and the papilla depressed in a striking manner. A restoration to a normal condition is then beyond the reach of possibility. Wherever the field of sight has been considerably narrowed, especially from one side, or has even become eccentric, or where the sensation of light begins to be very indistinct, and where the excavation has already far advanced in its development; in the average, we must content ourselves with arresting further progress.

In the *chronic inflammatory and simple non-inflammatory glaucoma* the circumstance is very fatal, that the patients seek late for medical aid, at a time when the material alterations of the bulbus have already made great progress. But not infrequently even here it happens, that a central diminution of sight, existing within a short time, and even limitations from the side are cleared up, or at least considerably diminished. In a majority of cases an arrest of the process, a permanent preservation of the still existing degree of vision, and of the material conditions of the internal organs, is to be expected. For the *secondary and complicated glaucoma* essentially the same therapeutic and prognostic rules hold good as for the *primary and pure glaucoma*, as far as the glaucoma itself is concerned. Not rarely the primary affection, too, is favorably influenced by the iridectomy, nay, it requires sometimes the same operation as the glaucoma itself, in order to be cured or brought

to a *stand-still*, strengthening, therefore, the indication. This is principally the case in *chronic iritis*, with *total posterior synechia*, and in *progressive staphyloma* of the cornea or sclera. However, very favorable effects have also been noticed, if the *iridectomy* was performed in *progressive staphyloma posticum* and *secondary glaucoma*, provided that it was done in season. But whenever the glaucoma is complicated with *cerebral amaurosis*, the results have ever been *negative* as yet, the nervous affection progressing unchecked.

Against the *absolute or complete glaucoma*, *iridectomy* is powerless; therefore it might be better to forbear the operation, unless frequent and acute attacks, violent pains, troublesome chromopsy, photopsy, etc., should require some direct therapeutic action.

In cases of *glaucomatous degeneration*, *iridectomy* rather aggravates the disorder, inducing commonly profuse *intra-ocular hæmorrhages*. Where continued attacks of inflammation, or frequent ciliary neuralgia necessitate operative interference, the *enucleation of the bulbus* is by far to be preferred. Sometimes this operation acts favorably on the other still curable eye, removing, as it does, a fruitful source of sympathetic irritations.

STRANGULATED UMBILICAL HERNIA.

MORTIFICATION AND REMOVAL OF FIFTY-EIGHT INCHES OF INTESTINE—RECOVERY.

BY G. D. BEEBE, M.D., CHICAGO.

JULY 10th, 1869, I was called to see Mrs. J. B. Childs, of Lee County, Ill., who was temporarily in our city for a visit, and while at the house of a friend, was taken with most violent pain in an umbilical hernia, which had existed since a severe labor seven years previously. I found the patient of dark complexion, stout built, aged about 40. No evacuation of the bowels had occurred for a week. The violent pain had begun three days before, soon followed by

vomiting, which during the last twelve hours had been stercoraceous, with frequent disposition to singultus. On examination a large tumor was found at the umbilicus, the thin integumentary coverings of which were greatly discolored, and were on the point of yielding to the pressure of a considerable quantity of fluid therein contained. The skin and pulse did not indicate any marked peritoneal inflammation, but there had evidently been an unwarrantable delay already in applying proper treatment. Without delay the integuments were carefully incised, and two or three ounces of bloody serum escaped. The blackened intestine was now visible at the opening, and with a grooved director the hernial sac was freely laid open, when I was startled to find so much of the intestine extruded, and the entire mass not only black with discoloration, but at points so far disintegrating as to allow the contents to escape.

The situation was novel, and so far as I could then recall to memory, without precedent, but a moment's reflection satisfied me that the patient's chances for life lay in removing the de-vitalized tissue, and pursuing such further steps as would subject her to the least hazard possible under the circumstances.

I can strongly commend the use of Lembert's suture in all cases admitting immediate union of the cut extremities of intestine, but in this case the extent of intestine to be removed seemed to suggest greater hazard in attempting to join the divided ends of the gut by suture than in establishing an artificial anus, and effecting a cure of this artificial opening so soon as the immediate danger from the first operation had passed. I therefore determined upon the latter course, and with the assistance of two or three of my medical colleagues whom I could hastily summon, the gut was traced to the hernial ring, and finding sound tissue there, divided. Then passing a strong suture, the sound extremity was secured to the integumentary margin of the wound. With a pair of scissors the intestine was cut away from the mesentery throughout its extent until sound intestine was found at the opposite side, where it was again

divided, and the sound extremity secured like the former. The mesenteric vessels which were very numerous as may be inferred, gave rise to a pretty smart hæmorrhage at first, but were closed by torsion and the application of ice, until all bleeding had ceased, when the hernia knife was brought to bear on the ring, and this was sufficiently enlarged.

Making sure that the bleeding did not recur on the removal of the pressure which had been maintained by the ring, the parts were returned within the abdomen, leaving the two divided ends of intestine protruding from the abdomen, and lying side by side, where they were secured to the integumentary margin by silver sutures in such manner as to form an artificial anus. During all this procedure the patient was quietly sleeping under the influence of Chloroform, and I might here add, that, having thoroughly tested Sulphuric ether, Ether and Chloroform mixed, and the more recently discovered Bichloride of Methylene, I have no hesitation in saying that Squibb's Purified Chloroform is, in my opinion, the most desirable anæsthetic known, both as regards efficiency and safety of administration.

During the twelve hours following this operation, the cathartics which had been freely administered by my predecessor in the case were being poured out at the artificial anus, and there was a little disposition to singultus, with some vomiting.

Aconite and *Arsenicum* were administered in anticipation of peritoneal inflammation, and as corrective of the gastric irritation present. I can not too strongly condemn the too prevalent habit of administering opiates to narcosis after surgical operations, believing that they disturb the reparative processes upon which the surgeon so largely depends, and that we have in the higher attenuations of *Coffea* and *Arnica* efficient remedies for the post-operative hyperæsthesia which is sometimes present. During the day following the operation the pulse rose to 120, and there was considerable tenderness of the abdomen, but no tympanites. After the lapse of forty-eight hours this irritatiou

began to subside, the pulse dropped below 90, and I soon had the satisfaction to note the return of a relish for food and of comfortable sleep. It was found necessary to exercise great care in dieting the patient, since the discharge at the artificial anus being altogether fluid, varied greatly with changes in diet; potato and some other articles of food causing so keen an acidity as quickly to destroy the cuticle with which it came in contact. Beef tea, prepared by the following formula, was made the standard article of diet in this case, the muriatic acid greatly promoting digestion and assimilation :

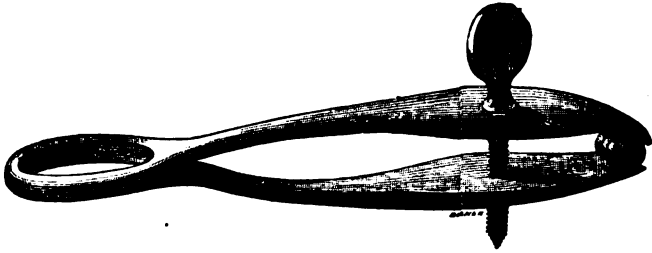
- ✓ Lean beef, cut fine, one-half pound.
- Cold water, twelve ounces.
- Table salt, one teaspoon.
- Pure Muriatic acid, four drops.

Stand aside in a covered dish two hours, then strain and pass the liquid again through what remains on the strainer and serve cold.

This preparation, always well borne by the most sensitive stomachs, seemed particularly suited to this case, and the deviations from this were more by way of experiment to test the digestive powers of the stomach and duodenum. A fine field was here presented for the physiologist to note the complete or partial digestion of different aliments by the stomach and duodenum with the upper portion of the jejunum, but upon this field we can not now enter. An examination of the intestine removed showed it to be fully four feet ten inches in length, and to belong to the jejunum.

Upon the subsidence of the inflammatory symptoms and the re-establishment of the digestive functions, the determination was announced to operate immediately for the relief of the artificial anus. Here it was found necessary to depart from the line of established precedent, and there were not wanting those in the profession who, with the author, thought this operation should have been delayed for several months at least, but there seemed no sufficient reason for delay, and so soon as the proper instruments could be made from drawings, I was ready to proceed. A few days delay was asked by the husband of the patient on

account of his business, and then, on July 31st, the patient being fully anæsthetized, the extremities of the gut were explored to determine their course on entering the abdomen, the presence of adhesions and the relations of other viscera: a clamp four and one-half inches in length (see cut)



the blades of which were oval, three-fourths of an inch wide by one inch and one-fourth in length, and fenestrated so as to leave serrated jaws one-eighth of an inch wide, was then introduced. One blade being passed into each protruding end of intestine until fully within the abdomen, the two blades were locked by means of the hinge joint in the outer end of the handles, and the set screw was introduced. Great care was exercised that only the intervening walls of these intestines should be embraced by the clamp, and the blades were then approximated by the set screw in the handles until slight pain was occasioned. Instructions were given that if nausea or vomiting occurred the clamp should be slightly loosened, otherwise it should be very gradually tightened during the next two days; the object of this pressure being to cause a degree of adhesive inflammation sufficient to unite these intestines. When on the third day the presumption being that this had occurred, firm pressure was applied by the clamp for the purpose of destroying the parts between the blades, and thus make an opening from one intestine through into the other. To make this the more effectual a free incision was made with a gum lancet through the fenestral opening in the blades of the clamp.

On the fourth day the clamp was gradually loosened and withdrawn, while a firm compress was applied over the

artificial anus. The lower bowels, including the ileum, colon and rectum, which had been entirely inactive for four weeks, now began to exhibit activity, and from this time the regular daily evacuations of the bowels occurred by the rectum, of a character as entirely normal as those which had characterized her former condition of health. Indeed, a former habit of constipation seemed to have been wholly removed. A digital examination of the point at which the clamp was applied revealed the smooth, rounded edges of the opening produced by the instrument, and it now only remained to close the integumentary opening of the artificial anus, which was done August 6th, by deeply set quilled sutures of silver wire, and the patient returned to her home in the central part of the state, leaving my cabinet enriched by a pathological specimen which is as highly prized as it is rare.

This case is perhaps without parallel in the records of surgery as regards the amount of intestine lost and the immediate relief afforded from the artificial anus.

A case is recorded by Cheselden* something like 200 years ago. "Where a Woman labouring under the *Exomphalis*, the Part Mortify'd, and the Gut thrust out twenty-six Inches and a half, being also perished he cut off; after which, as the Ulcer healed, the End of the Gut hanging out thereat, made a kind of *anus*, through which her excrement comes out."

Here, nature did much, while the surgeon apparently did very little, and no attempt appears to have been made to relieve or close the artificial anus.

The case of Mrs. Childs is remarkably full of interest as showing how much of the alimentary canal may be lost without fatal consequences not only, but without even disturbing the time or character of the fœcal evacuations. It is of interest too, as bearing upon the subject of artificial anus, since it demonstrates so far as one case may, that when it becomes necessary to establish an artificial outlet, such outlet may be safely closed after the lapse of a very

*Turner's Surgery. London: A. D. 1734. Vol. II. P. 488.

few days; and he who has been an observer of the loathsome inconvenience as well as physical suffering of an artificial anus so high up as the jejunum, can readily appreciate the importance of avoiding the tedious delay of several months, which has been heretofore enjoined.

It is no less amazing than gratifying to witness the happy effects of Homœopathic remedies in controlling the constitutional disturbances consequent upon grave surgical operations; and seldom have those effects been more happy in my hands than in the present case, where the late stage at which the case came under proper treatment as indicated by the hiccough and prostration, the extensive cut surface of mesentery returned within the abdomen, and the brevity of the viscera available for digestion and assimilation all united to make the prognosis unfavorable.

From no other source can the surgeon derive that confidence in the use of the knife in extreme cases which comes from a knowledge of the resources of the Homœopathic *Materia Medica*.

A CHAPTER FROM JAHR'S LATEST WORK.

“EXPERIENCE OF FORTY YEARS' PRACTICE.”

BY DR. HULL, CHICAGO.

IN the July number of THE UNITED STATES MEDICAL AND SURGICAL JOURNAL, there appears an article under the above caption. My attention was attracted to this particular article, from the fact that it treated upon a subject that has been a source of great thought to many, and much has been written about it, both in the Allopathic and our own schools. Science has progressed within the past few years with startling rapidity, and many discoveries have been announced from time to time, that at first were almost incredible. Many there are, however, who believe that as much was known a hundred years ago as now, and whose minds are stayed by the things of early days; nor do they

care to be numbered with those "hair-brained visionists" who handle science as a child does a toy, with no regard for things that were taught us as sacred. There are many of these fossils in every profession and in every calling; the medical profession, I am sorry to observe, is not exempt. The causes which tend to produce this state of things are numerous; extensive labors in practice, family cares, and the desire to obtain the greatest amount of money with the least possible effort, being the most prominent. Although it is to be regretted that these fossils do inhabit the medical profession, and do, by their conservatism, block the onward wheels of progress, and thereby injure the cause of science, yet we can never quite be freed from the element, so long as men engage in the profession for a livelihood only.

It has often occurred to me that something could be written by some of our own countrymen that would be better adapted to our particular climate, and take the place of that which has already been written by men in foreign countries, who have an entirely different climate, different idiosyncrasies, and different modifications. In the typhoids that occur in Europe, all, or nearly all, are modified by *rheumatic* poisons, while in the United States we have the disease modified by *bilious* miasmata. This difference is suggestive in itself, and hardly needs more than a simple mention to indicate a different treatment. American Homœopaths have, as a rule, observed this peculiarity, and many there are who have long since lost confidence in *Rhus* and *Bryonia* as the sheet-anchor and main reliance in the treatment of typhoids. It is the object of this communication to place some reliable facts before the profession that may act as a reminder, and perhaps prove of use in refreshing their minds with the data that I am sure many are familiar with.

Typhoid and typhus fevers have been confounded into one disease since the days of Hippocrates, and will be, probably, as long as diseases have an existence, because our fathers and their fathers taught so. Investigation on the subject, however, shows beyond controversy that the poisons

are distinct and specific, and are developed, generally, under different circumstances; the one running a much longer course than the other, and presenting entirely dissimilar conditions and characteristics. In fact, the diseases are no more nearly allied than scarlatina and roseola.

Typhoid fever generally appears to consist, at first, of nothing like real illness, but the patient is unable to apply his mind to any thing; complains of dull headache and sensation of fatigue; wants to lie down; appetite very poor, or none at all; occasional sensations of chilliness alternated with flashes of heat, with redness of the face and fullness of brain; brain feels tired and bruised; muscles sore; knee-joints stiff; trembling of the extremities; has occasionally a slight "nose bleed," some pain in the bowels, with diarrhœa, or slight constipation for a day or two and then diarrhœa; abdomen bloated; the symptoms increase; skin becomes quite hot; coated tongue; sometimes tongue is red and swollen, again the tongue is wide and flabby; great thirst; delirium; light red eruption upon the bowels; picking at the bed clothing; thick and scanty urine.

Typhoid poisoning is quite as likely to occur in the country places as in the city; in fact, we note its greatest ravages in those localities where it would seem impossible for disease of any kind to abound. It attacks people generally from sixteen years of age to forty, very seldom attacks old people, and generally none have it more than once.

Typhus fever occurs in poorly ventilated rooms, from close confinement on shipboard, and from insufficient wholesome nourishment. It runs its course in about fourteen days, comes on suddenly and leaves quite as abruptly, leaving no local lesion. There is no hæmorrhage from the bowels or nose; no diarrhœa, no tympanites, no ulceration of the bowels; and the eruption is general, and of a much darker appearance.

The distinctions are very plain in most cases, though some writers complain of a great similarity, and the utter

impossibility in separating the characteristic symptoms and manifestations.

Treatment.—In attempting to detail the best treatment for typhoid fever, I naturally feel a diffidence, after criticising many of the more prominent writers on the subject. But, to simplify the present complicated plan now so generally in use, being the chief object of this paper, I shall not hesitate to give to the whole profession what appears to me to be of the greatest value, especially in the United States. In the preceding pages I have reflected upon the writers of other countries, but not wishing to be misunderstood, I will state plainly that I do not dispute the abundance of testimony offered by those whom I have chosen to take to task, as experienced in their own country, but that in our country it cannot be relied upon.* Rapou wrote an excellent work on this disease some fifteen years since, but the *treatment* is quite as complicated as that of other authors, though he presents some characteristics that are invaluable. With regard to his doctrine of urinal deposits, he only half stated the facts, and this failure, to my mind, is a grave oversight; for so different are the demands in each particular condition that the failure to meet them at the proper

* I have endeavored to show that the conditions produced in the human organism are of a similar character, the world over, and the cause the same. In Europe and America, upon the high plateau and in the pleasant valley, the poison is of a specific nature, and under the same circumstances, always produces the same characteristics. Were I to stop here, without adding any further facts, the object of my paper, in one sense, would be defeated, for it might justly be claimed that if the disease is specific, produced by a specific poison, why not accept the treatment of the older writers in other countries, without comment, since their claim precedes mine. The fact is, that the poison in this country, (typhoid fever,) is greatly modified by the malaria of the different localities where it appears. Hahnemann observed a rheumatic poison modifying the true typhoid, while we in this country find more or less bilious complications, and this alone justifies me in drawing the attention of the profession to a different style of treatment than is adopted in Europe. Again, I do not believe the plan of treatment adopted in Europe is the best that can be offered to meet the general requirements; on the contrary, two of our most valuable agents (*Turpentine* and *Baptisia*) are not included at all. Perhaps the reason for this is, that their application to the disease has been discovered since the writings were published.

time might result in disaster. Urine in typhoid fever presents two characteristics; the one by the test of heat becomes perfectly clear, the other by the same test becomes coagulated. In the former instance the cloud or deposit consists of a great elimination of the phosphates, and in the latter case the coagulable mass consists of mucus, albumen, disintegrated blood corpuscles, epithelial cells and casts from the ureters. Prognosis in either case is never certain, but a more favorable result may be expected in the cases where the phosphates are paramount; though in the class of cases where coagulation takes place we are never left without hope, as many a case has recovered when, according to Rapou and the other authors, the disease must have terminated fatally.

The remedies that will meet all the indications of typhoid fevers that prevail in the United States are *Baptisia*, *Turpentine*, *Arsenicum alb.*, *Nitric acid*, *Muriatic acid*, *Phosphoric acid*, *Hyoscyamus*, *Scutellaria*, *Agaricus* and frequent bathing.

BAPTISIA.—In the early febrile stages give *Baptisia*, first decimal dilution; continue *Baptisia* at intervals as long as the fever lasts. It is clearly indicated in the following conditions: disagreeable prostration, with soreness of the muscles; painful and bruised feeling of the brain; pain in the sacrum; want of mental force; prostration and trembling; chilliness alternated with heat; burning, pungent heat over the whole body, especially in the face; delirium; frightful dreams; restlessness, dry, parched, thickly-coated tongue; fœtid breath; fœtid odor from stools and urine; pain in the abdomen, with diarrhœa; sordes upon the teeth; cracked lips, with bleeding and ulceration of the bowels. This remedy can hardly be dispensed with, as will be seen from the preceding indications, during the whole course of the disease; with but few exceptions it covers the entire case of poisoning by the typhoid cryptogami. There are special indications where other remedies are valuable, and perhaps indispensable. I will specify them at the proper point.

Baptisia is the analogue of *Ars.*, *Nitric acid* and *Muriatic acid*, and corresponds with them, in some of its features, almost precisely. It has been denied by some who profess to have employed the *Baptisia* in the treatment of typhoids, that it produces any of the curative actions attributed to it. This statement can not be true; and, undoubtedly, if there was the failure just mentioned, it could be traced to want of proper understanding as to the amount to be given and the time to give it. Any thing above the second dec., in the treatment of typhoid, or any of the blood diseases, when the danger arises from the destruction of the sanguineous fluid by defibrinating or otherwise, is entirely useless.

HYOSCYAMUS.—This remedy is only applicable in the brain symptoms, but it is of considerable value for these conditions, especially the delirium, accompanied with screams and raving, with exacerbation at night. Whenever this symptom presents itself, *Hyoscyamus* may be given with the expectation of decided relief. I have never found it of any great value in the general constant mania that is occasionally witnessed in this disease.*

AGARICUS.—In the delirium, with constant raving, with no exacerbations, *Agaricus* will be found most reliable; often while administering it have I had occasion to mark its positive action. So far as this medicine goes, it is perhaps quite as satisfactory in its results as any thing in the *Materia Medica*. Where we have presented burning thirst, livid extremities, accompanied with pain in the abdomen, with foetid diarrhœa, or the condition of coma, with paralysis of the muscles of the face, so that one or both corners of the mouth drop down, allowing the saliva to run out upon the pillow, with or without paralysis of the extremities, *Agaricus* will immediately come to our aid, and, in most cases with the most salutary results.

* For the suppression of urine which is so common and troublesome a feature in typhoid fever, *Hyos.* is a remedy which has seldom, I might perhaps say, never, failed me. I generally give the 6th or 9th every hour till urination is established. The cases are rare in which it had to be given more than three times to produce this effect. 8.

MURIATIC ACID.—The indications for this remedy are in the commencement of the disease ; if we have a red, dry, swollen tongue, with delirium, or the wide, flat, clammy tongue, dimness of sight and dull hearing, with a *soreness* of *muscle* and a particular *bruised* feeling of the brain, with dull headache. As the disease further advances, I have somewhere seen a particular indication for its use, which is characteristic of *Muriatic acid* and one other remedy, *Baptisia* ; this symptom is a *sinking down in the bed*. It will generally be observed, however, that this condition is simply the result of the paralysis of flexor muscles ; it will also be noticed at this time there is a depression of the under jaw, showing the extent of the paralysis to be considerable. It occasionally occurs that we have, in this paralyzed condition, partial paralysis of the bladder, with inability to void the urine, which has to be drawn by a catheter. *Muriatic acid* will be serviceable in removing this whole train of symptoms, or rather in bringing about a proper reaction in the impoverished nerve centre. This whole condition is produced by the want of vitality in the blood.

Wherever we have involuntary passages from the bowels, with a feeble pulse, and the sordes on the teeth, *Muriatic acid* is properly indicated, and I have employed it with confidence.

NITRIC ACID.—Although but little has been said in reference to the use of *Nitric acid* in the cure of typhoids, it is not because the remedy is not of service, but because there is a prejudice against it existing in the ranks of Homœopathy. There are some indications for its use in this disease that should not be overlooked. If, upon examination, you find the tongue presenting a deep red appearance, with a sort of velvety look ; soreness of the bowels, with persistent diarrhœa streaked with blood ; fœtid urine ; burning pungent skin ; hæmorrhage from the bowels ; raving delirium—getting out of bed ; is restrained from doing personal injury only with great effort ; quick, hard pulse, with suffocative respiration, you may be sure that *Nitric acid* is the remedy, and if care is observed in making the distinctive indications you may expect relief.

PHOSPHORIC ACID covers a particular group of symptoms that occur in typhoid fever: Dull hearing; confusion of ideas; vertigo; profuse sweating; *thick, clouded urine, which clears up by the application of heat*; hæmorrhage from the nose and from the anus.

TURPENTINE.—We now come to the great remedy in typhoid fever. Its Homœopathicity to this disease was first pointed out by Edwin M. Hale, M.D., in an article that appeared in the "North American Journal of Homœopathy," Vol. VII. Since that time its use has been adopted by a large number of the believers in "*similars*," with very gratifying results. *Turpentine* will not generally be indicated until the middle or last of the second week of the disease proper. The indications for its use are bright red tongue, (or just as the coating leaves or commences to leave the tongue,) sometimes the coating of the tongue peels off in patches, presenting bright red spots here and there, or the whole substance clears off simultaneously; in either case it should be remembered that ulceration of the bowels has begun, and this alone may be the only indication. It rarely occurs, however, without some of the following symptoms accompanying it: a sensation of vertigo; fullness and flushiness of the face; extreme tympanites; pain in the iliac region; pain upon pressure about the abdomen; thick, scanty urine, with mucus and disintegrated blood corpuscles present; fœtid urine; fœtid stools; diarrhœa, with blood intermixed with the discharges; small, wiry pulse; hæmorrhage from the nose and from the anus; bloody expectoration; effusion of serum into the pleural cavity and into the abdominal cavity; great prostration, with unusual reduction of flesh. The conditions which indicate its use are of such a character that they can hardly be overlooked by the least observing practitioner; and I will say, as a general thing, you can give it with perfect safety at the middle of the second week. The danger in typhoids is the death of the blood and the consequent destruction of nerve power, and as a result, death. *Turpentine* seems to act in a dynamic manner, preventing disintegration and defibrina-

tion, as well as acting locally upon the ulcerated surfaces. It has been my custom to use it in one or two drop doses, prepared as follows :

R. Olei. Terebinthinæ, gttæ. **xxx** ;
 Alcohol, "
 Sulph. Æther,.... "

Shake well, and add *Simple Syrup* ℥ iiii. Dose half to one tea-spoonful.

SCUTELLARIA may be given in those cases of involuntary muscular movements, jerkings and twitching of the muscles of the face and of the extremities; also in disturbed sleep, with sudden wakefulness and frightful dreams. In many instances I have found, from my own observation and from that of other practitioners, that it is much superior to *Hyoscyamus*, the remedy ordinarily administered for these conditions. *Scutellaria* seems to have a direct action upon the nerve centre, and produces its curative effects by giving some particular stimulus to this structure.

ARSENICUM.—This remedy has been lauded extensively as the grand remedy for typhoids. On general principles, according to all the evidence we can glean, it produces its effects after the manner of the *Sulphites*, etc. It, however, meets a few indications in that particular stage which supervenes just before a collapse. The manifestations are: diarrhœa with bloody admixture; unquenchable thirst (drinks very frequently, but little at a time); pinched and shriveled appearance of the nose and fingers; blackness under the eyes; sunken condition of the eyes; scanty and thick urine; quick and feeble pulse.

Much has been said of the valuable adjuvant, *Water*, in the treatment of typhoids. I can add nothing, but will simply repeat what others have written. Dr. Kurtz says: "One of the greatest advantages we find in hydropathy is that we introduce into the economy nothing heterogeneous or toxical." "This hydro-therapeutical method, therefore, joined to ours, possesses advantages which are incontestable and most precious." "It requires individuals capable of reaction, and it remains necessarily powerless against a large number of special morbid states, when this faculty

of reaction is seriously altered." Rapou gives very plain indications for its use, and it being the object of this paper to give only general hints, I shall not recite the particular indications, but refer the reader to the valuable work before mentioned. I will say, however, in this connection, that frequent sponge-bathing is always very agreeable and salutary to the sufferer while laboring under this disease. Within the past three years it has been my custom to add *Nitric* or *Muriatic acid* to the baths, in just sufficient quantity to render the water slightly acid, and it seems to me that I have by this means produced, in many instances, very happy results. The Acid externally is strictly Homœopathic, as the fact of the secretion from the skin, in typhoids, abundantly verifies. The sweat in this disease generally produces an acid reaction; it is so manifest that a person coming into the sick room from the outer air can detect its presence by the odor.

It was this fact that first led me to adopt the acid treatment externally. If nothing more, the addition of Acid to the baths helps to stimulate the capillary circulation, and thereby aids a healthful reaction, which is certainly desirable in every case of typhoid fever.

The "Thermometrical treatment," or, in other words, the "diagnostic indications" that are said to be suggested by the aid of the thermometer, as well as that of prognosis, does not recommend itself favorably to my mind, from the fact that there are so many circumstances that tend to produce exacerbations and depressions in the temperature of the body, which are trivial in themselves and the effects of which are limited to such a very narrow scope, that the temporary changes of the skin do not appear to be of any value as indicating the final result. It may yet be proved of the utmost benefit, but it is certain that many cases do recover when the fever is very intense, and many cases do end fatally where the febrile symptoms are slight. The fever in typhoid poisoning is but a symptom, and its grade of intensity has very little to do with the ultimate result.

DIET.—The great question for the practitioner to decide at certain stages of the disease is, "What shall the patient

eat?" Upon this point it has been generally agreed that beef tea, wine whey, chicken broth, mutton broth, etc., are proper and essential.

If the typhoid fever is produced by a specific poison, and that poison consists, as some of our most scientific men have demonstrated, of cryptogamic spores, then it must be determined upon what particular kind of soil these fungi prosper best upon. Beef tea and animal soups are to these spores what the dung-heap is to the "toad-stool" and other vegetations of fungous character; reasoning from this standpoint, we may be enabled to account for the disappointment so frequently met with, produced by the failure of some certain remedy to produce its curative action when we feel that it is positively indicated. Perhaps this very food which we are in the habit of giving "to keep up the strength," is our worst foe.

It has been demonstrated by hospital physicians in Paris, London, and in New York, that the best diet is the free use of *milk and water*. They claim that the fungi can not live and thrive on that particular diet, and that the percentage of recovery is very much increased, while the duration of the disease is greatly lessened. I know of quite a number of physicians in the West who have adopted this style of diet, with very gratifying results. I have availed myself of this plan, and would heartily recommend it.

So far we have said nothing of the treatment of typhus fever, nor is it our intention in this article, as it occurs very rarely in this country; and again, because it is our intention at some future time, with the assistance of some of our co-laborers, to publish a complete and succinct textbook on the subject of typhoid and typhus fevers. In the prospective work it will be our aim to give only such data as have been demonstrated to be of real value.

BLEEDING AND PNEUMONIA.

Two things are well known to all familiar with medical matters: I. That the treatment of all diseases by the Allopathic school is very different from what it was forty, or even twenty years ago, and that blood-letting, especially, has well-nigh fallen into disrepute; and, II. That an attempt has been made by some to account for this fact by assuming a change of type; the race, we are told, is declining; men are not as hardy and robust as they were forty years ago (and this in face of the well known fact that human life is much longer than it was forty years ago,) and that hence diseases have assumed an asthenic type and will not bear such vigorous measures. A third fact is not so well known, and that is, that some are endeavoring to bring blood-letting and other kindred measures into favor again. Recent numbers of the "Bull. Gén. de Therapeutique Med. and Chirurg." LXXVI., p. 339, *et seq.*, contain a series of papers on these points which are worthy of consideration in this connection:

A PRACTICE OF FORTY YEARS IN PNEUMONIA.

BY DR. DAUVERGNE, SR., HOSPITAL PHYSICIAN AT MANOSQUE, ETC., ETC.

After stating the diffidence with which he disagreed with such authorities as Louis, Chomel, and others, and the patience with which he gathered new facts, he says, that to make the matter clear he must give the history of his medical life on the subject of pneumonia, and proceeds as follows:

"Forty years ago, when I was yet a pupil in the hospitals of Paris, the history of pneumonia was thought to be so entirely completed and its treatment so definitely marked out, that when it was given as a question in any of the *concours*, it was a common saying, 'That is the *pons asinorum*;' and yet this disease, so well known, so well treated, had many victims. Arrived in the province and provided with that complex arsenal of means, venesections, *Tartar emetic* and blisters, I resolutely followed that path, especially as I found myself better armed than my confrères, the practice

here being reduced to bleeding and blistering, no one daring to use *Antimonials*, which are timidly used even at the present day. The doctrine of Broussais reigned undisputed. An officer of health was mentioned to me who boasted that he had bled eighteen times in a morning. That was, in fact, the golden age for country doctors, needing only simple formulæ, precise and well defined. Now, that science is not bound up in any system, but attempts are made by divers means to illustrate and purify it, they are naturally enough bewildered, and the most of them adhere with great simplicity to what they have always done.

“Under these conditions—it was more than thirty-five years ago, I was not long in seeing that the fluxion of the chest (for thus pneumonia was vulgarly called) passed for one of the most severe and formidable diseases, as indeed it was. I should then at this epoch gain great renown by the cures which I should obtain, and all the more as they would be performed with much labor and in the midst of great dangers. Thus the public would hold me in high esteem for my great success, while I should console myself, on my part, over the few unfortunate cases which would not be lacking.

“Every one knows, that, at the time of which I am speaking, we considered bleeding, not as an adjuvant in the treatment of pneumonia, but as its proper remedy, and hence indispensable. *Tartar emetic*, according to Kapeler, physician at the St. Antoine, at Paris, seconded the effects of the venesections, for he praised them both at the same time; but by the most of practitioners it was supposed to act when the venesections did not answer the purpose. As for blisters they were indispensable, after two or three bleedings, while these latter were to be repeated as long as the blood was buffy. Fatal error, unhappily not yet dissipated, and which has been all the more fatal as the blood becomes buffy more and more as the sanguineous spoliations are more frequently repeated.

“At that period there also prevailed an evil practice, as I think; it was to combine *Opium* with the *Tartar emetic* to

obtain tolerance more promptly, since the treatment was by contra-stimulation, according to the method of Rasori and Tomasini. We were not long in remarking, as indeed Chomel and Sestier had also discovered, that the action of this remedy was the more favorable in proportion as the evacuations were more abundant and more frequent; and this was true to such an extent, that, with some patients on whom it produced no excretions, far from being sedative, it became an irritant, and I was obliged to remit its use. It was then especially that I recalled the treatment of Kapelel, who gave the *Salt of Antimony* alone, in two cups of *tisane*, and who passed among the *internes* of the hospital as one of the various hospital physicians who had the best success. Unhappily, I rejected neither bleedings nor blisters; all went together, as all this artillery still goes with the most of physicians. Little attention was paid to veritable indications; it sufficed that two or three bleedings had been performed, and that the *Tartar emetic* had been given at the same time, and then the blisters had their turn; then, as the disease did not yield, the bleedings were continued again; then, *Tartar emetic* and blisters, without analyzing their action too closely. It cost me close attention to this subject and much reflection, fully to understand its effects, and at last, little by little and successively to renounce blisters, to modify the mode of bleeding, and finally to lay them aside, after a great deal of hesitation. In fact, I may say that I had been led, all alone, by the mere force of observation, to modify my treatment, and then successively to establish it, by a conviction which every fact still renders more profound.

“The question is raised, now-a-days, if the medical constitution has changed, and an excuse is made by saying that there is less tolerance for blood-letting now than there was twenty years ago. History, however, scarcely proves this, since, in analyzing the facts of forty years ago, we shall discover there the same inconveniences and the very same dangers. For myself, I did not see these inconveniences but very gradually, and others, to the present day, do

not see them yet. Let us own, then, in good faith, that it is medicine which has become perfected, and that the action of remedies has been better studied. Would any one have dared to say, twenty years ago, for example, as MM. Jacoud and Bricheteau have particularly shown, that bleeding in pneumonia only acted as a temporary relief to the patient from mechanical depletion? Was it not considered as a topical remedy, essential to the nature of the disease? Even to-day the labors of MM. Andral and Gavasset in hæmatology, which have shed light on this subject, have not convinced every body.

I shall begin by setting forth the effects of my former practice, and then I shall bring to notice the effects of the new.

§ 1. OBSERVATIONS FROM 1827 TO 1845:

OBSERVATION I.—I can not pass in silence one of the facts which struck me first. There was an abbé who, from 1827 to 1829, was in the service of Richerand and of my illustrious master, M. Cloquet, at the Hospital St. Louis, for a white-swelling of the knee, and whom we attended with the greatest care, in connection with my worthy, ever-to-be regretted friend Bonnet, of Lyons, who had already paved the way for his splendid work upon articular diseases. At the moment when this poor abbé was cured, by ankylosis, of his disease of the knee, he was taken, in his bed, with a pneumonia. Venesections were ordered, and almost immediately, a large blister upon the side. I had already observed that the bleedings, far from calming the fever, brought the pulse up and made it fuller; that the blister increased still more the excitement of the circulation, in the midst of which he was suddenly choked, then asphyxiated and died.

OBSERVATION II.—I must add here a very analogous fact which I observed twenty-nine years ago, upon a very strong and vigorous young man to whom I was called in consultation at Saint Martin de Bromès. Bleedings and blisters had been employed according to custom. On arriving, I found the patient struggling in agonizing torture, with a large, compressible and rapid pulse and cold sweat. At that time, I inquired if the treatment had been insufficient, if the disease had passed beyond our means. Now, I should

see nothing in such a case, and one can see nothing, but the efforts of a powerful reaction, the final convulsions of a contractility enfeebled by useless losses of blood.

In this state of things, I dared not prescribe *Tartar emetic*, neither did I dare advise renewed bleeding, though I was far from ascribing to it the physiological disorders which I observed. I prescribed a tisane of *Polygala* and *Oxymel of Squills*, though looking for him to die soon. I could not think of *Alcohol*, which was at that time far from being suspected to have any virtues suitable to such an affection.

In those times we treated the disease rather, now we treat more particularly the physiological disorder, and I may say that I was one of the first to enter upon this way.

Such facts, with all their significance, had as yet, however, no lesson for me, nor had they for others; and if proof is wanted we may find it in the clinique of M. Andral, (1824,) who, somewhat later, pointed out one of the greatest causes of the error. In that Clinique, we may see many unfavorable terminations as results of bleeding, but even in nearly all the cases, aggravation of the symptoms, increase of the pulse and even of the dyspnœa. Finally, the fascination became such that the learned professor made some reflections upon this subject, which sum up so well the errors of that period that I can not refrain from quoting them here:

“Pringle, who beyond contradiction is a great medical authority, had established, as a general principle, that in pneumonia we should abstain from bleeding after the fifth day. Following that rule must have produced many victims, and Stoll was one of the first to prove, that in bleeding in pulmonary inflammations, we should consider the stage of the disease less than the nature of the symptoms. The state of the respiration should especially guide us; an extreme dyspnœa requires loss of blood more imperiously than a feeble pulse contra-indicates it. How often, in fact, do we see the pulse, small and feeble (*miserable*) before the bleeding, come up all at once, when in consequence of a large bleeding the respiration has become more free?”

Certainly after bleeding the pulse rises; but it rises too much, and of this we understood neither the true cause nor the danger; but if the dyspnœa did perhaps decrease for the moment, it lost no time in increasing, the respiration becoming as precipitate as the circulation. Just the very Observation, XVIII, which follows directly upon the reflections of the Professor, shows that the bleeding practiced contrary to the principles of Pringle, increased the suffocation every time, even to the point of tracheal *râle* and death.

OBSERVATION III.—In 1839, M., thirty-five years of age, of an excellent constitution and in the enjoyment of good health, was attacked with a broncho-pneumonia. I bled him; the dyspnœa as well as the pulse moderated for an instant, but soon resumed their former state; the patient could no longer remain in bed except elevated on pillows; the pulse became fuller, more developed, but without any increase of the heat of the skin. This discordance in the organic phenomena frightened me; I begged the family to call in a colleague, who not only approved the bleeding but advised its repetition. Now the pulse, far from diminishing, increased again in frequency and fulness, while the skin grew pale; the dyspnœa increased, and the patient soon died in asphyxia, and in the midst of an unsuccessful reaction.

After these disastrous facts, which unhappily I could multiply, I proceed to others which I considered brilliant, which passed for such, but which, nevertheless, I am now fain to consider as but little less calamitous.

OBSERVATION IV.—During the winter of 1834, a man sixty years old, and another one twenty-seven years, both very strong and robust, as are the most of our peasants, were taken nearly at the same time with pneumonia. Dullness at the base extending to the middle of the chest,, mucous and crepitant *râles*, intense fever, rust-colored sputa; none of these were lacking. I bled them both, especially the younger, several times, (note the fact,) with intervals of one or two days, not being able to see them every day, and much less twice a day. At the same time I gave the *Tartar emetic* potion, with *Syrup of Opium*; I applied large blisters; and as the pulse did not yield, (for the more I bled the less it yielded,) and as I had no other

measure to oppose to this disorder of the circulation, which I all the time attributed to the violence of the disease, and not at all to the strife of the organism which I had provoked by the bleeding, I pushed the bleedings very far, and made them all the more copious, since, as I have already said, I could not see my patients every day. Nevertheless, after numerous and painful alternations during twenty days, the disease was relieved, the fever ceased, but the convalescence was interminable, and lasted, so to speak, to the return of fine weather. The young man lost all his hair, underwent a general desquamation of the epidermis, became emaciated and almost cachectic (*chétif*), and, two years after, had regained neither his flesh nor strength.

OBSERVATION V.—In 1839, two other men were taken with pneumonia. I treated them as I did the former; they finally got well, but with much trouble. They did get up, however, ate and went about, but they were weak, pale, panting; their cough returned and they finally died in a kind of marasmus, kept up by a sub-acute pulmonary inflammation, one after two months, and the other six. Clearly, the organic weakness could not allow of a full and free resolution of the pulmonary phlegmasia.”

Does any one suppose that such facts could be interpreted unfavorably for the method? Not at all. I gloried in them and the public gave me infinite credit. The disease was severe; it was cured with the greatest effort—a proof of the efficacy of the treatment and the feeble constitution of the patient! Thus it is, that, by means of false scientific ideas, the method of bleeding is propagated. It was a similar interpretation of facts that led away Galen, Sydenham, Sauvages, Guy-Patin, Cullen, Bosquillon, Borsiori, Peter and Joseph Frank, Huxham, Pringle, the principal promoters of venesection.

How could we do differently from these physicians, who had left a great name in medicine? Then, they did not count facts but opinions, and MM. Louis, Chomel and Grisolles, in offering figures which were very expressive, failed to convince themselves even. However, in reading the works of these great masters, we see that they have been the first to help us leave our errors, and that if they did not entirely leave them themselves, it was because, in counting

their facts, they did not sufficiently study and analyze the phenomena.

Besides, it is not so easy to break with habits consecrated by age! The science needed some progress to throw light upon the practice. This latter was led astray by false principles; that bleeding was a heroic remedy in pneumonia; that the buffy blood was the pathognomonic sign of pulmonary inflammation, a new indication to let blood; that bleeding was the only means to put down the fever; that hence it was necessary to repeat it till the fever yielded, etc., etc.

Before such principles, the seventy-eight cases brought forward by Louis, treated by blood-letting, and, upon subjects all taken from the midst of perfect health, of whom twenty-eight died, did not shake any conviction, notwithstanding their desolating significance. Neither did the conclusions which M. Grisolle drew, in 1836, from fifty other cases. He thus expressed himself: "In fifty cases, bleeding was useful (eighteen times) in producing an amelioration, more or less rapid, in inflammatory accidents. In the other thirty-two cases, either the bleeding never prevented the disease from making rapid progress (eighteen times), or the disease remained stationary, and always at the same degree of severity (fourteen times). Hence one might affirm that bleeding has no influence, or a doubtful one, upon the course of pneumonia; that in no case, and however abundant the bleedings may have been, (seven to eight pounds), has an intense pneumonia ever been jugulated, even when the treatment was commenced in the first days of the invasion.

M. Andral, that judicious practitioner, and who, as we have said, was one of the first to elucidate the science in hæmatology, furnished fatal proofs of bleeding in almost every page of his *Clinique*. One may find a striking evidence of this in observations XIX. and XXII., where the bleedings were practiced before the development of inflammatory symptoms, which they were unable to conjure away; they did not prevent the production of hepatization, and every loss of blood induced an increase of dyspnoea, which ended in asphyxia and death.

These observations, in connection with my own practice, warranted me in concluding,

1. That bleeding was no better indicated or supported forty-six years ago than now.

2. The observations of M. Audral and the facts of M. Grisolle show, most significantly, that bleeding is powerless to prevent pulmonary inflammation, to arrest its progress, or even to modify its symptoms.

3. On the contrary, all the marked local phenomena and the general symptoms, were always aggravated under its influence.

4. In consequence of these disorders observed, and that so clearly, after each bleeding, by the increase of the dyspnoea and the frequency of the pulse, it is impossible not to hold blood-letting responsible for the sad result.

The next case, which was that of an acute pleurisy with effusion, modified his practice; finding that there was great aggravation after the large bleedings, he tried smaller ones, three or four at a time, and three times a day, "by which means," he says, "I warded off the chief inconvenience, the powerful reactions, the organic perturbations, which I had already recognized as very dangerous. I thought I had overcome the difficulty; I had reconciled the advantages of bleeding with its dangers. My practice was then fixed in these principles for several years, till repeated observations, with the aid of new reflections and a still more profound study of the phenomena, at length succeeded in effecting a total change."

ABSCESS OF LIVER AND KIDNEY.

BY DR. J. A. HOFFMAN, MENDOTA, ILL.

ON the first of October, I was called to see Josiah A. Guffin; age forty-nine; weight one hundred and eighty; nervous bilious temperament; symmetrical physical development.

Pathological condition.—Acute pain in the right side, from the lower lobe of the lung down over the region of the liver; pain increased by inspiration; tenderness in the epigastric region; tongue coated brownish, having a typhoid appearance; fever of a low grade; no thirst.

Diagnosis—Acute hepatitis, with minor complications.

Some six weeks after, the case not improving, three other physicians were called. Their diagnosis the same: Acute hepatitis.

On the twenty-second of January, 1869, I was recalled to take charge of the case. General appearance much worse; œdema of both legs, retaining an impression like a mass of dough; rigors; enlargement of at least two inches in the region of the liver.

Diagnosis.—Abscess of the liver. Prognosis unfavorable.

Two days after this, he coughed up, in one night, about two quarts of matter, resembling "wine dregs."

The diagnosis was now plain, adhesion of the liver, diaphragm and lung having taken place; the abscess having made an issue through the diaphragm, into the substance of the lung, so that the contents of the abscess, or, at least a portion of it, were being thrown up through the bronchial tube. The patient lived in this condition nearly six weeks, coughing up some twelve quarts of matter and bile, and finally died on the tenth of March.

"*Post mortem*" four hours after death. Called in Drs. Carnohan and Braffett to assist. Removed the lungs, diaphragm, liver and right kidney. The kidney had formed an adhesion to the liver, the liver to the diaphragm, and that organ to the lung.

On cutting into the upper side of the liver, a large abscess with no outlet was discovered, containing about a quart of yellow pus; on the concave side there was a large abscess, imbedding itself deep into the substance of the liver, separated from the one above only by a thin, white membrane. This abscess extended an inch into the upper end of the kidney, at the attachment of that organ to the lower lobe of the liver. Its capacity was about two quarts. This abscess had made an issue an inch in diameter through the diaphragm, into the substance of the lung, infiltrating it with pus, and completely destroying it.

Both abscesses, as well as the aperture through the diaphragm, were lined by a white, tough membrane, indicating considerable age.

The substance of the lung had literally turned to pus; its remnants could have been contained in a common saucer. The amount of pus seems incredible; from four to six quarts were taken out of the thorax before removing the viscera. Six weeks before this, the lung was perfectly sound, as Dr. Carnohan and myself know from a thorough examination by auscultation and percussion.

Emphysema of the left lung had taken place; perhaps a hundred dark particles, resembling shot, were scattered through the cells of the lung. These consisted of dried and hardened blood. Otherwise the lung was normal.

The conclusion in which we all agree is this:

1. That the abscesses must have been forming at least a year.

2. That the acute hepatitis was not the cause, but the consequence of their formation and extension.

3. That the organs mentioned were grown together by adhesive inflammation.

4. That the immediate cause of death was the bursting of the larger abscess, and destruction of the lung.

5. That the primary cause of the abscess may have been the inflammation of the kidney at the time of its adhesions to the liver, or from tuberculosis of that organ.

REVIEWS OF BOOKS.

HOMŒOPATHY; ITS NATURE AND RELATIVE VALUE. By ARCHIBALD REITH, M.D., late Physician to the Royal Infirmary of Aberdeen. With an Appendix, by D. DYCE BROWN, M.A., M.D. etc., etc.

One of our recent numbers gave some account of Dr. Reith and his adventures; how he made a great discovery in therapeutics; how it was received with great applause by the medical magnates, not only of Aberdeen and Scotland, but of Great Britain and the rest of the world, until it was found out that Dr. Reith's new views were nothing but Homœopathy; and how he was thereupon ejected from his position as Physician to the Royal Infirmary of Aberdeen. These various facts have called forth from Dr. R. the pamphlet under consideration, (for which we are indebted to the author,) in which he makes many statements much against the peace and dignity of the Allopathic school. In his Preface he states that he publishes the pamphlet with extreme reluctance; "But," he says, "when a reckless attack is made upon my professional character, when attempts are made to blacken and discredit it, I am constrained, in self defence, to give publicity to the following pages:"

"So far from seeking a rupture with my brethren, it has all along been my most anxious desire to keep on friendly terms with them. Knowing their traditional horror of Homœopathy, I refrained from using the "bad name" as much as possible (except when I had to condemn its errors), in order to remove their unfounded prejudices. I explained to them my views publicly and privately, met their objections, tried to remove their difficulties, and assumed a position midway between the old and the new systems, in the hope of helping forward a reconciliation. In this hope I was encouraged by communications from medical men in all parts of the country. I conducted everything in the most free and candid manner. All

in vain. Even small doses of regularly authorized medicines are as offensive to them as Homœopathy."

"Had I been let alone, and granted that toleration which is due to all—had I been allowed to persevere in my humble efforts to advance the interests of medical science—this pamphlet would not have been written. But having been forced into a position of antagonism, I wash my hands from all the evil consequences which may result therefrom.

"I bring but one charge against the profession. Its leading men are honest enough, as will be seen, to confess their ignorance, and this is, so far, a step towards knowledge. This confession is a proof of the upright character which the profession as a body deservedly bears. But the one stain on its character, the one blot, is its treatment of Homœopathy. For this no excuse can now possibly exist. I deeply regret that the liberal and independent medical men, of whom not a few are to be found in this city, and who are opposed to all intolerance, should be involved in this transaction."

So much for the occasion of the pamphlet having been written. The first paragraph of the pamphlet reads as follows:

"The condition of medicine at the present time is, in the highest degree, unsatisfactory. For centuries the profession has been endeavoring to obtain an exact knowledge of the properties of drugs, and their application to disease, and yet, at this late period, the most eminent physicians are obliged to confess that the subject is in utter confusion. There are no fixed principles of treatment—no trustworthy laws for the selection and application of remedies—but medicines are prescribed in accordance with prevailing custom or hereditary tradition, the reasons for their employment being very indefinite or wholly unknown. The treatment of disease is thus left to the discretion and pleasure of individual physicians; whence arise antagonistic opinions and conflicting recommendations, completely bewildering the student, and rendering the profession the butt of ridicule."

These statements he corroborates by quotations from Sir John Forbes, Sir Henry Holland, Professor Bennett, Dr. Wilks, Sir Thomas Watson, Sir James Simpson and others; and the *others* might have been extended to weariness. He adds, that a law of cure has been sought which should be "as universally applicable as gravitation or any other physical law."

"The importance of such a law, did it exist, is universally admitted. But the general opinion is that it has not yet been discovered, while many believe it impossible for a law to be so constituted as to embrace within its operation the endless variation of disease.

“Nevertheless, such a law does exist. I regret to say that, in the midst of its ignorance, in the midst of its anxiety, in the midst of its blind groping after truth, the medical profession has deliberately and willfully shut its eyes to a fact patent to all the world, that a law has been discovered which guides, with more or less certainty, to the remedies for the cure of diseases not absolutely incurable. This law is the system of treatment known as Homœopathy, a system which has given rise to more misunderstanding and been subjected to more abuse than perhaps any novelty that ever claimed the attention of the world.”

Dr. R. then goes on to show that “Homœopathy is the method of treatment which proposes to cure disease by medicines which produce in the healthy body symptoms similar to those of the existing malady,” while “the old system of medicine proceeds on the assumption that opposites are cured by opposites, *contraria contrariis curantur*, and hence has been denominated Allopathy.” He says moreover :

“The term Allopathy is objected to, because, say physicians, they wish to cure their patients, independently of systems, and, therefore, they can not be termed Allopaths. It is, nevertheless, true, that in whatever way medical men endeavor to relieve their patients, the means they select mostly always act on the Allopathic principle—a principle so wrought into their habits of thought that they cannot divest themselves of it. The term is, therefore, justly applicable to their system.”

His reasoning is pretty good on this point, but we can not dwell upon it. This “Allopathy,” he says, “is a most pernicious system, and according to the confessions of its own adherents, does more harm than good.”

“What else could be expected from a system which attacks healthy organs by drugs, in order to cure diseased ones, thus producing two diseases instead of one ?

“Homœopathy, on the other hand acts only on the diseased organs.”

Our author then goes on to say, that, though the principle of Homœopathy has been recognized from the earliest times, and that even Hippocrates announced it, it was first brought into note by Hahnemann, of whose life he gives a brief notice.

This done, he speaks of the spread of the doctrine since the death of Hahnemann, and proceeds thus :

"The evidence in favor of the truth, and immense superiority of Homœopathy over all other methods of treatment, is overwhelming. It is scarcely possible to conceive a conscientious mind shutting itself up against conviction after candid examination. The ingenious devices which are manufactured for the purpose of getting over plain incontrovertible facts, only prove that the opponents of Homœopathy are conscious of their own weakness. Their arguments are so feeble, so childish, so utterly devoid of point, that one feels ashamed to think that they are advanced by men who enjoy high public reputation, and who are otherwise learned and sensible."

These evidences he arranges under three heads: 1. Its prevalence. 2. Its statistics. 3. The testimony of its opponents.

Under the first two heads, he adduces but little that is new to our readers. After putting in his evidence under the first head, he says:

"In the presence of facts like these, the charge of quackery and imposture is perfectly groundless. Those who make it are guilty either of gross ignorance or willful blindness. To an unprejudiced inquirer the extensive adoption of Homœopathy affords *prima facie* evidence of its truth."

The testimony under the second head, calls forth the following assertion and reflection:

"The foregoing figures, however, will, I think, show, that, in lessening the mortality from remediable disease, Homœopathy is incomparably superior to the old system. How men get over them I do not understand. It is true, no amount of extraneous evidence will produce conviction without personal and unprejudiced trial, but how men can absolutely refuse even to examine Homœopathy in the face of such facts as these, is incomprehensible."

Under the third head, the evidence he adduces is familiar, or within the reach of all, with the exception of the following, which is new to us, and hence may be to some of our readers.

"Some pamphlets having been written to call in question the accuracy of Fleischmann's statistics in Vienna, Dr. Inman of Liverpool, Professor of Medicine there, and an opponent of Homœopathy, thus triumphantly refutes the allegation:—"During a late brief residence in Vienna, we satisfied ourselves, on the testimony of Allopathic physicians there, that the published statistics of Fleischmann's Homœopathic Hospital (about which so much more is known, it would appear, in Edinburgh than in Vienna) are as far above suspicion as most other published Hospital statistics, and as free from sources of fallacy as most data of this kind. The more they are

investigated by impartial persons on the spot, the more, we understand, does the belief in their *ordinary veracity* (which is all that can be claimed for common statistics) gain ground; and the flatulent essays and cobbled pamphlets are entitled to little weight, which have been written expressly to persuade the public of the contrary, by those who have not courted the means of obtaining impartial testimony on this subject.”*

After bringing forward other evidence from Simpson, Forbes, Dr. Horner of Hull, Mr. Liston, Dr. Combe, Prof. Brera, Prof. M’Naughton, and Broussais, he concludes :

“Such being the overwhelming testimony in favor of Homœopathy, it might naturally be supposed that the medical profession, in the interests of humanity, would have at this late period thankfully accepted it, and hailed with pleasure the improved method of treatment. It will scarcely be believed, but it is a melancholy fact, that, notwithstanding all this, medical men not only willfully refuse to adopt it into their own practice, but obstinately decline to give it a fair and impartial examination. Worse still, they will not even allow toleration or a fair hearing to its advocates. They have deliberately, from foregone conclusion, declared that Homœopathy is quackery and irregular practice, and must be treated accordingly. It is impossible to contemplate the conduct and bearing of medical societies and medical men generally towards the adherents of the new system, without a feeling of shame and indignation that an honorable profession should so demean itself. In the domain of medicine the utmost freedom is allowed to every honestly conceived opinion — *except one*. One may advocate bleeding in various degrees, from the moderate six ounces to the *coup sur coup* of Bouillaud, until the patient have scarce blood enough left to raise him from his bed; another may blister from neck to heel; a third may delight in the actual cautery or hot iron; a fourth may mercurialise his patients till they are living barometers, and have scarce a sound tooth in their heads; a fifth may purge till the bad humors are drained from the body, and the patient drained of strength; a sixth may “pour in” wine and brandy till the patient’s dying delirium be as much alcoholic as morbid; all these, and many or *any* other opinions are advocated, and received and practiced in proportion to the position and eminence of the advocate; but the opinion that “like cures like,” and that small material or, infinitesimal (so-called) doses of medicines will cure disease without bleeding, blistering, purging, mercury or such like, is received with a howl of execration, and subjects the unhappy offender to excommunication.† To believe in Homœopathy

* I take this passage from a work by Dr. G. H. Young, 1858.

† This is actual fact, as may be ascertained from the recorded proceedings of Medical Societies towards those who, without avowing Homœopathy, expressed favorable sentiments towards it. Last year a case of this kind occurred. A member of a society was delivering an address, and ventured to remark that he had found benefit from Homœopathic remedies, when he was interrupted by a perfect storm of abuse, and threatened with being turned out of the room if he said a word further.

is to endure the penalty of being cast out of the profession for a quack. The trials and privations of those who honestly carried out their convictions read more like romances of the middle ages than like transactions of the nineteenth century. No name is too vile to cast upon them. They are stigmatized as quacks, dishonest, impostors, and what not? Some one says, "It is impossible to believe in the honesty of a Homœopath." Their very sanity is called in question. A learned Journal* says— "The man that is inclined to investigate this folly already betrays unsoundness of mind, and we would warn him against experimentation on the subject, which will be almost sure to end in his adopting the delusion." The writer's animus is not only here shown, but he affords a striking proof of the truth of Homœopathy by admitting that trial of it is almost sure to end in conviction. The name of Homœopath is associated in the mind with the name of the lowest charlatan. When a medical man avowed his convictions, he was instantly forsaken by his former friends. All communication with him was suspended. Wherever he went, he received the cold shoulder. Behind his back, and sometimes to his face, his brethren loaded him with abuse. They refused to regard him as a member of the profession. They compelled him to resign his public appointments, whether Parochial, Dispensary, or Hospital. They declined to meet him in consultation, or to assist him in a difficulty. If a surgical opinion or a surgical operation were desired, the surgeon declined the case unless the Homœopath were dismissed. Two eminent London surgeons, some years ago, having met with Homœopathic physicians for purely surgical business, received such a storm of abuse from the medical journals and the profession that, after a "feeble defence," they apologized, and promised not to do so again. Such is the bitterness of opposition, that men dare not hold interviews with Homœopaths, except clandestinely. Medical societies have adopted resolutions declaring the belief in Homœopathy inconsistent with membership. One of the latest examples is that of the British Medical Association, which embraces the most influential portion of the profession in this country. This enlightened body, in its rules, declares it to be incompatible with membership—1. To believe in Homœopathy; 2. Or to consult with one who believes in Homœopathy; 3. Or to consult with one who has consulted with a Homœopath. Not content with this, the profession carries its enmity even into the press. The medical journals are wholly exclusive. Nothing can find a place in them which favors Homœopathy. In spite of the numberless attempts to gain a fair hearing through the so-called independent medical press, to this hour, all the journals are closed against Homœopathic opinions.† No editor dares to admit anything from the new system. Homœopathy is thus driven to its own journals for the dissemination of its principles, and for the cultivation of that free spirit of inquiry which is denied to it elsewhere. Allopaths seldom read these journals, and, consequently, by their own willful act, they have deprived themselves of

* Athenæum.

† A little relaxation has lately taken place. The *Medical Mirror*, I believe, opens its columns to Homœopaths.

one branch of scientific pursuit, and have become as ignorant of Homœopathy as the child unborn. And it ought to be remembered that this state of matters does not belong to a dark age long past, but is in actual existence in the year of grace one thousand eight hundred and sixty eight. All that has happened before will happen again, should the occasion arise. If any medical man were to avow his honest conviction that Homœopathy was true, the same tragedy which I have described would be enacted over again. It would be useless for him to declare his honesty of purpose, his careful, unprejudiced investigation, his conscientious conviction; his brethren would clamor for his expulsion, *and it would not be their fault if they did not succeed*. Patients may die in a regular way, but they must not be cured irregularly. If this be not trades-unionism, what is it?"

If any excuse is needed for such a long extract, let it be this—we have given it insertion for the purpose of putting on record a faithful and graphic description of the treatment which Homœopathy and its adherents have received from the so-called dominant school. The day is soon coming when they will blush to read it; but we must indulge ourselves in one more extract:

"The crowning sin of the medical profession in this matter is the absolute refusal to look into the subject. They will not make a single experiment. They may have read a few books, but the practical test has never been applied. Their notions of Homœopathy are those of total misconception and ignorance. They believe it to be one thing, while it is perhaps the opposite. In these circumstances, how intelligent men should set themselves in determined, willful opposition to a system which they have never tried nor candidly investigated, is beyond comprehension. It brings us back to the days of Galileo, when all the learned of the time argued to their own satisfaction against the great astronomer's statements, *but would not look through the telescope*. Those who simply looked were convinced; as are those who examine Homœopathy. *For it is a remarkable fact that all those who have honestly investigated the subject have adopted the new system, many of them taking it up for the purpose of writing against it*. And conversely, *I have never heard of, nor does it appear that Allopathists can bring forward a true reliable instance of any one who, after adopting Homœopathy has honestly abandoned it*.* Sir James Simpson and others have written against Homœopathy; but in spite of the weight of their names, their statements are worthless, for two reasons—first, because they are based on a misunderstanding of the subject they write of; and, secondly, because they never put the doctrines they condemn to a practical test."

* Two or three instances have been brought forward, but the circumstances are not stated. One of them, at all events, gave up Homœopathy in order to gain an appointment. This is not an honest abandonment.

Our author next proceeds to make some excuses for Allopathists and their disregard of truth and good manners, but as they do this well enough for themselves, we shall not follow him there. Under the third head, he adduces some facts touching infinitesimal doses, which would be interesting to benighted Allopathists, but they are familiar to our readers.

Our author now proceeds to tell how he came to look into Homœopathy :

After entering upon the practice of his profession, he found that medical men were "completely divided on the subject of therapeutics;" "that medicine exerted little influence on the progress of disease, and was, moreover, injurious in many cases;" "that the literature of the profession, as regards therapeutics, was a jumble of conflicting recommendations;" "that diseases are best left to nature, and that patients, as a general rule, recover best when left alone;" and finally concludes thus: "I do not wonder that able men sometimes give up their practice in disgust."

"About four years ago, a case died under my care in the Infirmary. The appearances presented at the *post-mortem* examination, compared with the physiological experiments of Claude-Bernard, Brown-Séguard, and others, opened up to me a train of thought at once new and interesting. For two years I carefully studied the subject, and at last came to the following conclusions :

1. That medicines have at least two actions on the system, instead of one, as commonly supposed.
2. That in the majority of diseases, it is the primary action that is curative, and not the secondary.
3. That to obtain this primary action medicines must be given on the very opposite principle on which they are commonly prescribed, and in much smaller doses. The amount of the dose to be determined by experiment.

Assuming that the above-named able physiologists are correct in the doctrines they teach (which is universally admitted to be the case, their writings having, in fact, revolutionized pathology,) these conclusions are inevitable. They are, indeed, more or less anticipated by some eminent authorities.

Up to this time, I was a total stranger to Homœopathy. Although I knew nothing of it, or rather *because* I knew nothing, I was as bitter against it as others. I had never read a Homœopathic book, nor seen a Homœopathic experiment, yet I considered it the wildest delusion. I was

not a little startled, therefore, when I was told that the conclusions I had come to were the main principles of Homœopathy; in fact, its very essence. I would not believe it at first; but after reading some of the peculiar writings of that system, I was obliged to confess to my disappointment, that the ground I was preparing to occupy was already filled, and that the field I proposed to enter had already been well cultivated by Hahnemann and his followers. They had entered it by one way, while I had come from another; that was the whole difference, one, however, in favor of Homœopathy. I thus occupied the singular position of being brought face to face with Homœopathy simply by following out the teaching of some of our most eminent writers, and not by studying the system itself. This being so, I felt myself bound to investigate the whole subject thoroughly, and not to rest till I had formed an impartial judgment on its merits."

After detailing the experiments which he made on himself and others, he adds:

"Having, then, put the system to so long and constant a test, I must in honor, and from experience of its truth, declare myself a warm supporter of Homœopathy in so far as it is applicable to the treatment of disease. To do otherwise, from a servile fear of consequences, such as loss of caste, etc., would be meanness and cowardice in the highest degree."

The following extract will be the last:

"In proof of the the total misconception which prevails in the professional mind regarding Homœopathy, I may state that on the publication of my views, I received several communications from Allopathic medical men agreeing with my conclusions. They said in effect—your views are similar to our own, and are the true explanation of the complexity of drug action. To which I replied—"If you agree with me then you must face Homœopathy, for my views are neither more nor less than a physiological explanation of the law of similars." "Oh! but," said they "*your* Homœopathy is rational and intelligible, quite different from Hahnemann's absurd system." My reply is in effect this—My Homœopathy and Hahnemann's are identical; I have not given a single opinion, with the exception of the physiological basis, which was not held by Hahnemann long before. You assent to Homœopathy as I present it; you abhor it as Hahnemann presents it—they are both the same, *minus* the speculations and absurdities of the latter, which are now exploded. You thus take in six, but reject half-a-dozen. Your ideas of Hahnemann's system are, therefore, those of misconception and ignorance; for what you now assert your belief in, has been the doctrine and practice of Hahnemann and his followers for more than half a century."

To this we will add our admonition to Allopaths to read and ponder this pamphlet, that they may avoid making

themselves ridiculous, as some of them are doing, by announcing facts and principles as new, which have been adopted by our school for more than half a century, while, at the same time, they denounce and berate Homœopathy and Homœopathists as soundly as ever.

The appendix by Dr. Dyce Brown, sets forth, in one column, what symptoms of disease various remedies cure, and in the opposite column shows how they cure the very same symptoms; and these quotations are from Allopathic authorities. Thirty-nine remedies are thus set forth, and we heartily commend this curious appendix to the study of our Allopathic friends; but, for fear they will never see it, we must give them here, in conclusion the following:

NOTE TO APPENDIX.

Trousseau's "Medication Substitutive."

To the opponents of Homœopathy who are led by the opinions of "eminent authorities," the fact that such an authority as Trousseau should advocate a system so similar to Homœopathy as his "medication substitutive" is rather awkward. They try to get out of the corner by maintaining that inasmuch as the "substitutive" treatment gives a dose which will at first make the patient worse, while Homœopathy, in choosing the same medicine, only gives it in a dose *less* than will produce this aggravation, that therefore the *principles* are entirely different—the difference being merely that of name, of dose, and of the consequent comfort of the patient. Unfortunately for this way of avoiding the difficulty, it can be shown that it was a knowledge and belief in the doctrines of Hahnemann that gave birth to the "medication substitutive." It is known in France that this theory did not originate with Trousseau, but with the celebrated Bretonneau, whose pupil Trousseau was, and from whom Trousseau quotes so frequently. The rest of the story is better told in the words of the following quotation from a French work." (Not being able to procure the work, I am obliged to make the quotation second-hand.) "Was Bretonneau acquainted with the labors of Hahnemann when he invented his substitution? I reply he was; and I bring in proof of my assertion the evidence of a venerable old man (Dr. Guérin, of Chatillon-sur-Indre, now eighty-seven or eighty-eight, and in full possession of his faculties) who was the fellow pupil and friend of Bretonneau. That distinguished physician, who has sometimes done me the honor of calling me in to a consultation, is a Homœopath of twenty-five or thirty years' standing. Wishing to know the cause of his conversion, I latterly put some questions to him on the subject, and here is his reply—'It was my friend Bretonneau who put me in the way. Having heard of Hahnemann's wonderful cures in Germany, where his new method was much talked of, he resolved to

acquaint himself with his works, which struck him forcibly, and he imparted his impressions to me. 'There is some good,' said he, 'in that system; it is worth studying.' The confidence with which Bretonneau inspired me set me a thinking in my turn. I studied the system; I understood it; and then, after adequate preparation, I commenced the practice, which I have continued to this day, with success which I had never attained in the old school.' 'But, said I to M. Guérin, 'how comes it that Bretonneau did not adopt, on his own account, the advice which he felt bound to give to his friends?' 'What are you thinking of?' said the good old doctor, 'position ties a man down; and the position which Bretonneau had gained among the princes of the medical science could hardly allow him to break openly with antecedents full of brilliant promises for the future, and to emancipate himself with *eclat* from those deadly prejudices of his school which have turned, and continue every day to turn, so many fine intellects from the only way which, in my opinion, can ever give our poor art an ascending direction.'" I rejoined, 'Bretonneau was at perfect liberty to accept or reject Hahnemann's doctrine, but could he honestly rob him of his property in order to pervert his system for the benefit of his personal ambition?' 'Have patience,' replied my interlocutor, 'honesty is the best policy. Wait till the hour of reparative justice shall sooner or later declare for the lawful possessor.'"—(*Chauvet, Le discours de M. Ducloc, Lettre à l'auteur, Tours, 1867.*)

THE DRIFT OF MODERN MEDICINE; An Address delivered at the Annual Assembly of the British Homœopathic Society, June 30, 1869. By ALFRED C. POPE, Esq., M.R.C.S., of England.

The object of this address—and the object is fully accomplished—is to show that Allopathists are rapidly drifting towards the use of Homœopathic remedies and Homœopathic doses, and that they are appropriating, one after another remedies which are rightfully our own, while they conceal the source whence they obtained them, and still affect to treat as quacks those who have for the last fifty years elaborated and defended these truths, which they now proclaim as their discovery.

Dr. Sidney Ringer's late "Hand-book of Therapeutics" is adduced by our author to substantiate these charges. After showing that many of Dr. R.'s recommendations are such as have been familiar to Homœopathists for years past, he proceeds:

“ Many are the truths taught in this volume, which have been derived from the doctrine of Hahnemann, and urged by his disciples during long years, upon a blind and prejudiced generation of physicians. For it is a fact—only tell it not, I pray you, in University College, publish it not in the Strand—it is a fact that well nigh every statement regarding the curative power of drugs here recorded and worth remembering at the bedside, is a tribute—silent certainly, and unwilling doubtless, but none the less a tribute—to the truth of Homœopathy !

“ We are, then, arrived at such a pass as this—that to teach as facts observations derived from the practical application of the law of similars, and either to deny its authenticity as does Dr. Wilks, or to ignore its existence, refusing to accord to it any influence at all, as does Dr. Sidney Ringer—*veritas vel mendacio corrumpitur vel silentio*—to give forth those facts as novelties, as original, is orthodox and right, is honest, is worthy of a man ! But to tell of a principle that pointed out these facts, and hundreds more beside them, similar in character and equally valuable, is—what ? Is heresy ! is quackery ! is that which shall ensure the forfeiture of an hospital appointment, secure the denial of professional courtesy, entail exclusion from professional society ! ”

Our limits forbid an extensive notice of this valuable address, but we cannot forbear giving another paragraph or so, which we find towards the close of the address, to-wit :

“ We are told by some that the frequent mention of the name of Hahnemann is a stumbling-block to this end. That by repudiating Hahnemann we shall promote the spread of Homœopathy. That it would be infinitely better *policy* never to allude to the work accomplished by Hahnemann—that, in short, the sooner he is forgotten the better will it be for Homœopathy, the better will it be for medicine !

“ Thus are we told that *expediency* requires of us the sacrifice of the memory of the greatest therapist of this century, in deference to the cowardice, the prejudice, and the weakness of modern medicine !

“ Expediency, sir, I abhor, come in what shape it will. Despicable as it is when urged by the so-called statesman as a reason sufficiently valid to justify the extinction of rights the most sacred, never is this time-serving, cowardly vice so detestable, so ghastly, as when calling upon us to do dishonor to one whom we owe so vast a debt of gratitude as we do to Hahnemann.

“ No, sir ; I turn from the revolting suggestion, and claim for Hahnemann the highest honor, the most profound veneration from all who profit, as we do, by his life of labor, of suffering, and of persecution. No one man ever lived whose influence upon the practice of medicine has been so great as his. No man ever lived, the influence of whose work and teaching will so deeply tincture the medicine of the future.”

To this we heartily subscribe, and beg leave to add, that while we reject the errors of Hahnemann, it behooves us,

as a school, to hold fast to the truths which he promulgated, and to transmit them, in all their purity, to those who come after us. The fearful tendency of many in our school to mongrelism, cannot be too highly rebuked; we care not how soon such false teachers and practitioners reach the mire which the Allopathists are about leaving, providing they divest themselves of the name of Homœopaths, and the sooner they do this the better.

A MANUAL OF ELEMENTARY CHEMISTRY; Theoretical and Practical. By GEORGE FOWNES, F.R.S., late Professor of Practical Chemistry in University College, London; from the tenth revised and corrected English edition. Edited by ROBERT BRIDGES, M.D., etc. Philadelphia: Henry C. Lea. 1869.

This latest edition of an old and familiar work has been kindly furnished us by the publisher. Having enjoyed a popularity and success superior to that of any chemical text-book in the English language, the editors have determined that the work should still maintain its leading position, by being so altered, improved and enlarged as to represent the present advanced state of chemical science.

To this end, the entire work has undergone thorough revision, and many portions have been entirely re-written, in accordance with modern views and discoveries. These portions include the chapter on the General Principles of Chemistry, Philosophy and the greater part of Organic Chemistry. In the chemistry of the elementary bodies, also, a very radical change is observable — “a change rendered absolutely necessary by the universal adoption of the new notation in all chemical schools of any importance.”

“The nomenclature has been simplified by discarding the word ‘of,’ in the names of salts, etc., using, for example, the term ‘*Silver nitrate,*’ instead of ‘*Nitrate of silver.*’”

“The weights and measures used are those of the French decimal system, and temperatures are expressed in the

Centigrade scale, excepting where the contrary is expressly stated.”

The work owes these important changes and additions to the labors of Dr. Bence Jones and Mr. Henry Watts, the editors of the tenth English edition, of which the American edition is a reprint. The labor of the American editor has been mainly devoted to securing accuracy in the typography. It is needless to say that the work could not have been in abler and more experienced hands.

Thus thoroughly “re-constructed, and brought up to date in its embodiment of chemical science,” “Fownes” will continue to be, as it has been in the past, the favorite friend and guide of students of chemistry wherever the English language is spoken.

F. A. L.

FÆTICIDE, OR CRIMINAL ABORTION; A Lecture Introductory to the course on Obstetrics, etc., University of Pennsylvania, 1839-'40. By HUGH L. HODGE, M.D.

This lecture, as may be seen, was first delivered some thirty years ago; it was repeated in 1854, and it is now republished at the request of many of his old pupils. The evil against which it is leveled is such a monstrous evil—monstrous in its wickedness, and monstrous in its results, both morally, socially and politically, that we hail every effort to set it out in its true light. Is it not high time that our legislatures were devising some means of detecting and punishing this crime; as for making parties interested in it, viz.: the heartless mothers and the soulless doctors, sensible of what an enormous sin it is; or caring, forsooth, whether it is a sin or not, we despaired of that long ago, but we still cherish a hope of living to see the day when it will be punished as other murder is, or rather, should be. Some of these wretches occupy high places now—they should be made to grace a higher one, such as Haman occupied. That might seem a sharp measure, but there are some diseases which cannot be cured, they must be extirpated; for this nothing but the knife will answer.

Dr. Hodge's Lecture is a very powerful appeal in behalf of the life of innocent victims, but the appeal is made to mothers rather than to the profession. To the profession we should make our appeal, and implore its members to search out and cast out every murderer, without fear or favor: If all our medical societies would but take this step, and add to it another, join in petitions to the various legislatures to punish the crime with the utmost severity, the evil might be at last abated.

THE HOMŒOPATHIC TREATMENT OF SYPHILIS, GONORRHOEA, SPERMATORRHOEA, AND URINARY DISEASES. Compiled by J. PH. BERJEAN. Revised, with numerous additions, by J. H. P. FROST, late Professor of Physiology and Pathology in Homœopathic Medical College of Pennsylvania, Philadelphia: Tafel. 1870.

In this work we have, in a small compass, the Homœopathic treatment of diseases of the sexual system very fully and clearly set forth. The resources of Homœopathy seem to be abundant for the successful treatment of these troublesome affections, and those who avail themselves of the directions presented in this work, will have but little occasion to resort to Allopathic expedients. The additions of the American editor are also valuable, especially the chapters on venereal rheumatism and cerebro-spinal meningitis. The directions in the original work, as well as in the additions of the American editor, are largely drawn from experience, which adds very much to their value, and we take much pleasure in recommending the work to our readers. From a hint dropped here and there, we conclude that the work was intended for laymen as well as physicians, to which we will only say, that one who has acquired the diseases, or any of them treated in this work, has sufficiently demonstrated his folly, and need give no further evidence of it by trying to cure himself. If medical skill is needed in the treatment of any disease, it is in these

very diseases under consideration ; hence we say to our readers, do not have these diseases—the prevention is simple and sure—but if you do have them, do not try to cure them yourselves with the aid of this or any other work.

CHARACTERISTIC MATERIA MEDICA. By W. H. Burt, M.D., of Lincoln, Ill. A. J. Tafel, Philadelphia, 1869.

This purports to be a collection of “those symptoms which, whether originally pathogenetic, or clinical only, have come to be regarded as ‘characteristics’ and as ‘key-notes,’ by reason of their own promiunee, or from the frequency of their mention by the best authorities.”

“Very many of the symptoms comprised within this book,” the author says, “have been expressly set forth as ‘key-notes’ and ‘characteristics’ by Drs. Guernsey, Hering, and numerous others; to all of whom due credit has been given in every instance. These symptoms, thus approved, as having been tried and verified, *ex usu in morbis*, I have, with great labor, collected and arranged, in such a manner as to render them at the same time more accessible to the junior members of the profession, and more convenient for their use.”

“This being the *first attempt* to collect together the characteristic symptoms, it must be regarded only as a beginning, and, therefore, necessarily imperfect.”

We all know how highly we prize an opportunity to sit down beside a practitioner of experience, who is likewise an exact student of *Materia Medica*, and hear him narrate cases, and tell how such and such symptoms of a drug have been so often verified in his practice that they have come to be regarded, in his mind, as symptoms *characteristic* of that drug! Who is not tempted, when enjoying such a privilege, to jot down in his note book some observations which especially impress his mind? Who does not desire that the great accumulation of unwritten experience, which our veterans possess, might be placed on record before they are lost to us?

In collecting the key-notes and characteristics, which Drs. Guernsey, Hering, and others, have from time to time published, Dr. Burt has aimed to satisfy these reasonable

wishes, anticipating therein the action of the American Institute of Homœopathy, which has instructed its Bureau of Materia Medica to make a collection of "verified symptoms." We recognize in his collection many old and tried friends, and are glad to make some new acquaintances, well introduced.

Is it necessary to caution the reader that he is not to expect in these "characteristics" a complete symptomatology of the drug, much less a pathological analysis of its action? They pretend to no such scope or completeness. They are valuable hints to such as are capable of using them. And if we are asked to say *who* are capable of using these helps, or that other class of helps to the prescriber, which consists of a pathological analysis of the drug action, we are brought back to the old statement: No one can safely use a guide-post who don't know how to travel the road; no one can, with reasonable certainty, prescribe on the strength of these characteristics (or of a repertory), unless he have, or, for the occasion, acquire, a good knowledge of the drug, by a study of the entire proving in the *Materia Medica*. No aids to prescribing can enable us to dispense with the *Materia Medica*. Dr. Drysdale truly says, that no one should prescribe from the repertory; he should always consult the *Materia Medica* likewise. Still more imperative is this necessity in the use of such a work as the one before us.

If it be said that the authors of the "characteristics" and "key-notes" do not always observe this rule, we may not forget that their life has for many years been a continued study of *Materia Medica*, which doubtless they consult in their memories, it may be, unconsciously, thus placing the characterizing beside, and gauging it by, the totality of the symptoms. For those of us who cannot do this, and will not consult the provings, these characteristics may lead us right or cause us to stray most grievously. And so would any other "royal road to knowledge." The fault would not be in the aids, but in our own incompetent or unfaithful selves. "A nod is as good as a wink to a blind horse."

C. D.

EDITORIAL.

LETTER FROM OUR FRENCH CORRESPONDENT,

DR. L. MOLIN, No. 44 RUE GODOT-DE-MAUROY.

PARIS, *July 1st, 1869.*

SINCE in my last letter I did not say all that was to be said about what was being done in the French Homœopathic medical world, let us resume the subject now.

The movement which is going on in our midst is, in my judgment, one of great importance, for it is not in accord with our French habits. As you must have often remarked, we are, notwithstanding our age, truly a nation of minors; we do not know how to protect ourselves; we need that Providence which watches over the early days of us all; far from thinking of defending ourselves in danger, we are always seeking protection, and we are surprised that that is not done for which we have paid. From the same train of thought, we think that a new creation is necessary for the cause which we defend, and then hasten to this same power, and demand of him to do this work for us. The idea never occurs to us, to set to work ourselves to construct this edifice, and to call to our aid those who have been prospered, and on whom the duty devolves of extending to the needy classes the same benefits which fortune has bestowed upon them.

However, this question of solidarity and of the initiative has just begun to make itself felt in our old Europe and in that France which we have been wont to find at the head of all generous movements and all great and ~~and~~ broad ideas. Medical men are becoming habituated to the idea of protecting themselves, and to consider this as the surest way of obtaining protection; from this point to taking the initiative themselves in whatever ~~seems~~ good and useful, is but a step, and that step we are about to take.

For too long a time we have said with the fatalistic Mussulman, "Of what avails the future, it is so far off! why plant trees, which will give no shade for years to come; if some power would only give us trees in full foliage, that would be much more agreeable;" and thus, dozing in our apathy, we have already allowed more than a quarter of a century to escape us.

Thus Petroz found, a long time ago, a rich patient who was willing to place at his disposal a sum large enough to establish a Homœopathic hospital. The government refused its permission, and the affair fell to the ground. If the new converts had been better advised in those days, and each one had taken the initiative by himself, they would have collected a considerable sum, which, long ago, would have sufficed for the establishment of a hospital in the capital of the civilized world.

Finally, thanks to the idea of the individual initiative, and convinced that things are never done so well as when one does them himself, the Homœopathic Congress, assembled in Paris in 1867, decided to establish a *Hahnemannian fund*, for the purpose of aiding in the propagation of Homœopathic doctrines by a hospital service and a clinic. One of our most illustrious foreign *savants*, His Excellency Dr. J. de Hysern, Professor of the Medical Faculty of Madrid, Royal Counsellor of Public Instruction, etc., not content with propagating our doctrine in Spain by all possible means, and being unable to be present at the Congress, felt called upon to send the sum of five hundred francs, to aid in the diffusion of Homœopathy in France. He wrote the Congress that he was happy to pay a debt of gratitude to French physicians, from whom he had obtained the knowledge of the new medical doctrine, and leaving them to decide in what manner to dispose of the fund.

This was the spark which enkindled the yet slumbering zeal of the disciples of Hahnemann, and immediately, not only donations, but subscriptions for annual payments, were made as a response to this initiative, coming from beyond the *Pyrenees*. We may then utter this historic word, that there are no longer any *Pyrenees*, and that we cordially extend the hand to men thus aroused, and receive from them a co-operation which we shall always be happy to return.

Thus this faith of the new disciples, having received not mere promises, but ready money in hand, betook itself to work, and appointed a committee which should lay out some plan by which this work could be carried to a favorable issue. After a careful examination, this committee, wishing above all things to avoid every thing which might look like a private enterprise, thought good to commit to some society the duty of soliciting donations. Under the patronage of a collection of physicians the demand was easily made, especially when made in the name of the suffering poor.

The Homœopathic Medical Society of France accepted this charge, and undertook at once to solicit subscriptions from its colleagues, wishing to present to the lay public a phalanx of the first Homœopathic physicians engaged in the work to which *they* were invited. The Homœopaths made an appeal to collect funds, and to open at Paris a course of instruction and a hospital service.

Here I think we have a great idea which, by its realization, will not only serve our cause in France, but also in the entire world, in consequence of that old habit of turning the eyes from all quarters to this centre, as the focus of light and propagandism. This work was thus under consideration when, a short time after, Dr. Chargé, one of the veterans of Homœopathy, opened a subscription, in the journal which he edited with so much ability, for the same object.

The subscriptions thus received through these two channels, though small when compared with the end to be attained, permit us, nevertheless, to hope that the time will not be long before we shall see our doctrine in the enjoyment of a Clinic, the basis of real instruction.

Let us not forget the establishment at Lyons, much further advanced than ours, which, under the direction of Drs. Emery and Gallavardin, has



made great progress. In fact, the second city of the empire will soon be supplied with a Homœopathic hospital. Subscriptions to a considerable amount are already in the hands of our *confrères*, and have enabled them to purchase ground, to lay the corner-stone of their asylum, and almost to fix the day when Homœopathy shall open a temple worthy of it and its immortal founder.

You see that we do not abandon the idea of propagandism, for, in addition to our dispensaries, already numerous, to our journals which every month treat the questions which arise, we shall soon add clinical instruction. What will doubtless surprise you will be to see this division of force in following the same end, the realization of which is of so great importance to the cause which we defend. Every one will say that union is strength, that all efforts should be concentrated; but it should be well understood when we speak thus, that we mean that the efforts of others should be added to ours, that we are the real centre, that we alone possess the true light—that, in fine, all these nice little reasons which are summed up in this, which no one acknowledges, *me and mine*; or, if you will, that individualism, that pest of modern times consumes us; we can not put off the old man, he ever reappears. Far from wishing to make the door so wide that every one may enter—far from wishing to construct a monument so vast that it may receive in its bosom all those whom truth has enlightened, we wish rather a narrow church, in which one only *steers by the word of the master*. We wish no one to lay hands on the dogma: Believe the whole, or you are renegades with whom we can not associate.

The Homœopathic Medical Society has well understood this truth. In the second article of its statutes (it admits into its bosom all physicians who, on whatever account, look upon Homœopathy as a progress in medicine), it gives all latitude to the conscience of those who wish to join it. It does not say, as does a certain Homœopath: I do not wish to be surrounded by any but Hahnemannians. But, illustrious *confrère*, shall you ever see again that important office of chief priest of a church, of which you are in every respect worthy, on account of your age, your talents, your high position? That time is passed; there is no vicar of Hahnemann upon the earth; we have now only physicians to whom his genius has opened a new way, in which they wish to do the most good possible. If we facetiously style the age of the des Guidis, the Dufresnes, the Curies, the Petroz, the Molins, the Tessiers, the heroic age of Homœopathy (you see that the French spirit never loses its rights); if, on the other hand, they are often quoted as models of faith and of conviction, and if one wishes to take shelter behind them, for the purpose of excommunicating others, who are not so far advanced in their faith, we forget that to their faith, the fruit of incessant labor and of time, they added charity. They threw stones at none, not at even their adversaries the Allopaths, and the polemics, on the part of these latter, were very mild; they affirmed their belief, they even sought a clearer demonstration of the truth which they had themselves seen, in the hope that every day and each effort would bring a new conversion. They had the gentleness of men strong in their belief of that

truth; they had no fear of seeing it compromised, and still less of seeing it overborne by the new converts not having yet recognized the whole truth of the doctrine. We can speak pertinently on this point, as we have counted in our ranks both friends and masters, and as we repudiate nothing which they have bequeathed to us — nothing, in fact, since we seek to imitate their toleration; but it seems that each new religion must always witness a spirit of intolerance rearing itself in some of its disciples. Thus one would think the Hahnemannians, being separated from the false Homœopaths, would make only a single group which nothing could divide. This, however, is not at all the case, since we read this expression in an article in Dr. Chargé's "Bibliothèque Homœopathique," May 15th, 1869: "It only remains to us to indulge this last and sad reflection, that Hahnemannian physicians are not closely enough united."

How! You have made exclusion upon exclusion, division upon subdivision, and all to arrive at this result! Would it not have availed more to have remained in the old church, which rejects none who think that Hahnemann was a man of genius, who has revealed to us a fixed law by which to seek the cure of suffering humanity. Meditate on this first paragraph in the *Organon*: "The first, the only vocation of the physician is to restore health to the sick; this is what is called curing. Its mission is not, as so many physicians have thought, who have lost time and strength in running after celebrity, to frame systems by combining empty notions and hypotheses about the intimate essence of life and the production of diseases in the interior of the body, or to seek incessantly to explain morbid phenomena and their proximate cause, which will always remain hidden from us, overwhelming every thing with a load of unintelligible abstractions, the dogmatic pomp of which imposes on the ignorant, while the patients sigh in vain for relief. We have enough of these learned heresies, which are called theoretical medicine, and for which even special chairs have been established. It is time that all who call themselves physicians should cease to deceive poor wretches by words void of sense, and that they should commence to act, *i. e.*, to relieve and cure their patients"

The whole spirit of the master is there; to be really a physician is to *cure*. Esteem lightly every thing which is theory and speculative philosophy, or, to speak more precisely, leave to each one the right to explain himself according to his own philosophy and aptitudes.

Leave the theory of vital and medicinal dynamism to those who are satisfied with it, but do not hinder the partisans of essentiality from defending that truth against the partisans of Psora, the modern herpetism — a liberty which you have so justly claimed for yourselves. Let us be consistent, then, for once; let us have liberty, but liberty for all the world, and not merely a liberty to oppress others, and to force them to think as we do. That which could be allowed in Hahnemann, that initiating genius, can not be tolerated at the present day in any one of his disciples, even the most orthodox, since he would lack two things, first the genius, and then the new truth to be presented to the world.

* * * * *

Here is still another proof of how the spirit of party may influence minds

the most upright and honest. I refer to the incident which has just occurred in the Academy of Medicine in Paris. I will present the documents first, reserving the right to make some reflections upon them :

PARIS, *July 11th*, 1869.

ACADEMIC AUTOCRACY—DEMAND OF DR. JOUSSET.—My learned friend, M. Jousset, has done me the honor to address to me the following communication :

To the Editor in Chief :

I have recourse to your journal to bring to the knowledge of the medical world the following facts, which show in what manner the Academy of Medicine, in the person of its Reporter and President, think it proper to treat scientific truth.

Mr. Barth, in his report on the epidemics of cholera in the years 1854 and 1865, has thought proper to speak of the results of the Homœopathic treatment in such terms that I felt bound to address the President (of the Academy) the following letter :

“ MR. PRESIDENT :

“ The report of Dr. Barth upon the epidemics of cholera of 1854 and 1865 contains the following passage : ‘ Homœopathy has also been in several places ; at Dienville, in 1854 (according to the report of Dr. Lachaise, of Bar), in sixteen cases of confirmed cholera there were fourteen deaths ; and at Marseilles, in 1855, in a special service instituted by the city government, out of twenty-six patients admitted, twenty-one were dead in five days.’ It is to be regretted, Mr. President, that your honorable reporter should have confined himself, as regards Homœopathic treatment of cholera, to mentioning a small number of cases treated by physicians without name and without authority, while he had at his disposal, in the hospitals of Paris, the statistics of J. P. Tessier, at Sainte Marguerite, in 1849, and at Beaujon, in 1854. He might also have consulted, for 1865, the statistics of the Hospital at Roubaix, under Dr. Liagre, a Homœopathic physician. These statistics, which are official and authentic, rest upon many hundreds of cases, and those which have been published show a mortality which varies from thirty-eight to forty per cent. Truth as well as justice suffers by this omission of Dr. Barth, for he should not have spoken of Homœopathy, or he should have given both sides fairly. I might add that, for physicians who consider Homœopathy as an expectant medicine, it is quite important to give exact reports upon the results of that method. I hope, Mr. President, that you will do me the favor to read my letter in public session, and insert it in the “ Bulletin ” of the Academy. I do not make this request in the name of any particular school, but in the name of the experimental method, which should take cognizance of all the elements of a scientific problem.

“ PARIS, *June 19*, 1869.”

“ DR. JOUSSET.”

The Academy paid no attention to my request, and the President, to whom I had written, to know if my letter had reached him, and if, in that case, he intended to accept the responsibility of the assertion of M. Barth, has sent me the following reply :

“ Sir :—The responsibility of facts mentioned and ideas expressed in a report does not and can not attach to any one but the author of the report. Even when it approves the conclusions of a report, the Academy does not, and much less does the President, assume any responsibility regarding the propositions, developments, reasonings, etc., which are the work of the reporter.

“ I have the honor to present to you my salutations.

(Signed)

“ DENONVILLIERS.”

Thus any one, in making a report to the Academy, might declare that a certain therapeutic method gives a mortality of about ninety per cent., while official statistics show, for this method, a mortality of thirty-eight or forty per cent., and it would be impossible for any one to reach the Academy with a protest ! “ The Academy does not, and much less does the President, assume any responsibility regarding the propositions, developments, reasonings, etc., which are the special work of the reporter ; ” and meantime the error, shouldered by the “ Bulletin ” of the Academy, will make its way with the medical public, and, like calumny, growing as it goes ! But, happily, with the concurrence of an independent press, we may dispense with the good pleasure of academies, and can subject their proceedings and jurisprudence to men of honor and good sense.

Accept, etc,

DR. P. JOUSSET.

The letter of M. Denonvilliers is no reply to the request of M. Jousset. It is clear enough that the report is the work of the reporter; but that is not the question. The question is, if a reporter, having produced a supposed fact, which is not a fact, has the Academy the right to suppress a document which rectifies this supposed inaccuracy? No; the Academy or its Bureau has not that right; injustice is never right. If a wrong is done in public, it should be rectified in public; here is where the right lies, and duty lies there too. Of course if any one misinformed should address the Academy an unbecoming letter, the Bureau would do well to throw it into the waste-basket, but the letter of M. Jousset certainly has not that character. M. Jousset is a man of strong convictions, very categorical, but of good manners. Let us see things as they are, and speak of them as we see them. M. Jousset's letter was not read, because he was a Homœopathist. But why should the Academy allow Homœopathy to be arraigned before it, if it would not permit it to make any defence? In what country, worthy of being taken as a model, do we see the right of defence forbidden the accused? The Academy has for some time taken on airs which do not harmonize with the spirit of the day. This must be put down. It comes from the academic autocracy, as has been the custom; they give or take away according to the complexion of the time.

"I have studied Homœopathy, but I do not practice it, for I have not much confidence in myself in the use of its remedies. It is not a *cause*, then, that I am defending, not even that of Homœopathy; it is the right of minorities, which can not be tossed about, oppressed, conspired against, and trampled on without injustice. If you shut out the Homœopathic doctrine from discussion, who assures me that you will not shut out another subject, or several others, for example, the moral treatment of insanity, something still more infinitesimal than the therapeutics of Hahnemann? What! there is a doctrine according to which *gout*, rheumatism, herpeticism, etc., are chimerical entities, artificial groups of symptoms; you not only grant to this doctrine the honor of discussing it, but you give those who profess it a place among yourselves (in which you act wisely, for these heretics are, moreover, men of great knowledge), and you repulse, you cover with contempt the Homœopathic doctrine! Know well, however, that of these two doctrines the least orthodox is not the one which you think it to be. M. Denonvilliers is incapable of refusing an act of justice, and the answer given to M. Jousset is the result of an inadvertence."

MARCHAL DE CALVI.

Thus in the second half of the nineteenth century, we see a man, esteemed by every body and in every respect as a gentleman and a man of honor and beyond dispute, well versed in science, we see him, I say, not only resorting to the most petty annoyances, but even exposing himself to a question of good faith.

How, in fact, shall we otherwise characterize this proceeding, consisting as it does of receiving only arguments unfavorable to a case, leaving the rest to one side as if not worthy of notice. Either say nothing of Homœopathy, in the treatment of cholera, or, declare freely the results obtained. If you pass in silence these facts known to all the world, you might be accused of ignorance, by those who did not know you; but if you proceed

as you have done in your report, we may well say, How you have willfully distorted the truth.

How, in fact, can the president of an Academy, who ought to be impartially personified, how can he decline, and refuse the rectification demanded, and send the plaintiff to the author of the report, who, he says, is alone responsible? How, Mr. President! do the partizans of a medical method see the facts which concerns them misrepresented in an assembly which pretends to speak *urbi et orbi*, in the name of the representatives of our science, and it will not be permitted to them to protest! If they should protest, by virtue of your omnipotence, you would suppress the letter, which a legitimate indignation against such a proceeding had called forth. But these famous words of scientific liberty and justice, what vain words they are! you use them when they serve your purpose, but you despise them when they annoy you. Nevertheless, that letter contains all the conditions which should have insured its reception; it emanated from a man who approved himself at first in your midst, and, subsequently, elsewhere, with no less *éclat*; it cites to you facts certified by well-known names, names which science recognizes as those of its most illustrious children; it demands of you, in proper form, that truth should be reinstated. But you have recourse to a mere rejection of his demand. Surely, the *non possumus* is to be found in all the churches.

Let us remain awhile in this Academy and see what engages its attention. It has just occupied several months with pulmonary phthisis; it has been drawn into this discussion by the paper of Dr. Vilmain, of Val-de-Grâce. This practitioner has sought to inoculate the morbid matter of phthisis into animals, and pretends that he has succeeded. His paper is taken up with these experiences. There has been plenty of talking and discussing without having, it seems, advanced a step in the question; it would seem rather as if they had gone back, for they have succeeded in involving questions in doubt which seemed the most clear and the most indisputable. But if you wish to read something very interesting on this subject, take the numbers for June, July and August, of "L'Art Medical," and you will find a very interesting discussion between Drs. Jousset and Nilcent. The latter defended the essentiality of phthisis, while Dr. Jousset considered it as manifestations of the scrofulous diathesis. These papers are worth reading, and I will not venture to decide between these two disputants.

Let me say a word upon the last Academic discussion; that upon purulent infection. M. Alphonse Guérin presented this question. He considers as one the purulent infection of diseases which depend upon an alteration of the blood. As in the paludal fever they are putrefied vegetable substances which engender the disease, in purulent infection they are animal emanations; like thus, except as to the nature of the agent. The chill which denotes the poisoning, and indicates the penetration of the entire economy by the poisonous substance, is so identical in both cases that it is impossible to discover any appreciable difference between them; but it is not only with the paludal fevers that purulent infection presents such a striking resemblance, it is also in case of typhoid fever and yellow fever, and the typhus of the East, whence M. Guérin has felt justified in calling purulent infection a *surgical typhus*.

But the practical consequence? You have already divined it—*Sulphate of Quinine*. And see how therapeutics continues to be made in the school of Paris! It seems to us, however, that the results of that agent in typhoid fever, yellow fever and the typhus of the East, were not such as to encourage such therapeutics, which may truly be styled fantastic, notwithstanding its pretensions to rationalism:

“The question presented should be settled, as far as possible.

“As for myself, I say that there can be no good surgery except where there is good medicine, and that no where in France or in Europe is medicine less curative than in Paris. The animalcule (*petite bête*) is sought for, whether microscopic, cryptogamic, or germinal, and the patients get on as best they can; they get well when it pleases God, and die nobody knows why. Of a hundred physicians who know marvelously well the cellular theory, how many know, for instance, that the exanthem in erysipelas is a fact alike secondary and necessary, and that everything which is directed against it, results, or may result, in the benefit of the disease and the injury of the patient?

“Was the surgery of the time of Desault and Boyer inferior to the surgery of other nations? Even to-day, in Paris, is surgery in such a hospital, in such a service, in such hands smitten with inferiority? By no means. One of our surgeons may claim as much success, in proportion, in ovariectomy, as M. Kœberle, if not more.

“Look a little closer, and you will see that those of our physicians whose practice is successful, are, for the most part, those who, instead of losing their time with the trifles of the Post, with the mites (*minuscules*) of pathology, spores, protozoa, bacteria and bacteriæ, amœbæ, etc., regulate their treatment according to true medical observation, by the study of the symptoms, by the consideration of vital resistance, and know how to treat their patients both before and after the operation.”*

Who talks thus? It ought to be one of those illuminati, those charlatans who would study man when diseased and the agents capable of restoring health; one of those who think that they have a law which permits them to go with unerring step to the realization of the mission of the true physician.

Not at all; it is an editor of the Allopathic press, Dr. Marchal de Calvi; but, let us add, that he is one of the finest spirits of the modern age, a man who knows too well himself how, in cultivating pure science, one separates himself from his patient, and, consequently, from the object to be fulfilled. He utters a cry of alarm, and wishes to snatch the young generation from that injurious course in which he sees it hurried along.

I shall not expose further the theories of M. Verneuil and others. The question which, as it seems, should be limited to the purely speculative part, has not taken a step since the time of Dance, Blandin, Tessier; and, as one of the most gifted academicians said to me quite lately, there is nothing better than that which Tessier has written upon this subject.

Let us observe, now, the beginning of the argument of M. Chassagnac; he thinks little of the *Sulphate of Quinine*, and reports a case where the *Alcoholic Tincture of Aconite* was administered during a well-marked purulent infection. The patient recovered. The learned surgeon did not dare conclude that the *Aconite* was the curative agent.

“I cannot help suggesting a doubt on this subject, and yet I have repeated experiments, and for a long time, the result of which seemed to confirm the idea that this drug must have some influence over purulent infection,

* “Tribune Medicale,” July 16th, 1869.

However, as the nature of these experiences can testify only by induction, and not by rigorous demonstration in favor of the *Alcoholic Tincture of Aconite*, I demand of the Academy permission to submit to it the result of observations which I have collected.

This tincture had been employed by surgeons as soon as the symptoms of purulent infection appeared. I think that I was the first to use this drug as a preventive, on the very day of the operation, or, some days before, when the operations were to be serious.

Is it to this preventive treatment, or to the dressings producing *occlusion*, to which the honor of the result should be given? I do not know, but this much is certain, that in thirty-two capital operations, performed consecutively and near together, I have not lost a single patient by purulent infection. I have published, in my *Treatise on Operations*, tome I, p. 35, the names and the ages of the thirty-two cases. In this list I have neither placed strangulated hernia, which is seldom followed by purulent infection, nor a multitude of operations, such as that for cataract, fistula lachrymalis, the removal of little cysts, phimosis and onyxia, etc.

To give an idea of the gravity of these operations, I will merely state that nearly a quarter of them were severe operations of the limbs; that thirteen of the thirty-two were for removal of cancers; two ligations, one of the axillary and the other of the humeral artery; the removal of a lipoma in the popliteal space, and three voluminous cysts.

Of these thirty-two patients, I lost five—two of the cases of amputation, one by senile gangrene, the other from traumatic emphysema; one woman with cancer of the breast, another with cancer in the parotid gland, and the fifth, with cancer of the pharynx and the veil of the palate.

I do not inquire, just now, whether this mortality is large or small, compared with the severity of the operations, but I find it quite exceptional that, in a series of thirty-two successive operations, and not at all selected, not a single patient fell a victim to purulent infection. This is the result which I submit to the Academy."

If doubt is the beginning of wisdom, our *confrère* is very near being a great sage. But one question; who has suggested to you the employment of this *Tincture of Aconite*? You were obliged to quote *Tessier*; but then according to logic, it would be necessary to go still further, and you would arrive at the Homœopathic school. One would check himself, seized with horror, in dreaming of such a conclusion, and would be guilty of one denial of justice after another. But I stop here; for I see nothing in the pursuit of this discussion which has produced the least advance in medicine.

SURGERY.

BY E. C. FRANKLIN, M.D., ST. LOUIS, MO.

THE SURGERY OF THE CRIMEAN AND AMERICAN WARS COMPARED.

DR. LÉON LE FORT, one of the editors of the "Gazette Hebdomadaire de Médecine et de Chirurgie" of Paris, contributes to that journal a series of essays on the comparative mortality after surgical operations in the armies of France and England during the Crimean war, and of America during the war of the rebellion. Writing as a patriot and a friend of humanity rather than as a Frenchman, he condemns the disposition of many of his countrymen to conceal unpalatable truths and to defend their country, right or wrong, in regard to errors which should be investigated and remedied, rather than covered up and perpetuated. In this spirit, he makes an analysis of official French, English and American statistics, and arrives at the conclusion that the comparative mortality after surgical operations in the Crimea and in America, exhibits an inferiority of results on the part of the French surgeons which is mortifying and excessive. Believing that the readers of the Journal will feel an interest in the facts and figures on which this conclusion is based, we present to them an outline of the paper of the learned French writer, with a translation in full of certain passages.

The sources from which the statistics have been gathered are: The Report of M. Chenu to the Council of Health of the French Armies; The Medical and Surgical History of the English Army presented to Parliament; and Circulars Nos. 6 and 7 of Surgeon-General Barnes, published at Washington. It should be considered that the reports of Surgeon Barnes, though complete, as far as they go, do not cover the entire period of the war in America.

Leaving out of view minor operations, there were in the three armies 12,291 capital operations, distributed as follows:

English Army.....	731
French Army.....	4708
American Army.....	6867

The details of the operations in the Federal army are thus represented:

	Deaths.
Amputation at Shoulder Joint	287..... 98
" of Arm.	1949..... 14
" of Fore-Arm	599..... 99
" at Hip Joint.....	21..... 18
" of Thigh.....	1597..... 1029
" at Knee.....	116..... 64
" of Leg.....	2848..... 611

The following very interesting table exhibits the per centage of deaths in each army consequent on amputations:

	American.	English.	French.
Shoulder Joint.....	89.2	83.8	61.7
Arm.....	21.2	24.5	55.5
Fore-Arm.....	16.5	5.0	45.3
Hip Joint.....	85.7	100.0	100.0
Thigh.....	64.4	64.4	91.8
Knee Joint.....	55.1	57.1	91.8
Leg.....	26.0	85.6	71.9
Mean.....	83.9	40.2	72.8

"Thus, in amputation of the thigh, whilst the English and Americans lose 64 per cent., the French lose nearly 92. In amputations of the leg,

whilst the English lose 35, and the Americans only 26 in 100, the French lose within a trifle of 72. Such a result is overwhelming; it is absolutely necessary to ascertain the cause, for such a state of things must not be endured. The safety of our soldiers and the honor of French surgery are implicated, and it is not by maintaining silence on this grave question that true patriotism is exhibited."

After referring to the credibility of the statistics, which he considers to be beyond cavil, and paying a tribute to the "magnificent labors of American surgeons," the writer proceeds:

"English flesh bears operations better than French flesh" — said Velpeau familiarly during a discussion on hospital hygiene, solving at the same time the grave and difficult question of the power and the physical resistance of the two races. This question should fix the attention of anthropologists and physicians; and it might be elucidated by reference to surgery. At present the data are not in our possession; but it will be necessary hereafter, in all inquiries into the therapeutic results following this or that operation, to compare one with another, the three great races, French, English and German. A number of facts, however, now appear, which lead me to the belief that the influence of race is greater than I regarded it ten years ago. When, at that time, I studied English Surgery in the hospitals of London, I was frequently astonished to see patients sent to their homes after operations of a certain grade, whom, in Paris, we should not dare to send away on foot, and who moreover, would not consider themselves able to go. It is not rare to read of patients in England and America, who, after operations of so much gravity as the ligature of the carotid for vascular tumor, exsection of the upper maxilla, or partial amputation of the upper extremity, return in a carriage, or even on horseback, to their homes several miles distant. Every one knows that the moral has great influence on the physical condition of wounded persons; and I have been often struck with the energy of character of many English surgeons and patients.

"Does our want of resistance to injuries, wounds and operations, result from that degeneracy of race which is suspected rather than affirmed? It is quite possible. A people which, since the commencement of the century, has witnessed more than a million of its most robust children die on countless battle-fields, which, in the same period — thanks to conscription — has imposed, during the age of greatest procreative energy, temporary infecundity at least on the healthiest portion of its virile population, whilst committing the reproduction of the species to the diseased, scrofulous and rickety — to all who suffer physical defects — such a people is sure to reach, by slow degrees, numerical diminution and physical degeneracy of its population. Our numerical development, it is true, is not yet retarded so as to excite serious anxiety. But is our physical degeneracy at present so far perceptible as to warrant suspicion and fear for the future? The question is one that I dare not answer."

After discarding the idea that there is any inferiority of the French race to the Anglo-American in moral energy and physical resistance, and denying that the surgery of the French army in the Crimea was inferior to the English, the author proceeds to ascribe the difference of results mainly to insufficient medical assistance and hospital material.

"Every one knows that at the opening of the war, the French army was well supplied with all that the medical service required, whilst the English army was deficient in every way, and in a state of deplorable penury; but it is not so well known that after the lapse of a few months their positions were completely transposed. The English journals had freely and boldly proclaimed the error, individual enterprise had come to the aid of the government, multitudes of physicians in civil life were dispatched to the East, liberally equipped; Miss Nightingale and her worthy companions had arrived in the Crimea, bringing with them, besides their precious services, material succors of warm clothing, wines, preserved meats, and

medicaments, which were replenished and augmented by subsequent shipments, so that towards the end of the campaign, the French army, in its turn, was happy to receive aid for its wounded from the stores of the English. 'The cruel experience of the first period of the campaign,' says M. Chenu, 'soon secured for this little army [the English] unwonted and extraordinary comforts, especially in the hospital establishments. It suffices to recall the precious labors of Miss Nightingale and her active influence, to remove all doubt of the favorable condition of the hospitals of our allies.'

"Numerical deficiency in the *personnel* of the medical department of the French army, attained the proportions of a public calamity. 'The wounded soldiers were often crowded together outside the ambulance barracks, and then God knows how painful was the position of the few surgeons, who had to distribute themselves for the relief of hundreds, of thousands of sufferers, all at once imploring for aid.' To cite one example from amongst several given by M. Chenu, 'M. Pillet, lieutenant of the 80th of the line, received on the night of the 23rd of May, 1855, a wound shattering his right forearm, which hung by a few fibres of lifeless flesh. Immediate amputation was required, beyond a doubt: nevertheless, awaiting his turn amid a large number of wounded, this officer had to wait for the amputation till the second day after the injury [surlendemain] owing to the insufficient supply of surgical officers.'

"The author adds, 'These facts multiplied would serve to show that if the *personnel* of the ambulances had been doubled, it would still have been insufficient for the natural requirements of the wounded.'

One might suppose, judging from the descriptions given in the official report, that the French engaged in the Crimean war with the idea that it would turn out a grand play, with a few little accidents for which a supply of lint and adhesive plaster would suffice. The wonder is that when the true state of things became known, there was no remedy applied. At Varna and Constantinople, remote from the theatre of battle, the hospitals were, if possible, in a worse condition than those near the scene of strife. Ever where the same deficient *personnel* prevailed, and the same insufficiency of material. In public buildings "the beds were crowded into the chambers, then into the halls, and finally into the corridors, until at length the fatal consequences appeared in the form of purulent infection and gangrene, and the surgeons were often compelled to desist entirely from the performance of operations."

The picture presented by the official report, and quoted in the article before us, is so incredibly revolting, that we should incur a suspicion of exaggeration did we attempt to clothe it in our own language. We therefore translate from the original.

"Patients suffering from wounds, diarrhœa, dysentery, cholera, come to occupy the vacant beds, after landing at some point on the Bosphorus. They are carried on litters; they come from Kamiesch, and have had a voyage of three, four, or five days. They are in a pitiable condition, covered with vermin, and reduced in every way. Some can scarcely speak to complain that their clothing contains their dejections from the time of embarkation. The condition of the wounded is still more cruel; they have not been washed since their departure from the Crimea, the dressing of their wounds is deranged and stiffened, the swelling of the parts has caused compression from the stiffened bandages, and gangrene, and even vermin have invaded the wounds. The odor they emit is frightful and will infect the wards unless the patients are detained in the open air, at the door of the hospital, to remove the filthy dressings, to wash the parts and apply a provisional dressing, before the wretched men are transferred to the beds which have just been vacated by comrades sent to Gallipoli or to France, or who died during the previous night."

"On the contrary, the English patients were taken care of in the Crimea, in ambulances and hospitals of which the organization was complete,

and were not removed to Constantinople or England until after cicatrization. The English surgeons were able to attend, often until complete cicatrization, the greater part of their patients in the hospitals of the camp of Balaklava and of the monastery of St. George; and they were not transferred to the hospitals of the Bosphorus and Dardanelles until they were able to bear the fatigues of a sea-voyage."

The author argues that the greater magnitude of the French army, requiring six times the amount of supplies more than the English, is no apology for the neglect and fatality. The size of the army was known, and it was easy to make adequate provision for it. That the surgeons were not at fault is shown by the sacrifice of the lives of eighty-two medical officers. The difficulty rests with the officers of the government who have entire control in the premises. "If the surgeon-in-chief of the army perceives the necessity of the erection of hospital barracks, he has to exhaust himself in demonstrating it to men, intelligent and well-intentioned, but incapable of appreciating his reasons, and who, governed by their personal judgment, may or may not follow the counsel given them."

THEORY AND PRACTICE.

BILIARY CALCULI—CURE OF A CASE.—BY S. J. BUMSTEAD, M.D., PEKIN, ILLS.

Was called June 27th, 1869, to see Mrs. S. W—, aged sixty four years. Has enjoyed good health until January or February last, since which time until now, has been subject to paroxysms of severe pain in the stomach and bowels at least once a week.

Found her just recovering from one of her attacks, but very weak, slight fever, jaundiced, tenderness over hepatic region and stomach on deep pressure, and bowels inclined to constipation. She had a chill the day before, in the morning, and another this morning, though less severe. I noticed a very distinct pulsation of the abdominal aorta, just below the stomach, so much so as to make me somewhat suspicious of aneurism; found the heart's action slightly labored, and second sound not very distinct. Says she has a fluttering at this place in the abdomen at times, and a faint, sick feeling. She declared that during this time she had never gone over ten days without an attack, but usually had them every week; that the pain would set in suddenly, and last about twenty-four hours, when it would cease suddenly, but by that time she would be jaundiced. With the pain she would have vomiting of glairy mucus, and, after it, would be so weak that several days would elapse before she would be at all well; and then, after one or two days, during which she would be comparatively well, the next attack would set in, rendering her life miserable.

Had three Allopathic physicians previous to calling me, and but one said anything about biliary calculi, but his medicine nauseated her and did no good. I diagnosticated the case as one of biliary calculi, and directed them to examine the *fæces* for the calculi. I had just returned from attending

the American Institute of Homœopathy, held in Boston, where I had heard Dr. D. Thayer, of that city, now the presiding officer of the Institute, declare that if we ever met with cases of biliary calculi, we could always cure them with *China*, in either of the three first dilutions. This being still in my mind, I at once prescribed *China* 1st dec. dil. 10 gtt. in four ounces of water, a teaspoonful every hour. This she took alone, excepting *Aconite* 1st, a few hours at first, for fever, and during every hour in the day, until the time had passed when, according to the usual rule, she should have another attack, after that every two or three hours for a week or ten days longer; then she took the medicine twice a day for several weeks, and though it is now over two months, she has had no attack, or anything like it; on the contrary, she looks and feels well, complexion clear, and bowels regular, and considers herself in perfect health.

I should not forget to state that, at my second visit, her friends were able to present me with two large gall-stones, the size of gooseberries.

HAY FEVER.—BY DR. KAFKA, OF PRAGUE.

Translated for this Journal by E. Tietze, M.D., Philadelphia.

THIS disease appears during a certain season, that is, only in spring, from May to the end of June, and seems to have the most intimate connection with the growth of the grass up to the time of its being cut. It consists in a peculiar catarrh of the mucous membrane of the nose, manifesting itself by continuous sneezing, with simultaneous secretion of a copious watery, and at times even corroding, discharge. The catarrhal inflammation is wont to transplant itself, as erysipelas spurium, to the external nose, to be connected with febrile symptoms, considerable weakness of the limbs, and melancholy feelings. During cool weather these phenomena are apt to abate, while in a high temperature and in the heat of the sun they reach a very high degree. During its course, which never lasts beyond the month of June, nose-bleed and disturbances of sleep in consequence of frequent sneezing, often appear as secondary symptoms. At the beginning of July, hence at the time when all the grass-cutting is done, all morbid phenomena cease suddenly, and the patients feel well the remainder part of the year until the following May, when the fever makes another attack.

In May, 1866, at the time of the Prussian invasion of Bohemia, I was requested to attend to a lady from the country, suffering from this trouble, which had set in regularly in May for many years in succession. She had been treated, without any result, by the most celebrated physicians of Vienna and Prague, and now expected help of Homœopathy. The symptoms were precisely the same as I have mentioned above, and the patient lived in very comfortable circumstances. At the 20th of May I sent her *Belladonna* 3rd, in powders, with the direction to take a powder morning and evening; to remain, if possible, in a cool, shady place, and to expose herself as little as possible to the heat of the sun. After the use of this remedy for a fortnight, the discharge from the nose became milder, the

erysipelatous inflammation of the external nose entirely disappeared, and even the headache and restlessness during sleep ceased. However, the frequent sneezing, the copious though mild secretion from the nose, and the melancholic feelings continued. For this state, ameliorated as it was to all appearance, I prescribed *Pulsatilla* 3rd, afterwards *Conium* 3rd, and finally *Sulphur* 6th; of each remedy two doses daily, and each remedy continued for eight days. *The result was a negative one.* The last-named symptoms did not disappear until the end of June, when all the hay in the neighborhood had been brought under roof. I attributed the want of success in my treatment to the fact that the patient was *in the midst of the turmoil of war*, and thus always in a state of excitement. Meanwhile I have found another explanation. The celebrated physiologist Helmholtz, at the special time mentioned, suffered from hay fever, regularly every year since 1847. Within the last five years—thus Binz reports in Virchow's *Archiv. Bd. 46*—he carefully examined the nasal discharge, and detected in it vibriolike corpuscles hastily moving about on the slide of the microscope. *Only the nasal fluid ejected by sneezing contained vibriones*, while the nasal secretion which flowed out spontaneously, and was discharged after the regular course of the disease, was free from these animalcula. From this, Helmholtz inferred that the disease was conditioned by parasites, which must have their seat high up in the choanæ. Having become acquainted, meanwhile, with Binz's method of destroying parasites by *Quinine*, he applied it in the following manner: He prepared a saturated neutral solution of *Chin. sulph.* 1.740, which still occasioned a slight burning in the nasal cavity. Lying down on his back, and turning the nasal openings upward, he let flow about 4 cm. of this solution in each nasal opening, by aid of a pincette. By moving the head to and fro, he tried to make the fluid flow about in all directions. On rising up, the rest ran over the velum palatinum down into the œsophagus. *The desired effect set in immediately*, and continued, at first, for several hours. He could expose himself to the heat of the sun without any attack of sneezing, etc. This operation repeated thrice a day was sufficient to keep the trouble down under the most unfavorable circumstances. *There were no longer any vibriones in the secretion.* Helmholtz applied this remedy during the years 1867 and 1868; in the latter year using it as early as in the beginning of May, and thus succeeded in suppressing the further development of the disease. He left the publication of this interesting fact to Binz, who communicates it, together with a drawing of the vibriones, loc. cit. Of this article an extract can be found in the "*Wiener Medic. Wochenschrift*," 1869, No. 33.

The result of this most important experience is, that the internal treatment is not sufficient for the cure of hay fever, and that this disease, which belongs to the parasitic troubles, can be remedied *only by the destruction of the parasites.*—*Hirschel's Hom. Klinik.*

PHOSPHORUS, A REMEDY IN HÆMORRHAGE.—BY W. ARNOLD,
M.D., OF HEIDELBERG.

Translated by E. Tietze, M.D., Philadelphia, for this Journal.

IN estimating the effects of *Phosphorus*, the changes occasioned by it in the blood and through the blood in the whole organism, have been overlooked for a long time. In numerous cases of poisoning by means of *Phosphorus* matches, now much in vogue, and by *Phosphorus* paste, frequently used as a rat poison, these changes in the blood were too conspicuous, in order to remain unnoticed any longer. The facts, obtained in this way, were so often confirmed by numerous and oft-repeated experiments upon animals that now they are generally accepted. Almost all observers, speaking on this subject, describe the blood as being dark, even black, and of fluid consistency. As a rule it is thin-flowing, more rarely of molasses-like or of more thick-flowing appearance. In a coagulated state it has been observed so rarely and exceptionally, and then only in a few single parts of the body, that we are justified in assuming that the coagulation can not be taken as an effect of the *Phosphorus*, but is dependent upon other conditions. Upon the whole, the blood is more fluid, if *Phosphorus* does not kill quickly, but has a chance to effect changes in the blood in consequence of a more lasting action, continuing for several days even. These changes, however, frequently set in very rapidly, if *Phosphorus* has been taken in form of a solution, as, for instance, in butter, fatty oils, or ether.

The results of microscopic investigations of the blood offer important disclosures. From experiments which I made twenty years ago (*Hygea* Bd. 23), I observed that *Phosphorus* occasions an important change of the blood-discs. Their decrease in consistency and circumference is very conspicuous. They become smaller, more extensible, and consequently can assume different forms; they change their forms in many ways, especially in their passage through narrow vessels, and in their proportion to each other. One might say, almost, that *Phosphorus* acts as a dissolvent upon the blood discs. This action touches the blood-cell membrane more than the nucleus. Greater lustre, a less granular appearance, irregular and less distinctly defined outlines, these are the most conspicuous changes of the blood-discs which can, undoubtedly, be ascribed to the direct action of *Phosphorus*. That those changes take place on account of immediate action, I have proved in this way, that I let *Phosphorus oil* act upon the blood under the microscope, and that thus I witnessed changes of the blood discs, slighter in degree, it is true, yet entirely similar to those observed from the application of *Phosphorus* during life. In this way I was able to follow up the successive dissolution of the blood-discs. Sure enough, this dissolution was not as great as under continued action of the *Phosphorus* in the living organism, and, undoubtedly, for the reason that not so intimate and lasting a contact with the blood took place.

These observations of mine seem to have been overlooked by most physicians. More attention, however, was paid to the statements of Casper in

his text-book of medico-forensic diagnosis on the dead body. According to him, the blood-corpuscles are deprived of their hæmatin, appear colorless and transparent, and their nuclei shine through very distinctly. He found the hæmatin dissolved in the non-coagulated plasma, in consequence whereof the whole mass formed a molasses-like, cherry-red and transparent liquid. These statements were frequently contradicted. Thus Kœhler denounces them as untenable. Lewin declares, as the result of his experiments, that the blood of animals poisoned by *Phosphorus*, *Phosphorous* and *Hypophosphorous* acid, differed, formally, not in the slightest from normal blood (Virchow. Archiv. Bd. 21). At a later date, however, he observed in a case of poisoning by *Phosphorus* matches, an almost complete dissolution of the blood-discs. Besides several other observers, *Rummel* testifies to a change of the blood, perceptible under the microscope. He could not find a single colored corpuscle, but only colorless discs in the blood of a hen poisoned by *Phosphorus*, and *Voit* made the same observations on a dog, into whose vena cruralis he had injected *Phosphorus*. According to *Rummel*, the destruction of the blood-discs is the most essential phenomenon, when *Phosphorus* has been introduced into the stomach as well as when directly mixed with the blood by means of injections. The blood discs separate into hæmatin and globulin. The former floats as a purple coagulum in the plasma, or may, according to the conditions present, even be dissolved therein, while the form of the latter is still preserved. Another observation of *Rummel* is very worthy of notice for the explanation of hæmorrhages after *Phosphorus* poisoning. If a rabbit, into whose vena cruralis *Phosphorus* oil had been injected, was held head downward, he soon saw red-colored plasma, which under the microscope was free from any blood-discs, flow from its nose. The blood in this dissolved state had passed through the walls of the vessels. On opening a vessel, numerous well-preserved blood-discs could still be found. (Henle's Zeitschrift, Bd. 33.)

In view of these changes of the blood, the hæmorrhages and ecchymoses, so frequently, and, we may say, almost constantly observed in *Phosphorus* poisonings, and, in consideration of the often confirmed curative action of small doses of *Phosphorus* in morbus maculosus and many hæmorrhages, the question lays near at hand: whether we find also in such hæmorrhages, changes in the blood, and what they are? This question is partly answered by the observations of *Friedreich*. He noticed in a young man, afflicted with hæmaturia, on whose lower extremities œdema, petechiæ, in short, an exanthema of an exquisitely hæmorrhagic character, had made their appearance, that the blood-discs, passing with the urine, were essentially changed. They were normal as to form and size, only in small numbers, but frequently very abnormally formed. Many of them were oblong-oval and presented compressions as from ligatures, and so much so, as even to assume the shape of baker-rolls. With others, a division into two uneven halves seemed to be taking place. Not a few had already separated themselves completely and were divided, and this went on until finally blood-discs of the most minute form — molecular blood-discs, so to say — were formed. This process of division could not only be understood from the results of microscopic examinations, but also be observed directly. The

whole left the impression, as if the blood-discs consisted in a semi-solid, almost oil like substance, without any external membrane. Even in a case of sarcoma of the kidneys, Friedreich has repeatedly seen the above described division of the red blood-discs into molecular forms. However, since these changes may be ascribed to the action of the urine, it is important that Friedreich, in an anæmic and hydræmic patient, who showed great collapse of strength, a large tumor of the spleen, inclination to nose-bleed and bloody diarrhœa, noticed a very essential change in the red blood-corpuscles. But few were normal; the majority of them presented outgrowths, appendices, compressions (as from ligatures); many were roll or biscuit-shaped, thrice-divided, clover-leaf, horse-shoe, club or pear-shaped, semilunar and heart-shaped or of oval form. The red blood-discs of leucæmic, marasmic and strumous individuals, drawn by Damon, completely resemble a number of the forms presented by Friedreich. This striking resemblance in the change of the blood, and especially of the blood-discs, after the action of *Phosphorus* and in different morbid states, principally in certain hæmorrhages and ecchymoses, together with the often confirmed curative action of *Phosphorus* in such hæmorrhages and in morbus maculosus, necessarily leads to the question as to the scope of the curative law of similarity.

I have been convinced long ago that this law has validity so far as sensible observation reaches, and that, on this account, the subtle pathologico-anatomical and microscopic examinations are of value to the physician who uses this law as a guide at the bed-side, not only for a more precise knowledge of diseases, but also for an easier and surer selection of remedies. If the changes in the blood after the action of *Phosphorus* are the results of a chemical process, then the curative law of similarity is valid not only in vital, but also in chemical processes. It suffices merely to touch upon this question here, in order to induce the forthcoming presentation of facts *pro* and *contra*.—*Hirschel's Hom. Klinik.*

CHILDREN AND THEIR DISEASES.

T. G. COMSTOCK, M.D. ST. LOUIS, MO.

DEJECTIONS OF INFANTS, AS ASSOCIATED WITH CERTAIN FORMS OF DISEASE.

Dr. A. MONTZ, in *das Jahrbuch für Kinderheilkunde*, 1868, has an article on the Changes in the Dejections of Infants, from which we make the following resumé. (A.) The decrease of the milk-detritus is proportioned to the severity of the disease. An increase of the same, points to the abatement of the disease. (B.) The changes of color of the dejections are of importance with regard to the prognosis; stools partly yellow and partly green, if they continue for a few days, usually accompany the milder forms of enteric fever; but if the same are of a green color from the com-

mencement, they give evidence of an enteritis of long duration and severe character. If, during the second week of the attack, yellow dejections alternate with green ones, this change is to be looked upon as a favorable one; but if pus or blood appears with the same, the prognosis becomes unfavorable. (C.) The cadaverous odor diminishes with the decrease of the disease. (D.) The continued increase of water in the stools belongs to the most unfavorable appearance, inasmuch as experience has shown it to be followed by a collapse. The quantity of mucus is a criterion for the estimation of the severity of the disease. A diminution of the same shows decrease of the disease. (F.) The presence of a small quantity of blood is not an especially unfavorable appearance; but larger quantities or the frequent appearance of blood in the stools, is to be considered a very unfavorable symptom, as such cases are of very long duration, and mostly end fatally. (G.) Larger quantities of pus are peculiar to enteritis of long duration. The dejections in cholera infantum are commonly extraordinarily frequent and profuse, except in isolated cases, in weak and artificially-fed children, in whom the stools are occasionally not augmented. The dejections are fluid, flaky, or crumbling, of a rice-water or light yellowish-green color, of a slightly sour, or, in isolated cases, ammoniacal odor; in slight cases they react feebly sour—in severe cases the reaction is neutral. Milk-detritus and fats are diminished in the highest degree, as is the coloring matter, but the amount of water is considerably increased. The following points are of importance in the estimation of the disease:

(A.) The appearance of milk-detritus points to the commencement of convalescence. (B.) The diminution of coloring matter, as well as the increase of watery constituents, are proportioned to the severity of the attack.

From the above it follows, in general, that, in all cases, the diminution of the coloring matter, the increase of mucus and water, and the appearance of blood and pus, are to be considered unfavorable symptoms.—*Medical Bulletin.*

MATERIA MEDICA.

BY C. DUNHAM, M.D.

CHLORINE IN SPASM OF THE GLOTTIS.

IN the "American Hom. Review" (vol. II., 18 and 448), I published an accidental proving of *Chlorine* with some cases of spasm of the glottis, in which I had used it with advantage.

Last month, I was called to a child, two years and a half old, which had just been brought home from the country, and was supposed to be at the point of death. Five weeks before, it had sickened with scarlatina, which, according to the physicians in attendance (Allopaths of excellent professional standing,) had become complicated by diphtheria, and this by inflammation of the right lung and deposit therein. An abscess had formed and

discharged externally on the neck; leaving an ulcer about two inches long and one and a half broad, which exposed the cervical muscles, and showed no disposition to heal; copious and very offensive discharge from both ears; the throat seemed to be full of a thick, yellow matter, very offensive, which the child would occasionally eject, but seemed, for the most, to be unable to move either up or down. Any attempt to examine the throat, or, on the part of the child, to open the mouth to take food or drink, or any attempt to cough, produced a fearful spasm of the glottis, which seemed to admit the air well enough but to prevent its exit, and which lasted until the child became livid and sank exhausted. And this constituted, in the opinion of my predecessors, the insuperable obstacle to the child's recovery. The spasm prevented its tasting food. No food had been taken for a week, and very little during the entire illness. The child was now very feeble and greatly emaciated. Its death had been hourly looked for by the doctors.

I prepared immediately some *Chlorine water* (Am. Hom. Review, II., 370), diluted until the gas was just perceptible, and gave to the child. He took a mouthful and began to choke with the spasm; immediately placed near his face a handkerchief wet with strong *Chlorine water*, so that he might inhale the gas. The spasm ceased instantly and he swallowed. I left orders for a similar procedure whenever, from any cause, whether coughing or swallowing, the spasm should be induced. It never failed to arrest the spasmodic action and enable the child to swallow, or to eject the matter from the throat. A number of days elapsed before the child could make an articulate sound, or any sound. The doctors had thought the diphtheria had induced paralysis of some of the pharyngeal muscles, and perhaps others, and hence the spasm in the associate and neighboring muscles. And it may be so. They regarded the spasm an insuperable obstacle to recovery. It was evident to every attendant that the *Chlorine* relaxed the spasm and enabled the child to swallow. His subsequent improvement was uniform and rapid, under *Carbo veg.*, 200th.

It may be, by and by, some esteemed friend will tell me (UNITED STATES MEDICAL AND SURGICAL JOURNAL, vol. IV., p. 408): "I have used *Chlorine* in a case presenting exactly these symptoms, and it failed," and may thence conclude that I am mistaken in ascribing the successful issue of my case to *Chlorine*. I suppose I shall reply; there are two possible fallacies. I have stated the symptoms which led me to give *Chlorine*, but they may not comprise the real symptoms which constituted the case a case for *Chlorine*, just as the judge may give a righteous judgment, but may base it, in his written opinion, on most erroneous premises. So, on the other hand, you, in your case, may have found exactly the same symptoms which I described, but you may have overlooked something else in your case which constituted it an essentially different one from mine. The sciences of pathology and semeiology are too imperfect to admit of these back-strokes of criticism overthrowing positive evidence by negative. Why; they are not admitted in chemistry, and, hardly, even in astronomy! I shall urge these considerations in reply, but feebly, doubtless, and to no purpose, and shall at last fall in with the current of the day, which, who can resist? and

shall read the old proverb, "Seeing is *not* believing;" and shall give in my adhesion to the scientific motto of our time: "Belief is human; but to *doubt* divine."

CEREBELLAR AFFECTION CURED BY VIPERA TORVA.—

By M. JOUSSET.*

EARLY in May, 1868, I received a visit from a young man twenty years of age; he was pale, walked like a drunken man, and leaned with much weight on the arm of his father. This young man had been sent to Paris with the diagnosis *vertigo a stomacho*, as a result of intermittent fever. He related to me that he had experienced, in Sologne, in September, violent attacks of an intermittent fever; that this fever had been cut short by *Sulphate of Quinine*, but that it returned almost as soon as he reached Rome, whither he went to engage in the Pontifical Zouaves. This fever had shown itself several times during the months of December and January, notwithstanding his return to France and the administration of *Sulphate of Quinine* and *Quinquina*; and, finally, on the 20th of January, after taking the last dose of fifty centigrammes of *Sulphate of Quinine*, he observed vertigo, vomiting and the staggering which I remarked as he entered. He added, that his condition became slowly but progressively worse since that day.

I suspected a grave affection of the nervous centre, and induced the parents to consult Dr. Duchenne (of Boulogne,) who gave the following remarkable opinion:

OPINION OF DR. DUCHENNE.

M. de G*** always enjoyed excellent health till September, 1867. He has never abused the pleasures of youth, nor exposed himself to any specific infection; no hereditary disease exists in his family; he has been used to much exercise, whether in looking after his estate or in the chase. He says that one day in September he was exposed, during the greater part of day, to the heat of the sun, the beams of which fell especially upon the occipital region, which was insufficiently protected by his hat; he well remembers that he was very much annoyed thereby. At the moment when he was thus exposed to insolation, he experienced a deep seated pain in the occiput, which persisted after his return home. It was during this state of things that the first attack of fever, which was said to have been pernicious, made its appearance. During this attack the occipital pain was much aggravated. The first attack lasted fifty hours, and terminated with a very abundant sweat, while the occipital pain did not disappear. A second attack came only a few hours later, did not last so long, but was accompanied with the same occipital pain, which extended all over the head, but in a less degree. *Sulphate of Quinine* given after this second attack pre-

* Translated from the "Bulletin de la Societe Medicale Hom. de France," (IX., 481), for this Journal.

vented the occurrence of any more, though without entirely removing the occipital pain. Since this, the general condition of M. de G*** has not been satisfactory, and he even thought that he had experienced a few trifling irregular attacks; his digestion was badly performed. He then thought that by a change of climate his condition would improve, and in the month of November he set out for Rome, where he soon had a new attack of fever.

His occipital pain, which had never entirely disappeared, became more acute. On his return to Sologne, he experienced again a return of the intermittent fever, accompanied with an increase of the occipital pain. The *Sulphate of Quinine* succeeded in relieving his condition, but without cutting short the fever entirely.

On the 20th of January, 1868, after having taken a dose of fifty centigrammes of *Quinine*, he was seized with vertigo, soon followed by vomiting. On being closely questioned as regards the time at which this vertigo appeared, M. de G*** remembered that he had experienced it from time to time before, without being much incommoded thereby; after the 20th of January, however, they became more frequent, and were often accompanied with vomiting. This did not occur especially after eating, but generally in the morning. To these disorders, dyspepsia must be added.

The vertigo, which continued to increase, was most easily provoked by lateral movements of the head, especially from left to right, by inclining the head forward or backward, and by the horizontal position on the left side. It has become so strong and continuous that, for ten days, standing and walking have become difficult and impossible, without a two-fold support. M. de G*** says that he experiences the symptoms of drunkenness, and when he walks, with the help of the arm of another, it is observed that the different steps of the walk are executed perfectly and coördinately; that these disorders, in a word, are a mere staggering.

Finally, to complete the symptomatology of this affection, I should add that, for a long time, a steady gaze is soon followed by a sort of diplopia; objects are then confused and double, to such a degree that reading has become impossible. Moreover, M. de G***, habitually continent, has experienced, for the last eight days, a genital excitement extremely annoying, and seminal emissions almost every night.

Before deducing my diagnosis from all these symptoms, I should say that I have just dictated these observations from memory, after having examined the patient, without having taken any notes. It may be that this case is not quite perfect in all its details, but, as to the principal symptoms, I am sure that they are exact, and I can deduce from them with certainty the following diagnosis: Cerebellar lesion.

Observe, in fact, that the occipital pain manifested itself during a protracted insolation, and that it has singularly increased, and has continued to the present day; that the fever which was considered as a pernicious attack, might well have been symptomatic of an inflammatory process, having its seat either in the meninges or the cerebellar substance. This diagnosis, which was difficult at the outset, but which might have been suspected by reason of the constancy and continuance of the occipital pain,

is completely justified by the course of this disease; and, in fact, the symptomatology of this local affection was complete on the day when the vertigo appeared, followed by the vomiting, the disturbance of vision, and, finally, the vertiginous staggering.

Moreover, what is there surprising that the fever should have taken on this form, or, that he should have been seized at the invasion of a cerebellar affection, with an intermittent fever, in a country where this fever prevailed endemically? There might have been a time when the gastric troubles, symptomatic of cerebellar lesions, might have been attributed to a primary functional disturbance of the stomach, which was designated by the name of a stomachal vertigo.

But now, that the study of cerebellar diseases is more advanced, the number of these stomachal vertigos has singularly decreased. Whether this vertigo can any longer have a place in a nosological table or not, it is sure enough that M. de G*** did not have it; his disease must be localized in the cerebellum.

But what is the nature of this affection? Here is where the difficulty begins. We cannot admit the existence of a specific tumor; the antecedents oppose it; a tubercle of the cerebellum? that is not probable; auscultation betrays nothing, and there is no tuberculous taint in the family. Nothing, then, remains but the hypothesis of an inflammation of the meninges of the cerebellum, which, in time, has succeeded in reaching that organ. It is on this hypothesis, an hypothesis which is completely justified by insolation and the symptomatology that I base the

Treatment—1. To take each day, in solution, the *Bromide of potassium*, in a dose, progressing, in the course of fifteen days, from one to three grammes; and during the fifteen days following, the *Iodide of potassium*, in solution, from half a gramme to a gramme, every day. 2. A cautery to the nucha. 3. Dry cups, three or four centimetres in diameter; six or eight each side of the spine, in the cervico-dorsal region, three times a week.

The medication to be pursued for two months, and modified as occasion requires."

10th March, 1868.

The case being finally put into the charge of Dr. Jousset, he proceeds as follows:

I gave successively *Tabacum*, *Belladonna*, and *Nux vomica*, in the 3rd and 6th dilutions, but I obtained only some insignificant modifications; and during the eight days that the patient remained at Paris, I observed an aggravation of the symptoms—bad nights, vomiting in the morning, walking very difficult, impossibility to go up or down stairs.

The patient returned to the country, where I continued to treat him by letter. *Lachesis* produced some benefit; but after the administration of ✓ *Vipera torva*, 3rd trit., three doses a day for four days, the patient announced a marked improvement; the vomitings ceased, the nights were good, walking was much easier. After three similar potions, the improvement had made such progress that the patient could follow on foot a chase in the forest for two hours, though as a spectator only. The patient, however, always complained of a great nervous super-excitation, and a sort of

trembling. For these symptoms, I prescribed *Tarantula* 6th, but during the eight days which followed the use of this drug, the patient's condition was again aggravated, and his walk became unsteady again. *Vipera* given at this time re-established the gait, and the improvement continued without relapse. To-day the cure, though recent, seems complete. During my treatment the family had two cauteries applied at the nucha, and from time to time dry cups.

MICROSCOPY.

BY T. F. ALLEN, M.D., NEW YORK.

A PAPER, by Dr. J. G. Richardson, on the identity of the white corpuscles of the blood with the salivary, pus and mucus, corpuscles, has so much scientific interest and merit, that extracts must be acceptable. The readers of this journal are already aware of the observations of Cohnheim, of Berlin, on the identity of the pus and white blood corpuscles. Confirmations of his experiments are exceedingly desirable, since, this point once fairly established, our whole science of pathology undergoes a revolution. Dr. Richardson made his observations chiefly with a 1-25 objective, by Wales :

"The salivary corpuscles examined under a power of eleven hundred diameters present the appearance of perfect spheres, varying from one fourteen hundredth to one twenty-five hundredth of an inch in diameter, each having a very transparent, but beautifully defined, cell wall of exceeding tenuity, which incloses from one to four almost equally transparent nuclei of a circular or oval form, whose diameters range from one-third to one-four thousandth of an inch. These nuclei are situated sometimes centrally, or more commonly near one side of the corpuscle, and the cavity between the margin and cell wall is generally filled with from twenty-five to fifty molecules not more than one twenty thousandth of an inch in diameter, whose characteristic is that of constant and rapid motion; some of these molecules seem to be elongated into an oval or hour-glass form, but the activity of their movements renders it difficult to ascertain this with precision."

Aniline, one grain to the ounce, stains the nuclei a bright crimson, but stops the motion of the molecules.

The observer now goes on to state that he has observed these identical corpuscles in the urine; in one case where the deposit looked like pus; in another case of cystitis, he found pus corpuscles exhibiting amœbiform movements, but their contained molecules were not active. The corpuscles had a diameter of one-third thousandth of an inch, spherical and almost opaque, whence he inferred that they might be contracted by exosmosis of their fluid contents into the surrounding denser medium; so he diluted with water, when they rapidly attained a diameter of one-seventeen hundredth of an inch, assumed a spherical shape, and the molecules began to revolve and have the rapid movements before observed in the salivary corpuscles; indeed, the pus cell, as now expanded, could in no ways be distinguished from the salivary corpuscle.

Again, a drop of blood was placed under his instrument; a white corpuscle found (which fortunately adhered to the glass); the blood diluted by a delicate current of fresh water. The white corpuscle was then observed to enlarge, displayed its delicate wall and two nuclei, and, on acquiring a diameter of one-seventeen hundredth of an inch, its molecules were set in rapid motion, which continued till the cell expanded so much that it burst, and the molecules were discharged like a swarm of bees.

Fætid pus from abscess, and mucus from the nasal fossa, under similar circumstances, gave identical results.

These observations must elicit confirmation, and with high powers. Cohnheim has seen white blood corpuscles escape through the tissue forming the walls of the capillaries, by their amœbiform movements; we need more general confirmation of this observation also; and it is to be earnestly desired that microscopists, instead of devoting their whole energies to counting the striæ on diatoms, may enter zealously upon this magnificent field of research.

TERMINATION OF CUTANEOUS NERVES.—Langerhaus, in "Virchow's Archiv." arrives at the following conclusion: that "At the superior surface of the dermis a fine network of nerve and filaments is formed; these are very fine, pale red, and freely nucleated. From this network minute fibres pass through the malpighian layer and terminate in corpuscles which are ovoid or round, light brown, and nucleated. From the top of each corpuscle two or more exceedingly fine filaments diverge and ramify among the cells of the epidermis, and end in small round swellings, mid-way between the external surface and the rete malpighii."

It is most likely (from investigations) that the motor nerves likewise end in oval terminal swellings, the granular substance of which seems composed of finest terminal filaments.

Some observations by Mr. Gulliver on the inorganic crystal formations occurring in the cell tissue of plants are quite interesting, and indeed practical. These crystals may be seen with moderate powers of the microscope in thin sections of different parts of the plant. Three distinct forms occur:

1. *Raphides*.—Slender, needle-like, round, smooth crystals, with finely pointed ends, usually lying in dense bundles.

2. *Sphaeraphides*.—More or less rounded or stellate masses of crystals, generally roughened. These crystal masses within their cell are frequently alluded to as "*cystoliths*."

3. *Crystal prisms*.—Acicular prismatic-pointed crystals. These do not occur in masses, but singly, or two or three together.

Raphides are particularly noticeable in the *balsams* and *evening primroses*, *fuschias* and *mesembryanthemums*. The Crassulaceæ, so nearly allied to the Mesembryaceæ, have no raphides, a valuable point of distinction when one has only leaves. In the grape vines and their ally, our Ampelopsis, both raphides and sphaeraphides occur.

These examples comprise all the *exogens* having raphides, viz.: Galiaceæ, Balsaminaceæ, and Onagraceæ; so also Mesembryaceæ and Vitaceæ. In the

dictyogens we find them numerous, as in Paris quad, Trilliums and Dioscorea. The *Convolvulaceæ*, however, have no raphides; so Bryonia, the so-called black bryonia (true bryonia) has raphides, while the red bryonia belonging to Cucurbitaceæ has none.

The true sarsaparilla has raphides, but our American sarsaparilla has none, belonging to the Araliaceæ, which abound in sphæraphides but have no raphides. The endogens abound in raphides, as in asparagus, squills, etc.

Sphæraphides are widely diffused; best seen in the leaves, stem, etc., of hop, nettle, goosefoot weed, and especially in the inner bark of *Aralia spinosa*. Very fine in the prickly pear.

Crystal prisms rarely occur in abundance in the exogens; are, however, seen in the ovary capsule of many Compositæ, as the thistles and centaureas; are elegantly seen in the officinal bark of Guaiacum. They abound in the bulb scales of the onion family, while this family (Alliaceæ) never have raphides.

The crystal prisms in Guaiacum and Zuillai, and raphides of squills, are good tests of the genuineness of the drugs.

A NEW GLYCERINE JELLY FOR MOUNTING AND PRESERVING OBJECTS was introduced by Mr. Walmsley, at a meeting of the Microscopic section of the Academy of Natural Sciences, in Philadelphia. He claims that it will not liquefy in our summer heat; it preserves perfectly animal and vegetable tissues, even retaining the colors of the latter.

Preparation.—Take one package of Cox's gelatine, wash repeatedly in cold water, then place in a vessel and add enough cold water to cover it. Allow it to soak an hour or two, pour off superfluous water, add one pint of boiling water, place vessel on fire, and boil ten or fifteen minutes. Remove from fire, and when cool, but yet fluid, add the white of an egg, well beaten; replace on fire, and boil till the albumen of the egg coagulates. Strain while hot, through flannel, and add an equal portion, by measure, of Bower's pure glycerine, with fifty drops of carbolic acid in solution. Boil again for ten or fifteen minutes, and again strain through flannel; place in water bath and evaporate to about one half, then filter into two-ounce wide-mouth vials.

To use it.—Place the vial in a jar of boiling water; when it becomes fluid, remove enough to a warm slide with a glass rod. The object to be mounted (after previous soaking in equal parts of glycerine and distilled water with a few drops of alcohol), is to be placed in the jelly, the cover applied with slight pressure; the superfluous jelly removed, and a ring of varnish applied when it becomes cold.

It must not be used for objects containing carbonate of lime, which glycerine dissolves.

CHEMISTRY AND PHYSICAL SCIENCE.

BY F. A. LORD, M.D.

MIND, FISH, AND FERTILITY.—Great mental activity creates in the system a demand for phosphatic food. This accounts, in part no doubt, for the immense American consumption of oysters. Agassiz remarks, that "fish is a kind of food that refreshes the system, especially after intellectual fatigue. There is no other article that supplies the waste of the head so thoroughly as fish diet; and the evidence of it is in the fact that all the inhabitants of the sea-shore are the brighter population of the country."

Dr. Routh, in the "Medical Mirror," writing "On some of the causes of unproductive marriages," says that the effect of diet upon the reproductive powers of mankind has long been noted. Fish and shell-fish, which are known to abound in *phosphorus*, are generally regarded as tending to increase sexual power. The semen contains a larger proportion of phosphorus than any other secretion or portion of the body; the brain alone being comparable to it in this respect. The doctor gives statistics showing that the inhabitants of the seaboard are generally more prolific than those residing inland, and assigns as the probable reason the fish diet of the former.

HEAT IN THE FIXED STARS.—One of the most notable achievements of the year 1869, is the positive demonstration of the fact, long suspected, that the fixed stars are independent sources of heat and light. Until quite recently, no instrument had been devised sufficiently delicate to appreciate the thermal impulse of these inconceivably distant bodies. At length, however, by united and repeated effort, a thermo-electric pile has been constructed, of such extreme sensibility to heat rays, that, when so placed upon the telescope that the image of a fixed star falls upon its surface, a decided deflection of the attached magnetic needle instantly takes place. By means of this apparatus the rays of the star Regulus caused a turning aside of the needle three degrees of the scale; and after the experiment had been successfully repeated at different times and with different stars, it was finally demonstrated beyond all doubt, that heat is an element of the rays of the fixed stars—that they are, in reality, suns, and the probable centres of life, and light, and revolution, to innumerable worlds, as our sun is to the earth.

The honor of this discovery belongs to Mr. Wm. Huggins, F.R.S., and his name will go down to posterity among the great ones of science. Thus, by slow degrees, is mankind permitted to invade and to lessen the immensity of the unknown!

THE ORIGIN OF PETROLEUM.—The origin of combustible, volatile and liquid mineral products, such as gas, oil, tar, asphalt, is still an open question. The presence of large beds of anthracite coal lead to the sus-

picion that oil was derived from the distillation of bituminous coal by volcanic action. Explosions in coal mines indicate that gases can be produced in the beds of coal without the aid of heat; and, according as these gases have a vent to escape, or are under heavy pressure, can they remain volatile, or form liquids. Petroleum usually occurs in porous fossiliferous limestones, or in such sandstones as are evidently of marine origin. This has led geologists to look upon petroleum as of animal origin, and recent observations in Egypt have served to sustain this view.

There are in Egypt natural petroleum springs now in actual formation. The coast of this land consists of coral beds. The coral animal grows towards the sea, but dies out on land, leaving a porous lime-rock behind. In the cavities of this rock oil collects, which is derived from the decomposition of the polyp coral, and is collected and used by the inhabitants for many purposes. Vast beds of coral would yield a proportionate supply of oil, and this is now considered by many to satisfactorily account for the oil springs and asphaltum lakes of various parts of the world. They were once coral beds of ancient seas, and the oil is of animal origin.—*Journal of Ap. Chemistry.*

IODINE AN ANTIDOTE TO STRYCHNIA.—Dr. Malloy, of Welborn, Fla. (Richmond and Louisville Medical Journal) reports a case of poisoning from two and a quarter grains of *Strychnia* taken by mistake, by a female, instead of *Opium*. He gave her ten drops of tincture of *Iodine*, and a dose also by rectum, and in half an hour it was repeated. Up to the first dose she was growing rapidly worse, but as soon as the *Iodine* was administered, the alarming symptoms were stayed; and when the second dose was given, she began to mend, and in four hours was free from the effect of the drug, except the soreness, which was great, and lasted several days.

When called, he considered the case as hopeless, but as an experiment he gave the *Iodine*, having previously noticed that in prescribing a combination of *Strychnia* and *Iodine* there was a precipitate, the *Strychnia* being thrown down.—*Medical Record.*

NEW MEDICAL LABORATORY OF THE UNIVERSITY OF LEIPSIK.—This new building is the largest and most perfect chemical laboratory in all Germany. It was opened for the reception of students in November, 1868. The building occupies some 7,280 square yards, and is in the form of a large E. Over eight hundred gas jets will be used for chemical and illuminating purposes. There are six regular working rooms, abundantly provided with apparatus, and capable of accommodating over one hundred practical students. The auditorium will seat about two hundred students. Dr. Herman Kolbe is the resident Professor of Chemistry.—*Medical Record.*

COMPOSITION OF THE SUN.—Thirteen substances belonging to the earth have been found, by spectrum analysis, to exist also in the sun. M. Janssen has found lines denoting aqueous vapor in the atmospheres of both Jupiter and Saturn. Some very remarkable lines have been seen in the more

refrangible part of the spectrum of Mars, supposed to be connected with his red color.—*Appleton's Journal.*

DARWINIANISM seems to be steadily winning its way to universal adoption by scientific men. A most remarkable illustration of its influence, as well as of that rare ingenuousness of mind which a true scientific spirit engenders, is furnished in the fact that, after opposing Darwin's theory for twenty years, and in five successive editions of his well-known work on geology, Lyell, at last, in his sixth edition, endorsed the probable truth of the law of natural selection.

HOW TO PREPARE MUSTARD PLASTERS.—It is perhaps not known to all physicians, and certainly not to many non-professional persons, that sinapisms, and sinapized baths should not be prepared with hot water. The reason of this is thus given by Dr. Herbert in the "*Journal des Connaissances Medicales.*" The irritating principle of the mustard does not exist in its ordinary dry form, but becomes developed in the presence of moisture by a process of fermentation, which can only take place at moderate temperatures, say above freezing and below 167° F. Heat, cold, alcohol, acids, and all other agents capable of preventing or retarding fermentation, should therefore be avoided in preparing mustard for external application.

CARBOLIC ACID IN SNAKE BITES.—We have been favored with extracts from an account of some very valuable experiments made by J. Fayrer, F.R.S.E., etc., on the value of *Carbolic acid* in preventing the entry of serpents into dwellings, from which we find that a few drops of the acid are sufficient to kill full-grown cobras, and other poisonous snakes. Dr. Fayrer is continuing his experiments on the merits of *Carbolic acid* as a therapeutic agent in snake-bites, and, in the meantime, he suggests its use as a preventive against the entry of snakes into houses, etc. Dr. Alvert informs us that it is probable that the acid will save life by applying it in a caustic state to the wound caused by the bite of a serpent; and more satisfactory results will be obtained by following the method first put into practice by Dr. Tessier, in the Mauritius, for the cure of a virulent intermittent fever. In this case, by injecting under the skin a solution of three-quarters of a grain of *Carbolic acid*, dissolved in twenty minims of water, the patient was rapidly cured, and the spread of the pestilence arrested.—*Chemical News.*

MISCELLANEOUS.

HAHNEMANN AND HOMŒOPATHY.—Somebody, whose modesty forbids him to give his name, is lecturing to somebody on this subject. Here is a sample thereof, and if we can judge of the status of an animal by knowing the food on which he feeds, what manner of persons must they pass for who can feed on such stuff as this?

"In point of fact, the rational physician always seeks to *alter* . . . the operations of disease. For disease being . . . merely an *alteration* more or less great from health, all correct treatment must be more or less *alterative*; and no remedy can possibly cure any given disease, unless it acts more or less *differently* from it. . . . Hence, remedies which act more or less similarly to any given disease, always act more or less differently from it, and may cure, if the difference between the action of the two be great enough; provided the dose be sufficiently strong to produce the necessary *alteration* or change in the action of a disease. Hence, difference of action and sufficient strength of dose, are essential requisites in all curative treatment. Infinitesimal doses are simply powerless, and too great a similarity of the action of the remedy, always causes an addition to, or aggravation of, the disease. Hence, the whole doctrine of the Homœopathic law and doses naturally falls to the ground."—*New York Medical Gazette*.

If an audience can be found, outside of the Asylum for Imbeciles, which can sit and listen to such babble as that, we are sorry for the community where it is found. The great principle of Homœopathy, *similia similibus curantur*, is a guide in the selection of a remedy, but says nothing about how the remedy acts, whether "more or less differently," or "more or less similarly." The assertion that "infinitesimal doses are simply powerless," shows a shocking ignorance, or disregard of well-known and abundantly substantiated facts. But granting that they are, who knows that between "infinitesimal doses" and doses possessing "too great a similarity of action," there may not be some middle ground, where we can find doses of just sufficient similarity of action to "alter the operations of disease?" The final "Hence," caps the climax of absurdity; the lecturer did well to stop there, for we doubt if even he could have uttered any thing more absurd and inconsequent. "The doctrine of the Homœopathic law and doses" does not stand or fall by any such sheer assumptions, but is abundantly sustained by facts innumerable, as Jno. C. Peters, M.D., one of the editors of this Journal knows very well; and we can not but wonder that that he could permit such nonsense to appear in a journal of which he is an Editor.

We take pleasure in calling the attention of our readers to the following announcement of Mr. Tafel. We hope the enterprise will meet a liberal support.

ANNUAL RECORD OF HOMŒOPATHIC LITERATURE.

A. J. Tafel will issue as early as practicable in 1870, the FIRST VOLUME of an ANNUAL RECORD OF HOMŒOPATHIC LITERATURE.

Professor C. G. Raue has accepted the position of *General Editor*, and he will be assisted by an able corps of co-laborers, whose names will be announced in due course.

It is proposed to give an annual digest of all the VALUABLE INFORMATION scattered through the periodical literature of Homœopathy, for the year. All the journals of America, Germany, England, France, Spain, and Italy will furnish material for the work.

The name of Professor Raue, so widely known through his admirable work on Pathology and Therapeutics, sufficiently guarantees a faithful and intelligent execution of this laborious task.

There has long been felt a need for such a work; and should the contemplated first issue meet with such support as there is every reason for expecting, its continuance will be insured, and an annual volume will appear regularly thereafter.

We take great pleasure in announcing to our readers that Dr. E. C. Franklin, Professor of Surgery in the Homœopathic Medical College of Missouri, and editor of Surgical Department of this Journal, has at length realized a long-indulged purpose to withdraw from general practice, and devote his entire energies to operative surgery and the treatment of surgical disorders. Dr. Franklin's reputation as a surgeon is such that he needs no words of commendation from us. Those needing any superfluous member taken off, or any deficient parts put on, will do well to give him a call. Consultations and operations made in any part of the United States. Address E. C. Franklin, M.D., 709 Pine street, St. Louis, Mo.

NON-LIGATION OF THE UMBILICAL CORD.—Dr. M. B. Kellar, of Cincinnati, reports, in the "Lancet and Observer," for June, fifteen cases in which the cord was divided, after the method proposed by Dr. King, of Washington, and left without a ligature. The cases he compares with fifteen others, in which the cord was cut and ligated in the usual manner. The testimony adduced by Dr. K. is certainly in favor of non-ligation of the cord. ("N. Y. Medical Journal IX., 643.)

Dr. King ascribes all sorts of infantile ailments to the ligation of the cord, and demonstrates, quite to his own satisfaction, that it is dangerous as well as useless. We solicit facts on this point.

BUST OF HAHNEMANN.—We are indebted to Mr. C. Stursberg, 182 Bowery, New York, for a beautiful bust of Hahnemann. This bust is copied from that of the celebrated sculptor, Schubert, and was made at Dessau, after the last oil painting made of Hahnemann, in Paris. This painting is now in possession of Mrs. Dr. Moosdorf, at Cœthen. This bust is a suitable ornament for any gentleman's parlor or library, being a memento of one whose name will be spoken with reverence and gratitude, for ages after the memory of his detractors has long been forgotten.

NEW DEPARTMENT—CHILDREN AND THEIR DISEASES.—Our friends, we are sure, will be happy to learn that Dr. T. G. Comstock, of St. Louis, Missouri, has accepted this Department, and intends to keep his readers thoroughly informed of all that is transpiring in the world of children, touching their Physiology, Pathology and Therapeutics. As he has been enjoying his vacation the most of the time since he accepted this appointment, we cannot present as full a report from him, in this number, as we shall be able to do hereafter.

SURGEONS' CALL we are obliged to omit, in this number, for lack of room, it will appear in the January number, without fail. Mean time, we should be glad of any additions.

BOOKS AND JOURNALS RECEIVED.

The Boston Medical and Surgical Journal; The New England Medical Gazette; The Dental Cosmos; the Medical Gazette; American Eclectic Medical Review; The Chicago Medical Journal; The Dental Register; The Pacific Medical and Surgical Journal; Conférences sur L'Homœopathie, Nos. V., VI., and VII. Western Homœopathic Observer; Journal of Materia Medica (Bates & Tilden's); New York Medical Journal; The Monthly Review; Bibliothèque Homœopathique; The Nashville Journal of Medicine; La Reforma Medica; The Manufacturer and Builder—*it will speak well for the manufacturers and builders if they can sustain such a journal*; The Hahnemannian Monthly; Good Health—a journal of physical and mental culture—Alex. Moore, 21 Franklin street Boston; El Criterio Medico; L'Hahnemannisme; Buffalo Medical and Surgical Journal; Allgemeine Homœopathische Zeitung; The Journal of the Gynæcological Society of Boston; Revista Omiopatica; The Canada Journal of Dental Science; The Detroit Review of Medicine and Pharmacy; Buffalo Medical and Surgical Journal; The Drift of Modern Medicine, by Alfred C. Pope, Esq., M. R. C. S.; New York Citizen and Round Table; The Albion; The Half-Yearly Abstract of the Medical Sciences, July, 1868, Philadelphia, Henry C. Lea; The American Journal of Obstetrics and Diseases of Women and Children; Fœticide, or Criminal Abortion—a Lecture Introductory to the Course on Obstetrics and Diseases of Women and Children, University of Pennsylvania, 1839-40: Lindsay & Blakiston, 1869; The Occidental; The Medical Record; California Medical Gazette.

VICK'S ILLUSTRATED CATALOGUE comes around again, and this time it is of *Hardy Bulbs*, of which he gives us a long list of Hyacinths, Tulips, Crocuse, Narcissusses, Lillies, etc. We wish our readers had them all, and ground wherein to raise them; but almost any body might manage to get a few, as the average price is somewhat below twenty-five cents a piece, and at this rate they are sent to any part of the United States, free of postage or express charges. Less money spent for gewgaws, and more for flowers, would enure to the health and happiness of the buyer. For further particulars, apply to James Vick, Rochester, New York.

LEAD PIPES.—Dr. C. S. Rodman read a valuable paper before the Lyceum, at Waterbury, Conn., on the influence of drinking water received through lead pipes. He made it appear, very clearly, that water received through such pipes, ought to be, and must be, unhealthy. How far facts sustain the theory, is not so evident—at least to our present means of observation. In the very many thousands who drink such water, the cases of disease—as far as known to us—which may be ascribed to the lead, are but few. Perhaps, when we observe more correctly, they will be seen to be many. There is a link or two to be supplied here.

GRAUVOGL ON DISEASE.—The extract from Grauvogl, contained in the last number, is not concluded in this, as there is now a reasonable prospect that the work will be in the hands of our readers by January 1st, 1870, and it seemed best to reserve the space for other matter. The success of the undertaking is not yet fully assured — the vast majority of our school do not manifest the least interest in it — but if the efforts of a few are crowned with the success which they deserve, the work will be out January 1st, 1870, or soon thereafter.

NEW JOURNAL AND NEW COLLEGE IN ST. LOUIS, MO.—Our friends in St. Louis are manifesting great activity at present. A new monthly, the "Occidental," under the direction of Drs. Walker and Comstock, has made its appearance; and a very respectable appearance it is. We wish it all success in popularizing Homœopathy. The new College is under the auspices of Drs. Helmuth and Comstock. Competition is said to be the life of trade. If it is of medical schools, our schools are likely to thrive.

THE following statement of the Trustees of the Margarettsville Asylum for the Insane, will tell its own story. With it comes an appeal to Homœopaths to subscribe to the stock of this institution, an appeal which we trust will not go unheeded:

MARGARETTSVILLE ASYLUM FOR THE INSANE AND RETREAT FOR INEBRIATES, INCORPORATED APRIL 28TH, 1869.

Board of Trustees.

Hon. John Ferris, Pres.; Hon. Daniel Rowland, V. Pres.; Hilton Doty, M.D., Sec.; George G. Decker, Esq., Treas.; Martin Morrison, Esq.

Board of Medical Council.

Hon. John Stanton Gould, Hudson; Hon. A. B. Conger, Haverstraw; Drs. Wm. S. Searle, Brooklyn; Jacob Beakley, F. W. Hunt, Henry N. Avery, New York; Horace M. Paine, Albany; Edward W. Avery, Poughkeepsie; Frederick W. Ingalls, Kingston; Abijah P. Cook, Hudson; D. A. Gorton, Newburg; T. C. Fanning, Tarrytown.

This institution, incorporated by recent act of the Legislature, is situated in one of the most beautiful localities in Delaware county, in the State of New York. The buildings are well adapted to the use of an asylum, are ample and commodious, and are located on grounds comprising upwards of one hundred and seventy acres in extent.

The Trustees are firm adherents of the Homœopathic system. They desire that the Asylum shall be conducted under Homœopathic auspices, and in order to fully carry out their purpose they have appointed a Board of Medical Council, consisting of physicians of acknowledged ability in the Homœopathic school, and have placed in their care the entire supervision of all important matters pertaining to the management of the Medical department, especially the appointment of the Superintendent and his assistants.

The Trustees have placed the control of the institution, to as great an extent as is practicable, in charge of the Homœopathic profession, and have provided for continuing it in the interest of the Homœopathic system of medical practice, by incorporating in the charter provision for the annual election of Trustees by the stockholders, each stockholder being entitled to one vote for each share of stock held; and by rendering invalid the transfer of stock except with the consent of the Board of Trustees.

An expenditure of several thousand dollars is required for alterations and improvements, in order to render the buildings suitable for the reception and proper care of patients. This sum the Trustees propose to raise by issuing stock to the amount of twenty or thirty thousand dollars. If obtained at an early day, it is probable that an assessment of not more than twenty-five per cent. will be required.

It is hoped that the success of this enterprise will not only demonstrate the superiority of Homœopathic treatment of mental diseases, which have been hitherto entrusted almost wholly to the care of our opponents, but also that shareholders may expect to receive at least legal interest on the amount of their subscriptions.

JOHN FERRIS,

President Board of Trustees.

HILON DOTY, *Secretary.*

Margarettsville, N. Y., Sept. 2, 1869.

EXTRA-ANNOUNCEMENT OF HAHNEMANN MEDICAL COLLEGE OF
CHICAGO, FOR SESSION OF 1869-70.

(Communicated.)

WE learn from this supplementary issue of the above-named College, that its Board of Trustees has revised its faculty, by accepting the resignation of Professors Cooke and Beebe, and filling the vacancies with well-known and acceptable men. The plan adopted by the Board looks to permanency of organization and thoroughness throughout. It evidently means *business*, and we take it as an omen of good to this institution, that the day of changes and alterations in the corps of teachers and the curriculum, is at an end.

We also remark that the regulation which proposed a preliminary examination of students, during the holidays, has been suspended, until such time as other Colleges will coöperate to carry it into effect.

This College has made provision for the education of women, upon the same terms as men. The hospital advantages offered are of the first order. The College Cliniques, the meetings of the Chicago Academy of Medicine, of the County Medical Society, and of the Society of *Materia Medica*, will also contribute greatly to the interest and profit of the pupils of this College.

The Winter term of instruction will open on the evening of October 13th, 1868, with an Introductory Lecture by Prof. E. A. Small.

Further information can be had by applying to

Prof. F. A. LORD, M.D., *Registrar,*
No. 147 S. Clark Street, Chicago, Illinois.

UNITED STATES

Medical and Surgical Journal.

Vol. V.—*JANUARY*, 1870.—No. 18.

HYDROCELE OF THE TUNICA VAGINALIS,

WITH INSTRUMENTS, CASES AND TREATMENT.

BY PROF. WM. TOD HELMUTH, ST. LOUIS, MO.

It is scarcely necessary, in a paper upon this subject, intended for professional reading, to record the usual symptoms and treatment which belong to simple hydrocele.

All of us are acquainted with the manner of employing light to establish translucency, and those manifestations by which to diagnosticate hernia from hydrocele, whether it be the *direction* in which the swelling enlarges, the value of the cough impulse, or the general condition of the patient; therefore, it would be of no avail to speak of them here.

In this disease, however, as well as in most other affections, there are difficult and obscure cases—so difficult and obscure, indeed, that skillful surgeons have been led astray, and confess their inability to discover the true nature of the disorder.

Professor Syme records a case in which he operated, and found, instead of hydrocele of the tunica vaginalis, a true spermatocele, the fluid containing many spermatozoa. The same surgeon also gives record of an instance in which a valuable life was lost by such a mistake, therein furnishing

evidence of the necessity of careful diagnosis, as well as of the minute examination of the fluid. The experienced Mr. Curling tells us that he met with an indolent tumor of small size, in the scrotum of an old man, which was so *irregular* and uneven, felt so solid, and weighed so heavy, that he was unable to determine whether it was an enlargement of the testicle, an hæmatocele, or a hydrocele. This patient died of disease of the chest, and the tumor was found to be a hydrocele. Dupuytren has also shown the occasional difficulty of diagnosis.

Let us then briefly examine those symptoms which are laid down in the text-books, and which are all sufficient for the diagnosis of simple hydrocele of the tunic, and we will, I think, find that, upon careful comparison, these manifestations cannot be entirely relied upon in those obscure cases we are considering. In more than one instance, I have been sorely perplexed to make out a diagnosis in complicated cases. These diagnostic indications may be classified as follows:

- 1st. The increase of the tumor from below upwards.
- 2nd. Fluctuation or want of solidity.
- 3rd. Translucency.
- 4th. Lightness as compared to solid growth.
- 5th. Sickening sensation experienced by the patient when pressure is made in the region of the testicle.
- 6th. Smoothness of surface.
- 7th. Absence of cough impulse.
- 8th. Absence of pain.
- 9th. The history of the case.

By carefully examining these symptoms, we may find that all, or certainly a majority of them, are so equivocal, in complicated or old cases, that they cannot be relied upon entirely.

1st. *The increase of the tumor from below upwards*, is decidedly the most apparent sign of the accumulation of fluid; but in many cases, when the disorder has progressed without pain, the patient has not really noticed whether the swelling began at the bottom of the scrotum, or not; he

can say he has observed a swelling, but it appeared uniform, and therefore he did not carefully note the direction of its increase. But this is not all; the position of the testicle may be so altered, that enlargement cannot take place from below.

For instance, in a case recorded by Dr. R. L. McDonald, of Montreal, the testicle, instead of being *above* and a *little behind*, was found in the very lowest part of the tumor, the water having accumulated above and around it. This swelling must then have appeared first somewhere about the centre of the scrotum. I have had a similar case myself.

2nd. *Fluctuation*.—In some instances, fluctuation may not be at all distinguishable. Professor Gross says: "In old cases, or where the accumulation is very considerable, amounting to fifteen or twenty ounces, it is very hard, tense, and *devoid* of both fluctuation and translucency;" therefore, neither this or the following symptom (*translucency*) is always present.

The latter is absent when the fluid is red, brown, or dark colored, or when the testicle is situated in the front of the tumor, thus obscuring the passage of light. Dr. Snelling, in the "North American Journal of Homœopathy," for 1862, describes a case of hydrocele, in which the skin was rough, contracted, dark, and deeply rugous, and to the touch singularly hard and firm.

It was elastic, but not with the elasticity of hydrocele, On testing it, with a candle, there was not the *faintest ray of light transmitted*. It was completely opaque.

Here we find a peculiar rugous appearance, absence of translucency and hardness.

4th. It has been proven, by several surgeons, that the lightness of a hydrocele, as compared with solid tumors of the scrotum, is oftentimes more imaginary than real.

Speaking on this point, a distinguished surgeon (*vide* Druitt) thus writes: "The statement just made that solid enlargements of the testis may be distinguished from hydrocele *by their weight*, though one often made, is erroneous. We have, for example, seen a cancerous testicle,

when removed, placed in a glassfull of water, standing in a basin so as to receive the displaced liquor. This displaced water, of course equal in volume to the testicle, was then weighed, and after it, the testicle itself. The cancerous mass weighed two hundred and fifty grammes, and the water two hundred and forty-five grammes. Now, it is impossible for any hand to detect so small a difference as this; and, moreover, it must be recollected that the contents of a hydrocele is serum, which is heavier than water. *Greater weight cannot, then, be considered a symptom of solid tumor of the testicle.*"

With regard to symptom number 5, viz.: the sickening sensation produced by pressure, I may observe that in every case of varicocele or sarcocele that I have seen, this peculiar feeling was manifested upon pressure; nay, in very sensitive people, the same effect is produced, even in a state of health.

6th. *Smoothness of surface*, as will be seen by Dr. Snelling's case, is not always present, and besides, may be found when there exists, either with or without the accumulation of fluid, a scrotal hernia of considerable size.

7th. *Absence of cough impulse* is found in many diseases of the testicles — in sarcocele, in hypertrophy, in circocele and cancer; besides being present in hydrocele, accompanied with hernia, especially epiplocele.

Mr. Curling, on page 17, says: "I have never experienced greater difficulty in the diagnosis of the affection than in a case of large hydrocele, extending afterwards as high as the internal ring, and receiving, *constantly, an impulse, on coughing*, as distinct as is commonly felt in scrotal hernia.

8th. *Absence of pain* is found in simple reducible hernia, and there are some cases of hydrocele in which very decided pain is complained of by the patients. This has happened in cases which have come under my own observation.

9th. *The history of the case*, indeed, may, and does, often assist us in the diagnosis, but certainly not more in hydrocele than in any other disorder.

It, therefore, will be understood that the greatest discrimination, the most careful examination, and the most rigid comparison of symptoms must be instituted, before we can arrive at a definite knowledge in these obscure cases.

In such, then, how must we proceed ?

First. By a careful comparison of the *tout ensemble* of symptoms.

Second. Especially by the use of the exploring needle.

Third. If the diagnosis is very obscure, by carefully cutting down upon the sac with a scalpel instead of puncturing with a trocar.

There are, also, peculiar cases, in which the symptoms may be rendered more obscure by the formation of one or more partitions in the sac, forming multilocular hydrocele. This may give rise to *unevenness of surface*, and may perplex the surgeon during an operation in which the ordinary trocar or acupuncture-needle is only thrust into one of the compartments. In such an instance, we have a flow of serum, and suddenly a stoppage of the fluid, and but a partial diminution in the size of the sac. These cases are rare, but it is of these that we desire to speak especially.

Sometimes the quantity of the fluid is so great that the records appear almost incredible ; yet, when we remember how much fluid may collect in those cavities of the body, the walls of which are extensible, we will not be astonished at the quantity that may collect in the scrotum. Who does not recollect the famous epitaph recorded by Watson, of Dame Gregory Page, who, in sixty-seven months, was tapped sixty-six times, and had taken from him two hundred and forty gallons of water.

Gibbon, whose many volumes grace the walls of every body's library, is said to have had removed from his scrotum six quarts of water. In the tables of two cases of hydrocele prepared by Dr. Duyat, at Calcutta, the quantity of serum varied from ten to one hundred ounces.

The following analysis of the fluid, made by Dr. Bostock, in 100.00 parts, of the specific gravity of 1024, were found to contain

Water,	91.25
Albumen,	6.85
Uncoagulable matter,	1.1
Salt,	8
	<hr/>
	100.00

The fluid, as has been before mentioned, in old cases, is a thickish dark color, and even may contain cartilage and osseous deposit. Albuminous flakes and cholesterine are also found.

All these facts it is necessary for us to know, in order to be prepared, in emergency, for appearances which differ from the ordinary varieties of hydrocele of the tunica vaginalis. As a help to the diagnosis, I would here introduce to the profession a method of ascertaining the translucency of hydrocele, a symptom upon which much stress is laid by many surgical writers, and the appreciation of which is often quite unsatisfactory, on account of the manner in which the effort is made. The room is darkened, and a candle or other light is held posterior to the scrotum, while the surgeon, shading his eyes with his hand, endeavors to detect the luminous appearance in the sac.

Many times this has been found so very unsatisfactory, that I have had constructed what I term a hydrocele photoscope, which is represented in figure 1. It consists of a tin tube, blackened on the outside (figure 1 A), about six inches long and one and a half inches in diameter, the largest aperture of which is provided with a flange. The smallest opening is three-fourths of an inch in diameter, and furnished with a wooden eye-piece.

To the under surface of this tube, two iron wires are attached (BB), to which is fixed a small candlestick (D), that can be slid backward and forwards, while behind is placed a small reflector (E).

The advantage of this very simple contrivance is, that the room does not require to be darkened; the caudle can be moved near to the scrotum, and held steadily, when the reflector (D) casts the rays immediately upon the spot which is pressed upon by the photoscope.

The treatment of hydrocele may be divided into medical and surgical, and the latter into palliative and radical.

Let it here be, however, remarked, that hydrocele, especially in infants and young children, often disappears spontaneously; and, indeed, in adults, such cases have been recorded. Mr. Pott describes two cases of confirmed hydrocele which disappeared without any treatment whatsoever.

The small accumulations that are so often noticed in very young persons, need no treatment, except, perhaps, a suspensory bandage; which latter, in the majority of instances, is rendered unnecessary, because a certain degree of pressure is exerted by the diaper.

With a knowledge of these facts, I think no reliance can be placed in such cases as are recorded by Dr. Fincke, in the "American Homœopathic Review;" in which he states that on October 16th, 1861, he prescribed one pellet of *Silicea* 14000th, and cured the patient. Also, in the same journal, the following: A boy, of American descent, six months old, June 1st, 1863, hydrocele as large as a pigeon's egg — *Silicea* 14000th, six pellets. The tumor disappeared in two or three days. Both of these swellings were very small, and both occurred in very young children, and therefore it would require more established data to confirm the cure of hydrocele, by small doses of such highly attenuated medicines.

In my own mind, there exists no doubt that, in the majority of cases of this kind, a placebo administered, would have been followed by like results. I must say that, so far as internal medication goes, I have not, as yet, seen a case of hydrocele of the tunica vaginalis, in a person *over six years old*, that has been relieved by the internal administration of medicine.

No doubt, I have not been fortunate enough to select the proper medicines, and, perhaps, not given them in the right potency. I merely state the fact, while, at the same time, I give to the reader a few cases in which the disorder has been removed by drugs.

In "Humphrey's Ruoff, page 121, we have mentioned :

Pulsatilla—Swelling of the scrotum on one side, and of the left spermatic cord ; also, a successful case, in which *Arnica* was externally applied, and *Conium* internally, together with *Sulphur*, *Nux vomica*, *Puls.*, and *Graph.*

E. A. Munger relates a case in the fourteenth volume of the "North American Journal of Homœopathy," of a boy aged three years, in which *Merc. sol.* 3000, affected a cure. He states that he was led to select the remedy by hearing Dr. L. B. Wells, of Utica, New York, speak of the successful treatment of the disease by the same medicine.

The first dose was given on February 10th, 1864, and, in April, the boy was reported cured. In February 2nd, 1865, there had been no return of the disease.

Dr. Black, in the "British Journal of Homœopathy," volume VII., page 525, gives a very interesting account of hydrocele, successfully treated by Homœopathic medicines, and records, especially, the action of *Graphites* in the disorder.

Dr. Hastings records, in the "British Journal of Homœopathy," volume XVIII., page 351, a remarkable cure of hydrocele by *Rhododendron*. The patient was a boy aged seven years. The hydrocele had existed from his birth, and had been let out by a distinguished surgeon, but re-accumulated. Dr. Hastings prescribed the 12th dilution of *Rhodod. chrys.*, night and morning, for three days, then pausing three days and then repeating the medicines, and applying to the scrotum daily as follows :

B. Tr. Rhod. chrys.....	3 ℥j.
Aquæ font.....	3 vj.

Rane ("Pathology, page 402,) says : "Those hydroceles which are dependent upon a general hydræmic state of the blood, must be treated with reference to this whole general state and its symptoms. Hydrocele in consequence of a blow, requires *Arnica* and *Pulsatilla* ; those of unknown causes, *Aurum*, *Graphites*, *Iod.*, *Psoricum*, *Rhod.*, *Silic.*" If my memory serves me aright, I think my friend Dr. Beebe

mentioned the cure of a hydrocele, by the administration of *Iodine 30th*, at one of the meetings of the American Institute of Homœopathy; of this, however, I am not positive. In some instances, wherein both injections of *Iodine* and the seton have failed, Faradization has cured.

The mode of application is thus described by Althaus, of London: Two acupuncture needles are introduced, the one in the upper, the other in the lower part of the tumor, and the free extremities of the needles are then connected with the poles of the induction machine. Care should be taken that the points of the needles project into the fluid, and the current first passed through them should be mild, and gradually increased until the patient complains of pain. The operation should continue twenty minutes. At first, the scrotum appears puffed, but soon after diminishes in size. Cases are known in which hydrocele has disappeared in twenty-four hours after one application of the battery.

The palliative treatment of hydrocele consists in evacuating the sac, either by acupuncture or by the trocar; while the radical treatment consists in exciting inflammation in the sac, after the withdrawal of the fluid, thus preventing its return.

Some persons, especially those in the upper walks of life, prefer the palliative treatment; but, if the patient be healthy, it is always better to endeavor to persuade him to have the operation thoroughly performed, and prevent accumulations in the tunica vaginalis. There are, however, circumstances where only a palliative treatment is required.

CASE I.—A gentleman suffering with valvular disease of the heart, general anasarca and ascites, was affected with an enormous hydrocele. It gave him great trouble and inconvenience; he could not turn in bed or move, without giving him pain. The case was incurable; his life was drawing to a close. I made the palliative operation with the acupuncture needles, and the relief he experienced was very great. This operation was performed several times. The needles were used, because he desired that method which would relieve him with the least possible pain.

The method of acupuncturing a patient is simple, and, if properly performed, causes so little suffering, that I prefer it in all cases as that above described.

The needles, which should always be of different sizes, are very sharp; one of these is set in a handle by means of a small thumb-screw; and its point is applied to the most dependent portion of the tumor; the handle is twirled rapidly between the thumb and fingers, gentle pressure being exerted at the same time. The sac must be punctured in several places.

Dr. Lanyin, in the "London Lancet," in speaking of the palliative treatment, states that he has met with several cases where the introduction of a common needle of large size into the sac, has invariably caused the removal of the fluid, after an interval of *twenty-four hours*.

CASE II.—A boy aged ten, after scarlatina, suffered from hydrocele, which gave him much inconvenience. The acupunctures were made as above described, and straps applied to the scrotum. *Apis mel.*, 3rd, was administered. In three weeks, he was perfectly cured.

CASE III.—A man suffering from hydrothorax and general ascites was greatly troubled with a large scrotal hernia, with accumulation of water in the sac. After pushing up the intestine, acupuncture was resorted to, with most satisfactory relief to his suffering.

The palliative treatment, by the trocar, is so simple as to need no comment in this place; it consists in simply withdrawing the fluid, by means of a fine trocar.

The radical methods of cure are, the withdrawal of the fluid, and establishing adhesion within the scrotum. This is accomplished in a variety of ways. I may here be pardoned for giving a few extracts from the authorities on the subject, and I do so because I desire to show, that, in many instances, the methods employed are not sufficiently complete, or the directions sufficiently explicit, for the student or practitioner, if he meet with intractable cases.

Mr. Miller, for instance, whose carefully written work it is always a pleasure to read, speaks (page 571) of the pallia-

tive and the radical cure; the latter being effected by injections; and, on page 514, remarks, "That the operations by seton, caustic and incision, are fallen into complete disrepute." It is to this latter statement I must dissent.

There are cases, the symptoms of which have been considered in this paper, in which injection treatment has failed; indeed, this method is not resorted to by surgeons of considerable experience and skill.

John Mason Warren, in his "Surgical Observations," made during an extended term of years, at the Massachusetts General Hospital, on page 251, speaking of injections, says: "This treatment is, at best, very uncertain."

Dr. Gross, volume II., page 946, prefers the seton, on account of its simplicity, its freedom from danger, and its never-failing certainty. He then describes the method of operating (which will be mentioned toward the close of this paper,) and refers to incision, as consisting of simply opening the tunica vaginalis with the knife, and dressing the wound with lint, or irritating substances.

This is not explicit enough for this plan of treatment, which may be necessary, under some circumstances.

It may, however, be remarked here, that *simple incision* has cured hydrocele. Mr. Cooper has related several instances of the kind, and Mr. Cock states that, after such operations, the whole fibrous tunic was thrown off by the sloughing process.

A case is related by Paul F. Eve, in his "Remarkable Cases in Surgery," page 371, in which a large hydrocele was cured by a stab inflicted with a bayonet.

Erichsen, pages 959 and 960, speaking of the curative treatment of injections of *Iodine*, as that most commonly employed, says: "When the injection *fails*, the seton will be the most certain means of accomplishing our object."

Now-a-days, the injection treatment is the most common, and, in *ordinary* cases, is successful.

The operation is simple; the surgeon ascertains, first, the position of the testicle; avoiding it, he inserts a trocar and allows the fluid to run off; through the canula, he injects

the *Tincture of Iodine*, which may be allowed to remain, and in others, to escape from the scrotum, after a few minutes. Some surgeons use the dilute *Tincture of Iodine*, and others the pure article; my preference is for the *Compound Tincture of Iodine*, in small quantities. It should be retained in the tunica vaginalis.

Dr. Bellingham is averse to the employment of the ordinary preparations, and prefers the following:

R. Iodidi potass.....	3 i;
Aquæ dist.....	ʒ iss.
<i>Dein adds,</i>	
Tinc. Iod.....	ʒ iv.

He states that, in using this formula, there need be no fear if the injection does not return, as it will be readily taken up by the absorbents.

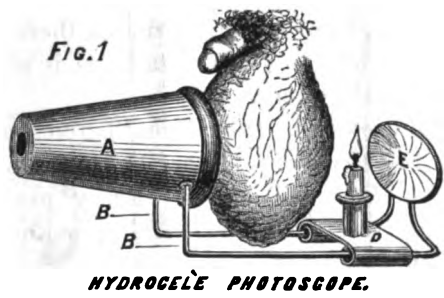
It would be useless, in this place, to give, in detail, successfully treated cases of ordinary hydrocele of the tunica vaginalis with *Iodine* injections. Every practitioner has either used the treatment successfully, or known of cures being accomplished by it.

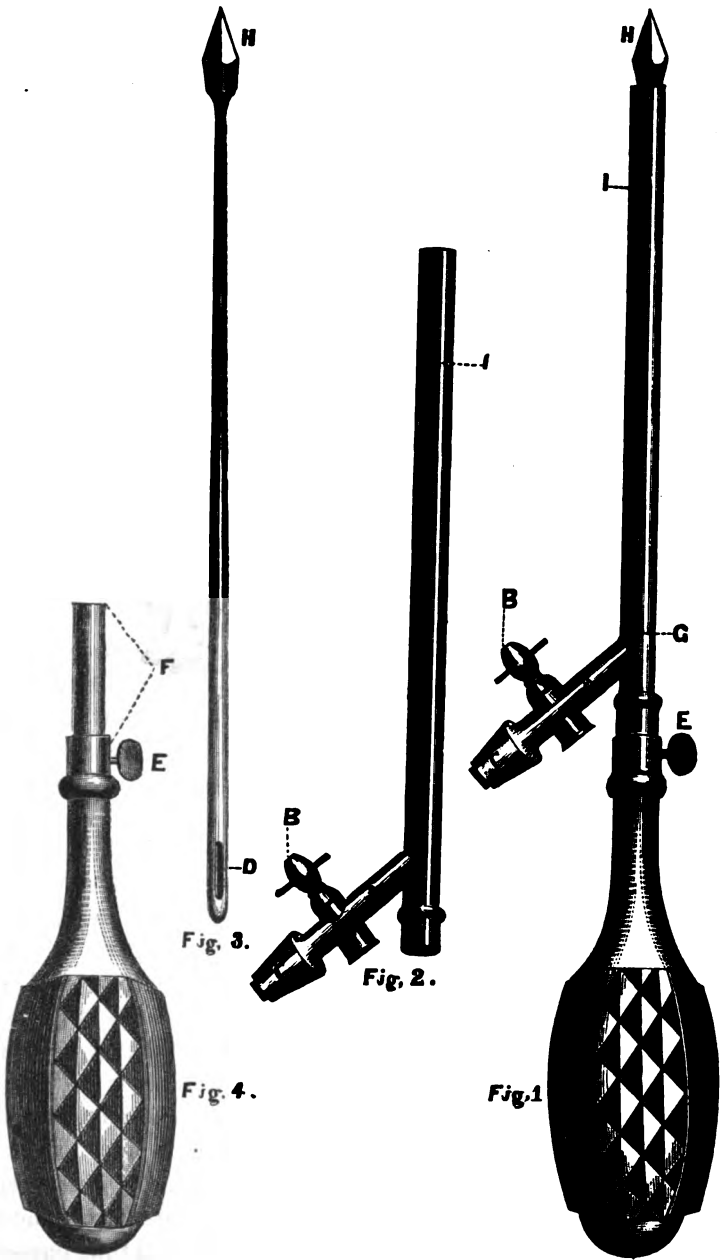
Professor Syme states that he has, for some years, used the *Tincture of Iodine* alone, and without a single case of failure, either in private or public practice; the quantity he employs is about one teaspoonful.

Bransby Cooper has used the *Iodine* injections in about thirty cases, and in all, without a single exception, the cure was effected. But he states that the *Compound Tincture* must be used, in preference to the ordinary preparation of the shops. He injects ʒ ij of a mixture composed one part *Tr. Iod. Comp.* to three of water, and allows it to remain.

But the injection treatment fails sometimes; more often, perhaps, than is generally supposed, and especially in the obscure and difficult cases we have been considering; then recourse must be had to other methods.

The proportion of cases in which the *Iodine* injections fails, has been variously estimated. Mr. Martin affirms that in India the failures scarcely amount to one per centum. Velpeau calculates them at about three per cent., and Mr.





Erichsen says; "I have, during the last few years, seen a considerable number of cases of hydrocele of the tunica vaginalis, both in hospitals and private practice, in which a radical cure has not been effected, although the *Iodine* injections had been had recourse to by some of the most careful and skillful surgeons of the day." In such cases, he prefers the seton, which is introduced by a large needle, and the fluid allowed to drain away through the puncture, or the method recommended by Mr. Green, and lauded and practiced by Dr. Gross.

The method of using the seton is as follows: Having drawn off the fluid, through the canula, insert the trocar again, and push it up until its point emerges from the upper part of the scrotum. Then, having withdrawn the trocar, pass through the canula either a probe or a long needle, armed with a ligature, which is drawn out at the upper orifice made by the re-introduction of the trocar; this done, remove the canula and make fast the ligature, which is allowed to remain until suppuration is established.

The operation is, to be sure, simple, but involves several manipulations. Thus, the sac is punctured, the trocar withdrawn, the water evacuated; the trocar again inserted and the counter opening made; again the trocar is withdrawn, and the instrument, armed with the ligature, again introduced.

I have devised a trocar and canula (*vide* plate), which simplifies the operation and, perhaps, also, is possessed of some advantages. Figure 1 represents the instrument complete. It will be seen that, from the side of the canula, there is a drainage tube (A), provided with a stop-cock (B), and a flange at the extremity (C). When the instrument is introduced, by withdrawing the handle about an inch (F, figure 4), the internal aperture of the drainage tube is opened, at the same time that the point (H) is withdrawn within the canula, thus preventing any injury to the surrounding structures, as the collapse, consequent upon the withdrawal of the fluid, takes place. The liquid then flows into the canula, through the orifice (I), and thus passes

through the tube. If it be desirable to arrest the flow, either for the purpose of emptying the vessel or to prevent too rapid discharge, the stop-cock (B) is turned. The flange (C) is made for the application of India rubber tubing, which may be led into a bucket or other vessel, in cases of ascites, thereby enabling the operator to save the trouble and exhaustion which often follow bringing the patient to the edge of the bed, or sitting upright in a chair. By merely assuming an upright position in the bed, the trocar may be inserted, and the water carried to any distance, through the India rubber tubing. It may, also, be desirable, in certain cases, to prevent air from entering cavities, as in hydrothorax, etc., and, by allowing the free extremity of the tubing to rest in a vessel partly filled with water, this desirable end is accomplished. In hydrocele, when the injection method is considered necessary, all that is required is to withdraw the water, turn the canula gently, until the drainage tube comes uppermost, insert the nozzle of the syringe, and inject the *Iodine*, or other fluid, into the tunica vaginalis. Figure 3 represents the needle portion of the trocar, which is of much smaller calibre than the canula, leaving sufficient space between it and the walls of the tube for the passage of fluids. Figure 4 is the handle of the instrument, into which the needle fits, and is secured by a screw (E). It will be seen, that the portion of the handle, from the screw to its extremity (F), is of sufficient length to cover the internal opening of the drainage tube. For the *seton treatment*, this trocar and canula is especially adapted. We pass the instrument into the hydrocele, withdraw the handle the distance marked (F, in figure 4), which opens the drainage tube, and, at the same time, takes the sharp point of the trocar within the canula; the stop-cock (B) is turned, and the serum drawn off; the trocar is then pushed up, and the counter opening made. The screw (E) is turned, the handle removed, the ligature placed in the eye (D, figure 3), and drawn through. There is no change of instruments required, as with the old-fashioned trocar; the operation being usually conducted as follows: The trocar inserted and

withdrawn ; the fluid drawn off ; the trocar re-inserted, and the counter opening made ; again the instrument is withdrawn, and the probe or needle, armed with the ligature, passed through the scrotum. I believe the trocar and canula, which I have the pleasure to introduce to the profession, will be found very effective in this variety of treatment.

The *treatment by incision* I had never employed ; more, perhaps, because of the general use of either the injection method or that by the seton ; but, also, because it is not well described in most of the works on surgery. This treatment was employed by John Hunter. He opened the scrotum, allowed the fluid to escape, and then sprinkled flour on the surface of the tunica vaginalis, to excite inflammation. Pott, however, strongly repudiates such proceeding, because of the frequency of sloughing. Where there is difficulty in diagnosticating a case, or where other methods have failed, incision may be practiced. Chelius prefers incision, because all complications are more readily made out, and existing intestinal rupture can be properly treated ; whereas, he is of opinion that the injections, especially of *Iodine*, act violently on the testicles, or the fluid may be poured into the cellular tissue, which has been known to produce mortification and death of the patient ; and, also, because the disease is likely to return after the injections. It is very singular to remark, here, that the very objections urged here are said to be provocative of cure by other surgeons ; thus, Mr. Stanley, F.R.S., recommends the fluid *to be evacuated into the cellular tissue of the scrotum*, and records cases in which the fluid was speedily absorbed in forty-eight hours.

Some of the German surgeons prefer the treatment by incision, as was pointed out to me by Dr. Hartmann, of this city. I had a most interesting case under treatment ; the injection method with *Compound Tincture of Iodine* had been tried, and the fluid had re-accumulated in the sac. Dr. H. saw the case with me, and mentioned the incision treatment, which was conducted as follows, after the direction of a German surgeon. I made an incision into the sac, and hav-

ing introduced a grooved director, opened the scrotum about an inch and a half; into the sac we passed up long strips of lint, until the scrotum was packed full. This dressing was allowed to remain for three days, when it was removed, and others applied. The pain was very severe, but the cure was complete.

Some surgeons, after the opening is made, sprinkle the parts with *Mercurial powder*. Mr. Lloyd, of St. Bartholomew's, introduces into the sac, finely levigated, the powder of *Hydrarg. nitr. oxidum*, and has employed it in a large number of cases, with complete success.

In concluding this imperfect article, on a very interesting subject, I may allude to the treatment by *Alcoholic fomentations*, as introduced by M. Pleindoux, who has been successful in several instances, and which was accidentally introduced to his notice. A wine merchant of Nismes had been affected, for a length of time, with a considerable hydrocele of the left side of the scrotum, and, for private reasons, desired the palliative treatment. A puncture was made, and more than a pint of water drawn off. Nine months after, a second puncture was made to evacuate the fluid; it then occurred to the patient to envelop the scrotum with a large compress, steeped in *Alcohol*, at 30°. The application was renewed every evening, and was kept in its place by a suspensory bandage. The first effect was to produce great contraction of the scrotum. These fomentations were continued forty days, and the patient was completely freed from his hydrocele, which had not returned for eighteen months. It is well for us to bear in mind such records, as such applications are easily made, and would not interfere with the internal administration of Homœopathic medicine, which should always be resorted to, before proceeding to operate.

FORCE :

AND SOME OF ITS RELATIONS TO LIFE, HEALTH, DISEASE AND
MEDICATION.

ARTICLE IV.

I HAVE endeavored to show that life is proximately the expression of the molecular forces of the body, depending remotely on the atomic constituents of the molecules.

Every organ and tissue is composed of molecules, and the action of organ or tissue is that of its component molecules. Life, therefore, is as various as the composition and arrangement of the molecules of the different tissues; and, since each part is intimately related to every other part, through nervous and sanguineous systems, the life of each part must necessarily influence the life of every other part.*

In the normally constituted body, this reciprocal influence tends to promote the normal action, each of every other part; tending neither to lower, heighten nor derange that action. This is the state of health; and it may be defined as that of harmonious condition and action of all parts of the body.

But if any foreign element finds its way into a tissue, it becomes, in that tissue, a centre of disturbing force; and, if it becomes a permanent constituent, permanent disturbance is the result.

It is not essential, however, to the occurrence of permanently disturbing influence, that the foreign element should become a permanent constituent; since it may, during its transient stay, have caused a permanent molecular change in the tissue.

What is said of the effects of a foreign element finding its way into the system, is equally true with regard to

* Not that reciprocal influence is limited to these methods, since the magnetic, electric and thermal condition of every part must propagate itself, more or less distinctly, to every other part.

motions propagated therein (by electric or thermal influences, for example occurring in external substances), when those motions are abnormal, or, being normal, are excessive or deficient.

The same is true of movements proceeding from mental action, whether of the individual or another. In fine, whatever tends to derange the molecular condition, tends thus far to derange the health.

If we increase or diminish the carbonic acid or oxygen of the blood; if we change the relative proportion of the acids of the flesh or the alkalies of the blood; if we introduce any foreign element, or combination of elements, into either solids or fluids; in fine, if we make any change in the composition of either, we introduce material into the system that disturbs its harmony, and tends to its destruction instead of its perpetuation; since every foreign substance carries with it forces that are foreign to the system, and hence are disturbing in their influence. Even our proper food is so far foreign as to become, in some feeble or diseased conditions, a source of disturbance and injury.

If the organs of digestion, including the upper portion of the alimentary canal and its related glands; or if the blood-making organs, including those that lie between the alimentary canal and the general circulation, namely, the mesenteric and hepatic glands (together with the spleen), act with deficient vigor or in an abnormal mode, the blood must needs be deteriorated. So, if any part in the act of nutrition or secretion fails to withdraw from the blood its due proportion of the constituents, the harmonious relation of the blood to the tissues is changed.

If any tissue excretes into the blood products of decay in excess, or the products of a morbid state; or, if any excretory organ fails in the due performance of its functions, the blood is thus far deteriorated, and the whole system is more or less poisoned.

In fine, any change in the composition of either fluids or solids, resulting in discordant action, must cause a corresponding modification of the forces of the part affected.

Any change not resulting in disturbance, must be a very moderate one, and must be confined to the relations of the structural constituents; since these have a definite composition which is essential to health.

With the modification of force, resulting from a change in the composition of fluids or solids, through the direct introduction of foreign elements from without, or indirectly as the result of disordered internal action, or by means of motions propagated from without, there ensues an invasion of the sensitive sphere.*

That sense of well-being, that *ease* proper to a state of health, is disturbed. This popular appreciation of abnormal action as disturbed ease, has given origin to the term *dis-ease*, now employed by scientists to express, not so much the sensational suffering, as the disordered action which causes that suffering; and disease may be defined as the inharmonious manifestation of the systemic forces. But this is a phenomenal definition merely. It does not indicate the essential nature of disease. It relates to function merely, and function is but organic action.†

Disease, therefore, pertains, primarily and essentially, to the organ, since there can be no functional disturbance without previous disorder of the corresponding organ. If

* Every one understands that the nervous system responds to the morbid impression, before discomfort can result. But this affords no apology for the notion that disease always originates in the nervous system; since disease may exist in plants that have no nervous systems, as well as in the animal embryo, before its development, or in tissues of the adult, destitute of nerves.

Indeed, it is obvious, if life is the result of the atomic forces of the system, and if health is the harmonious manifestation of these forces, that disease must result from disturbance of these forces, in whatever part of the system it may occur. Liability to disease, so far from being limited to the nervous system, must be co-extensive with organization and vitality.

† It is nearly eighteen years since I publicly defined function as an organ acting. This definition, a necessary corollary of my doctrine of force, I have since repeated in conversation and in lectures, in Chicago, as well as in other places. So entirely obvious and sufficient does this definition seem to me, that I can only wonder that so few of the physicians who have heard it, have discovered its fitness, and hence that so few have adopted it.

the introduction of new elements or combinations into the system effects no change of organic condition, there can be no change of function. Accordingly, while disease, in its manifestation, may be defined as disturbed function, it is disordered organism in its essence. All disease, therefore, is both functional and organic. Nor can it, by any possibility, be otherwise; every abnormal mode of organic action being an element of disease, and every modification of function being a manifestation of disease!

If the organic disorder proceeds so far in affecting the relation between nutrition and decay, or in affecting the mode of nutrition, as to impair the structural integrity, whether by destruction of any part or by abnormal growth, or even by appreciable molecular change, we then have structural disease. There is, therefore, some ground for distinguishing disease as functional and structural, but none for distinguishing it as functional and organic.*

My opinion is that it would be better to abandon not only the classification into functional and organic, as entirely destitute of scientific foundation, but to abandon such superficial method of classification entirely; since even the distinction of functional and structural is based on an accident of disease merely. It would be very proper to speak of a structural lesion as one of the results of disease, but it is not proper to make this incidental result a basis of classification; since it implies no new order of disease at all, but only a non-essential phenomenon. But, if it must be classified with reference to the accident of structural lesion, the definitions should be: functional attended by insensible, and structural attended by sensible, organic change.

It is probable that in the first case, the disturbing forces have proceeded only so far in their action as merely to change the normal motion of component molecules; or if they have proceeded beyond this in their action, they have only caused isomeric changes not to be detected by existing means.

* I do not propose to offer any opinion as to whether simple atrophy or hypertrophy should be classed as structural disease, or even as disease at all.

It is well to remember, in illustration of disease as not involving structural lesion, that no molecule in the system is ever at rest, and that its specific motions are elementary organic actions; and, since function is but the sum of their actions, it follows that any change in their movements results in disturbed function.

In the second case, it is not merely the motion of the molecules that is affected, but also their arrangement or structure, or both. Whether too rapid disintegration goes on, or vitalized material accumulates beyond the ability of the part to appropriate it, or the composition of the molecules is altered, or their relative arrangement is appreciably affected, the result is fatal to structural integrity.

But, whatever classification of disease may be adopted, it implies disordered vital force, and this is equivalent to impaired vitality. This is evident, if we consider the relations of disease to the entire system, as previously stated; and not difficult to perceive, if we consider it relative to any organ or tissue specially affected.

For it is to be remembered, that vitality implies not so much degree as kind of force, with such action as is favorable both to the preservation of the part affected and to the maintenance of the balance of forces throughout the system. Now, disease always includes a departure from these actions, involving, therefore, impaired vitality.*

There may be deranged, or unduly lessened, or heightened, action of some particular part. But, whichever may exist, there is none the less impaired vitality; since vital action tends to the preservation of each and every part, while the disordered action, unopposed, tends to destruction. Excess-

* Dr. Kirtland, formerly professor of Practice in the Western Reserve Medical College, and whilom president of the American Medical Association, taught his class, in a very queer introductory lecture (in which he stated that in that school alone were students taught the fact that the effects of medicines sometimes coincide with the phenomena of disease), made known to his hearers, that disease is due to a morbid excess of vitality, and that it originated in the garden of Eden. One does not know which to admire most, his knowledge of history, or his familiarity with the philosophy of disease.

ive is as surely destructive of life, as is defective oxygenation.

It is evident, if there were no impairment of the vital forces, either of the entire system or of a part, that the performance of the various functions of digestion, elaboration, circulation, etc., would not only continue, but would proceed in such a manner as to promote the continued existence of each part of the system. When a muscle is in a state of tetanic contraction, there is heightened action, but not heightened vitality; since the vital phenomena of the muscle imply not only contraction but also relaxation. Continued contraction is inconsistent with that balance of the forces without which health is impaired, and life, sooner or later, destroyed. And it is quite certain, when the tetanus is due to spinal irritation, that it is a phenomenon of irritability, attendant on debility.

Again, when heterologous growths occur, it is evident, however luxuriant they may be, that there is diminished vitality of the part, in consequence of which it is unable to dispose of the nutritive material presented to it; permitting it to develop in destructive forms, instead of appropriating it and reducing it to the typical form of the part; or, in event of excess of this material, moving it onward to be eliminated from the system.

The profuse cell-development of cancer no more implies heightened vitality of the tissue in which it occurs, than does the degeneration of tubercular matter. It only implies greater vitality in the nutritive material; a more highly vitalized blood in the carcinomatous than in the tuberculous subject. In either case there is inability of the part, either to reduce the material to the typical form, or to remove it.

This is equally true of an abnormal accumulation of fat, or other normal material.

Disease, as to its origin, may be general or local. It may, for example, result from some infection such as the variolous or morbillary virus finding its way into the blood and poisoning its entire volume; thus producing disorder of

the whole system. Or, it may be set up in some one particular organ, as when inflammation of the brain results from excessive exertion, or when some poison spends its force on a single organ.*

But, while it tends to localize itself, so far as its tendency to affect especially the action or integrity of some one or more tissues is concerned, it is equally true that no disease can exist without involving more or less the entire system. This follows from the law that health implies a balance and harmony of forces, and that disease involves a disturbance of this harmony and balance.

Since there is continuity of the system, every mode of motion, electric, thermal or other, must, as previously stated, extend its influence throughout the entire system.† And as every tissue, in a state of health, radiates throughout the body an influence proportioned to its normal force, and to the intimacy of its relations, so, in a state of disease, must its disturbing influence be proportioned to the intensity of its abnormal action and the intimacy of its relations.

There are two special channels by which this may be accomplished, the nerves and the blood-vessels.

Every part supplied with nerves must necessarily reflect its condition over the system; its feeble as well as its vigorous, its morbid, as well as its healthy, state. Feeble and sensitive parts will respond most readily, the more especially as their abnormal condition will have caused exaggerated sensibility of their nerve-centres; so that reflection more

* There is, in general, a tendency in disease to localize itself more or less: either because of the weakness of some particular organ, or because of special affinity of the part for the morbid matter generated.

But, whether disease be general or local in its origin; whether the nutritive material have much or little vitality; whether products be homologous or heterologous, disease is primarily and essentially organic. The organ must suffer before the function, which is the organic act, can be altered. Organs alone can become diseased. Force may be increased or diminished; it can not become sick.

† If it is true, as it undoubtedly is, that every atom in the universe affects every other, it must needs be more emphatically true of molecules so intimately associated as those of the animal body.

readily occurs from these centres than from such as are related to healthy tissues. But that relation termed sympathetic, through the nervous system, is not always most intimate with the feeble or diseased organs, since this state may prove a less intimate bond than that of special nervous connection, as that between the uterus and ovaries, for example.

These two conditions, febleness and special nervous connection, are the two chief causes of sympathetic affection from disease, which affection is, in either case, but a reflection of a morbid condition, through the nervous system.

If morbid material, whether original cause of disease or developed in the progress of some morbid action, having been deposited in any part of the system (thus far localizing disease), becomes absorbed and deposited elsewhere, setting up a new morbid action, there is, to that extent, a metastasis of disease. So, also, if one part, becoming highly irritated, passes into a state of inflammation and withdraws blood from another inflamed part.

While sympathy takes place chiefly through the nervous system, metastasis occurs chiefly through the blood-vessels.

It follows from the specialty and variety of the life of different parts, from the mutual dependence and diverse vigor of these parts, and from the great variety,* in kind

* Whatever is capable of deranging the condition of either solids or fluids of the system, may prove a cause of disease. These causes may be roughly classified as

EXTERNAL.

New External Force ;

Alcohol, Arsenic, Contagion, etc.

Increase of Normal Forces ;

Heat, Oxygen, Food, etc.

Deficiency of Normal Forces ;

Heat, Oxygen, Food, etc.

INTERNAL.

Constitutional Predisposition ;

Scrofula, Tubercle, etc., tendency to.

Excess of Voluntary or Involuntary Action ;

Study, Toil, Passion,

and degree, of disturbing causes, that disease must be indefinitely varied.

Though each part can have but one life, that life may be subject to innumerable modes of disturbance. There can be but one order. There may be numberless disorders.

How various, within limits compatible with the continued existence of life and organization, may be the molecular changes in the soft, moist and complex tissues of the animal body, finds illustration in the fact that solid iron may be so modified by the motion induced from the passing trains, that its original structure may be destroyed, while its external appearance is unchanged to the eye. There must needs be a series of states between its condition when first laid down and that brittle, crystalloid one which it finally assumes. Analogous must be the changes which it undergoes when its capacity for the transmission of magnetic force is destroyed by mere percussion; and the magnetized iron more properly illustrates morbid changes than does the brittle railroad bar; since, in the former case, the molecular condition may be readily restored, and that by so simple a process as passing a magnet over it. The soft animal tissue must not only be subject to a much greater variety of disturbances of motion and arrangement than the tenacious iron; but it must, also, so far as structure and composition are concerned, more readily admit of restoration of both motion and arrangement.*

Deficiency of Voluntary Action ;
Muscular Effort.

I have not included in the last category, intellectual and emotional states, because their relation (especially that of the former) to disease is less obvious. Idiots may have very good health.

* The possible number of diseases can only be stated as the multiple of the varieties of composition and structure in the organism, with the possible number of disorders of each part; provided, however, that the disorder is within the limits of compatibility with life.

SURGICAL CASES.

BY F. HILLER, M.D., VIRGINIA CITY, NEVADA.

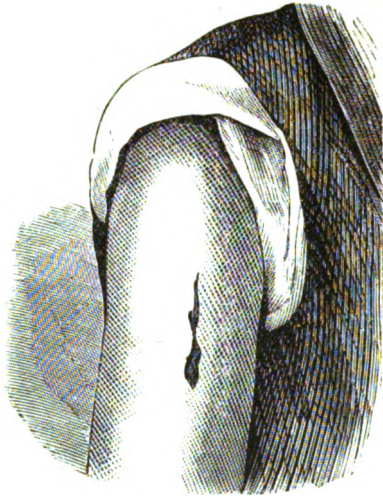
RESECTION OF HEAD OF HUMERUS, WITH EXTENSIVELY SHATTERED SHAFT.

WM. NEELY, a deaf and dumb man, 27 years of age, was severely wounded, May 27th, 1868, in the Hale & Norcross mine, Virginia City, Nevada, by the caving of a quantity of rock, which fell upon him, breaking the platform on which he was at work, and throwing him down about fifteen feet to a lower station, where he was found partially buried in the fallen masses.

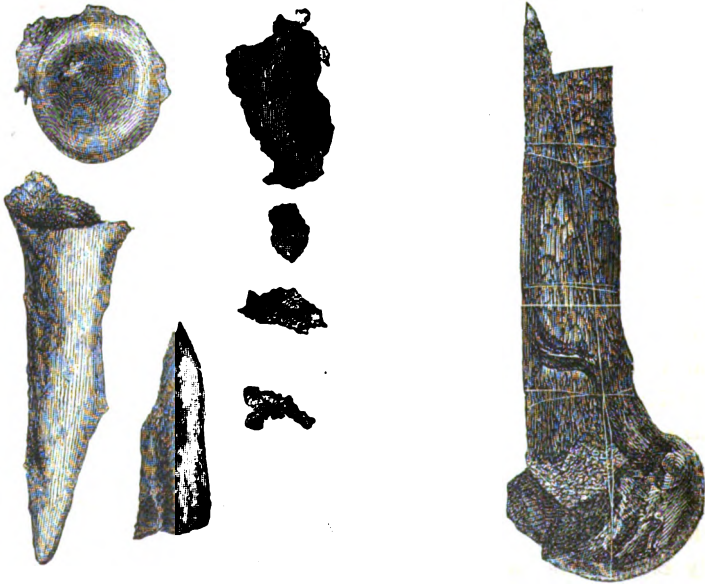
After he was extricated, it was found that his right arm was fractured, and the shoulder, chest and whole body seriously bruised. He was taken to the St. Vincent Hospital, and, by order of the superintendent of the mine, placed in my care. On examination, I found the humerus, in its upper third, fractured and splintered, with dislocation of its head, which was driven deep into the axilla. I found, also, the second and third ribs and clavicle fractured, and the surrounding parts severely bruised and torn.

In this case, it was a question whether amputation or resection should be resorted to. After careful consideration, I came to the conclusion that resection might be practised with success, and at once proceeded with the operation.

The patient being brought fully under the influence of *Chloroform*, I commenced the operation by inserting the knife below the acromion, dividing the deltoid muscle, making a longitudinal incision as far down as the humerus was splintered, dissecting and removing the diaphysis with chain-saw. After dissecting all the splintered pieces of the fractured bone, I found the head of the humerus so deeply imbedded in the axilla that it became necessary to enlarge the wound up to and above the acromion; after which, I



SEVEN WEEKS AFTER OPERATION.



BONES OF HEAD OF HUMERUS.
(One piece missing.)

RESECTED HEAD OF
HUMERUS.

grasped the head with the bone forceps, and dissected it with great difficulty, the *brachial artery* being visible for about an inch and a half. Considering the fractured ribs and laceration of the soft parts, I must confess that I had, at the time, but little hope of recovery.

I closed the incised wound, which was about eight inches in length, with six sutures, leaving openings for exit of pus in upper and lower angle of wound. The arm was now placed in a comfortable position on a pillow. The patient recovered from the effects of *Chloroform* without a struggle, as if awaking from a profound sleep, smiling and looking with surprise at his arm, which he supposed had been amputated. The whole operation occupied twenty-eight minutes. Bone removed measured six and one-fourth inches; very little loss of blood; no ligature required.

May 28th.—Rested well; no pain and but little swelling.

June 1st.—Considerable suppuration for the past three days; wounds on his back trouble him much; has to be raised for the purpose of dressing them; after which he feels comfortable.

June 6th.—Very restless all day; wants to see his friends; profuse discharge of pus, which comes from axillary cavity; on raising him up a stream of pus discharges; much pain about the fractured ribs, but easier after lying down. About fifteen minutes after the evening dressing, I was informed that he was bleeding. I found, upon examination, arterial blood oozing from the wound; on removing some of the dressings, blood spouted from an artery as from a fountain. Succeeded in checking hæmorrhage with tourniquet and tampon.

June 7th.—Very restless and weak; arm much swollen; discharge of pus and coagula; wound cleansed with injections; no blood.

June 8th.—Much improved; desire to eat; suppuration as before.

July 1st.—Has improved from day to day; less suppuration; clavicle and fractured ribs give no more trouble; wound more than half closed; vigorous granulation. Is

sitting up every day. After the arm was placed in a splint, walked about in his room. Has full use of hand and forearm, also of the fingers.

August 1st.—Considerable suppuration from new channels; wound closed, except that there is, in lower edge, a fistulous opening. Supplied with a new splint to-day. Left hospital, and comes to office twice a day for dressing and exercise.

Sept. 1st.—Trifling suppuration; uses the elbow articulation freely; is able to abduct the arm considerably; lifted thirty pounds with his arm, to-day.

October 1.—Has been constantly improving; arm is much stronger—is able to lift fifty pounds; begins to write with great facility. Splint dispensed with.

Treatment.—Besides the occasional administration of *Ars.*, *Lachesis*, *Bell.* and *Secale*, the wound was carefully syringed, three times a day, with tepid water, to which were added a few drops of a solution of *Kali caust.** until the suppuration ceased and the wound was closed.

CONSERVATIVE SURGERY AND HOMŒOPATHY—RESECTION OF ELBOW JOINT.

August 29th, 1868, I was called to see W. Hunter, a native of Canada, aged 24 years. Arriving at his residence, I learned that on the 7th of August, 1868, on attempting to cross a plank or beam in an ore-house at Virginia City, he had made a misstep and been precipitated down upon an inclined platform, a distance of fifteen feet, falling upon his elbow and sliding down several feet, whereby he had fractured the *olecranon* of right arm, and had also seriously lacerated the left hand by striking against some nails. Getting upon his feet and no assistance being at hand, he succeeded in helping himself out by a rope, with his right arm, which, at the time, did not pain him much. The arm soon began to swell, inflammation set in, suppuration followed and sinuses formed, and the patient suffered great pain.

* See page 169.

It was the twenty-second day after the injury that I was called in; was informed that *Morphine* had been frequently injected into several parts of the body by the medical attendant, for the purpose of alleviating the pain; and that he had, in consultation with several other practitioners, decided to amputate the arm, as the only means of saving the patient's life.

I now took charge of the case. On examination, found the arm seriously swollen and disfigured; no motion or feeling in the wrist, hand or fingers, and a circular opening of about one inch near elbow articulation, on posterior radial side, filled with black, gangrenous matter. I could pass the index finger down along the radius, about two inches; upward along the humerus, and also down into the joint; and the probe passed, in a sinus, down into an abscess on posterior part of wrist. On the forearm, I counted fourteen incisions, which had left callous cicatrices, appearing like so many bunions; one of which, on lower radial region, about three inches above the wrist, was as large as a hen's egg; gangrenous matter issued from several open wounds.

The patient was also very nervous and weak; tongue dry and dark; pulse 120. He had suffered much from want of sleep, and, at times, had been delirious.

My first impression, on consideration of the case, was that amputation was unavoidable; but, the patient having the typhoid fever, which it was necessary first to remove, if possible, the operation could not then be performed.

Therefore, I supplied the patient with several doses of *Ars. 6*; and made him as comfortable as circumstances would permit.

Externally, I employed a very weak solution of *Kali causticum*.*

August 30th. — Patient had slept some during the night; tongue moist; but still thickly furred, swelling visibly reduced, and the whole arm having a much better appearance.

* See page 170.

September 7th. — Remarkable improvement; typhoid symptoms removed; wounds have a clean and healthy appearance with vigorous granulations. About a pound of dead tissue had sloughed off.

I now changed my view about amputation, and thought resection of the joint might be practiced. On consultation with Dr. Knapp, we agreed to attempt the resection, considering carefully the chances. Assisted by Dr. Knapp, the operation was performed, the patient being first brought fully under the influence of *Chloroform*. I commenced the operation by making a posterior longitudinal incision; inserting the knife about three inches above the *external condyle*, cutting down to the bone and drawing the knife over the *condyle*, and about three inches below, along the *ulna*; making an incision about six inches long, dissecting the *humerus* as far as the bone was diseased, and far enough to enable me to pass the chain-saw. I then sawed off the *humerus* about one and a half inches above the condyles. The ligaments of articulation being destroyed by gangrene, the sawed-off bone was easily dissected. I now removed the fractured *olecranon*, and then dissected the radius and ulna; removing with chain-saw two and a half inches of the radius, and about one and a half inches of the ulna.

The removed bones had suffered much from necrosis. All cross-cutting was carefully avoided; and the ulnar nerve was not injured. The wound was now cleansed, dead tissue removed with the knife, and after the application of *Arnica solution*, the wound was united with five sutures, openings being left for exit of excretion.

The whole operation was finished in forty-five minutes; hæmorrhage unimportant; no ligature required; *Chloroform* acted well.

An unpleasant feature was a wound from an abscess on internal condyle, which served, however, as an exit and gave no trouble.

After the patient had been comfortably placed in bed, he soon recovered from the influence of *Chloroform* without a struggle, opened his eyes and looked around, recognizing

his friends. When his eye fell upon his arm, he was somewhat surprised, and asked if we were not ready to perform the operation yet. After being informed that it was all over, it was some time before he could realize the fact. He had no pain and felt comfortably, and soon fell into a sound sleep.

August 10th. — There has been no swelling on account of the operation. *Arnica* has been applied until to-day. Wound has a healthy appearance, with a vigorous granulation.

Considerable suppuration since yesterday.

September 10th. — Profuse but healthy suppuration for the past two weeks. Resection wound now nearly closed; patient gaining strength, and carrying his arm in a sling; very little change in old cicatrices, the larger ones suppurating; begins to move wrist and fingers.

October 1st. — Operation is a success. Patient is able to raise the arm. Has more feeling in hand and fingers.

November 1st. — Has been continually improving. More use of fore-fingers, and more strength in arm.

Treatment strictly Homœopathic. *Ars.*, *Bell.*, and *Rhus* removed the typhoid symptoms. The wounds were syringed three times a day with tepid water, to which were added a few drops of a saturated solution of *Kali caust.*

RESECTION OF TIBIA.

John Token, 36 years of age, a native of Ireland, being at the time an employé in the Ophir mine, Virginia, Nev., received on the 20th day of July, 1866, a comminuted fracture of both bones of the right leg, above the ankle, with serious laceration and splintering of the bones, by being run over by a loaded ore-car. The wounded man was placed in the care of a prominent doctor, who attended the case for over five weeks. The leg gradually getting worse, serious suppuration set in, which became so offensive that the nurses would no longer stay in the room. At that time (September 1st), the doctor informed the patient that

the leg must be amputated; to which proposition the patient objected.

I was called to see the patient September 2nd, and found him in a deplorable condition; the leg fearfully swollen, lying in a fracture-box on a rotten pillow, without any support; the fractured tibia protruding an inch and a half, the foot being about one inch out of its place (outward).

I learned from the patient that the doctor never made any attempt to reduce the fracture. Pus was oozing from several wounds, and the leg had a livid appearance up to the knee. On raising the leg from the pillow, a stream of blood came from the heel, which, on examination, was found to be virtually rotted off.

The patient asked me if his leg could be saved. To this I replied, that the chances were very much against its being saved, and that it was, in my opinion, most unreasonable to expect it, but that I would do all in my power to save it.

The patient now placed himself in my care, saying, that should it become necessary, he would have me to amputate the leg.

I first had him provided with a clean and appropriate bed, his leg cleansed, and all stench removed.

He was much reduced from suffering; stomach weak; no appetite; could not retain food; tongue dry, and pulse weak. Gave *Ars.* 6th — a dose every three hours. Injected into the wounds an unirritating solution of *Kali purum*, and applied compresses moistened with the same externally.

Sept. 5th. — Patient much improved; swelling greatly reduced; whole leg has a more healthy appearance; less suppuration.

Considering that it was absolutely necessary to bring the leg as soon as possible into proper position, I proceeded with the resection of tibia at once.

After the patient was brought fully under the influence of *Chloroform*, I commenced the operation by making an incision on anterior surface of tibia, dissecting along the protruding part, and sawing it off as far as it was diseased, the removed bone measuring two and a half inches. On

exploring the wound, I found that both bones were crushed above the articulation, without involving the same, and were destroyed for about two inches. After removing the crushed bones, the wound was carefully cleansed with *Arnica lotion*, the leg brought into proper position, and kept so by an extension splint. There was left a space of two inches in the fibula and of about four inches in the tibia between the divided extremities of the bones. It was very difficult to keep the extension, on account of the wound in the heel. Not an ounce of blood was lost during the operation. In this case, as well as in the preceding ones, I employed, externally, no other remedy than the *Kali lotion* referred to below.

October 15th. — Patient has improved from day to day. Wound in heel closed; extension well kept up, and splint removed to-day. Although there is no union, yet an ordinary splint suffices to maintain extension.

December 1st. — Patient has been continually improving. Tried crutches to-day. There are still some fistulous channels, but the leg is gaining strength.

Union of fibula.

March 1st. — Walks with assistance of a cane. Leg less than one-fourth of an inch short, which he makes up with one thickness of leather on the heel of his boot.

No ankylosis.

I have often seen this man since. He walks as easily and naturally as before the accident, and has never complained of any inconvenience. Considering his condition when I first saw him, I regard the case as a triumph of modern surgery.

Treatment similar to that of the preceding cases.

LOCAL APPLICATION.

In fresh wounds, contusions and recent cases, and after operations, I employ *Arnica lotions*. In lacerated wounds, and as soon as suppuration makes its appearance, after *Arnica*, I employ *Calendula*. Should suppuration, after a

day or two, increase—which is unavoidable in extensive and lacerated wounds—I use a *Kali solution*, instead of *Calendula*. I prepare a solution of ℥j of *Caustic potash* to ℞j of water. From this solution I take from ten to twenty drops to another ℞ of water, as the case may require. The *Kali solution* readily prevents further destruction of tissues, cleanses the wound, and favors vigorous granulation more than any other of the numerous applications recommended in the various surgical works, old or new.

I have given the above three cases for publication in order to lay before the profession this simple mode of treatment which I have found so much superior to all others. *Alkaline solutions* have been for many years favorites of mine, and it has been my practice to apply them constantly as a lotion to the surfaces of all ulcers and suppurating wounds. They cleanse the wounds very quickly by destroying, chemically, all the pus cells, and also diminish the inflammatory congestion by their direct solvent action upon the fibrine of the blood in the distended capillary vessels; so that, by endosmosis, the diseased condition of the red corpuscles in the capillary vessels is removed.

I generally use the *solution of Kali* a little stronger in indolent and sloughing ulcers, as a means of favoring the process of sloughing and deodorization; but, in irritable sores, I use it diluted to such an extent that no irritation can be produced thereby.

The wonderful results of Homœopathic surgery are due to the superior therapeutic treatment.

In recent cases and in primary operations, I have had but seldom to contend with any serious disorders. In secondary, protracted and shamefully ill-treated cases, Homœopathy offers advantages which are not yet fully appreciated.

Cases two and three came under treatment after the patients had endured torture and suffering for weeks. In both cases the limbs were nearly destroyed. Typhoid fever as well as prostration—the consequence of the continued drain upon the system from suppuration and deprivation

of proper food — were indications of a very unfavorable prognosis.

Neither of the patients would have survived amputation, if operated upon at the time I first saw him.

BLEEDING AND PNEUMONIA.

II.

SOME of our readers having doubted that any, even of the Allopathists, entertained any thought of a return to bleeding, we venture to allude to the subject again; the more especially, as M. Peter, in a clinical lecture given at the Hospital de la Pitié, in Paris, has resorted to this method of treatment. We can only give the opening paragraph of his lecture, as the main points may be gathered from the criticism of the lecture by Dr. Dauvergne, Sr., from whom we heard in the last number. (Bull. Gén. de Thér., LXXVI, 556.) Says M. Peter:

“ You have witnessed, this morning, a fact well-nigh monstrous; you have seen a patient bled in a medical ward. It happens, ‘by a just return of things here below,’ at Paris, where, a few years ago, human blood was shed with such prodigious complaisance, at Paris, that bleeding has become a thing almost unknown. Why such exaggerations in different directions? and, as for the theoretical views which induced this actual abstinence from blood-letting, are they well founded?”

On these and the subsequent remarks of M. Peter, Dr. Dauvergne says as follows, Bull. de Thér., LXXVII, 119:

“ In case of a patient who experienced dyspnœa; whose lips were of a violet hue; who had a little œdema of the legs; and, in fine, a pneumonic point, and a slight pleuritic effusion, M. Peter plumed himself much for having diagnosed a pulmonary congestion, and even to have seen an œdema of the lungs, which was about to compromise the

existence of the patient, if he had not had the happy idea to have bled him on the spot.

In proof of his assertions, after the venesection, the professor, accompanied by his numerous cortège, returned to the patient, whom they found asleep; the dyspnœa and the play of the nostrils, which demonstrated it, having ceased.

That the diagnosis was that of a consummate clinician, of a wise and skillful physician, we confess, without hesitation, and cheerfully bow before the great sagacity of the professor. But, let him congratulate himself as he will, upon the immediate result of the bleeding, and that the first one, we venture to say that that is not the question. It is no more than we have usually observed for twenty-five years, and it still may be seen on many pages in the *Clinique* of M. Andral. But what was observed here, also, was that the period of relief becomes shorter and shorter as the bleeding was repeated; that finally it remained without effect, and, in no case, removed the disease; which most frequently terminated by *an imminent suffocation*, asphyxia and death.

The Professor will then excuse our surprise that he could have thought, in this manner, to have saved his patient's life. Neither from the views which suggested the bleeding, nor the theory which induced him to practice it, can we understand how M. Peter hoped to cut short this congestion or pulmonary œdema, compromising to life.

In fact, the Professor does not recognize, therein, a mechanical or hydraulic action; for he says, admitting, with Valentin — that we have 12 kilogrammes of blood, a bleeding of 500 grammes can diminish the total quantity only a 24th. Now, what effect could the removal of a 24th of the blood have upon an exudation, or even a pulmonary congestion? of what advantage would the improvement of a 24th be? Hence, M. Peter ascribes the effect of a bleeding to a dynamic action; to the diminution of vitality which it accomplishes; to the impression which it produces upon the nervous system, and, through this, upon the cardio-vascular. Finally, says the Professor, “the same effect is

obtained by the state of nausea produced by *Tartar emetic*, without any spoliation whatever."

But, in the first place, M. Peter thus attributes to blood-letting a sedative action upon the circulation, through the medium of the nerves; while Traube, Betzol and others have demonstrated that, when the blood loses its globules, the accelerator nerves of the heart are over excited; and this agrees with the clinical effects which we have so often noticed, and to which we have called attention.

Then if the bleeding acts only as do the antimonials, according to the assertion of the professor, why has he preferred it to these latter, notwithstanding the inconvenience of *spoliation*, in case of a patient *who betrayed symptoms of debility and anæmia*.

Was it because the case was urgent and the moment a critical one, that he was much more prompt to open a vein than to order an antimonial potion?

How could the moment have been so urgent, when the Professor, with all his diagnostic acuteness, could discover nothing but a congestion; while we see, every day, exudations, or hepatizations, as they are called now-a-days, completely obstructing a great portion of the lungs, producing but little dyspnœa, and, moreover, being entirely resolved? This very fact I have observed, quite lately, in a pneumonic patient.

The dyspnœa is not, then, generally connected with the gravity, the extent, or the age of the lesion; it is often more marked, at first, by the peculiarity which the initial *raptus* lends to the function of respiration; but it is not really dangerous and alarming, except at the end, when the organ being overwhelmed, the function is threatened with extinction; when the organic vitality making default, the disordered and incomplete functions may be arrested at any moment.

This dyspnœa, so alarming at first, is nothing but a functional disturbance, since it often diminishes as soon as the inflammatory process is formed, or ceases, when vomiting ensues from the antimony. We have shown, in another

place, that in the anguish at the beginning of the disease, and the oppression and pain caused by the difficulty of expanding the thorax, the effect of antimonials restored quiet much more fully and surely than venesections. More than this, since I have ceased to bleed, I no longer observe those attacks of dyspnœa, those extreme suffocations which I have, at other times, seen after the bleeding, and, to which observations of M. Andral still testify.

* * * * *

This much is certain, that since I have no longer used venesection, I have ceased to observe ataxy in my pneumonic patients; while I could show, from authors, cases, where delirium has appeared only after venesections, a proof that they affect the nervous system, the vitality which, in opposition to M. Peter, I wish to preserve and even support, since the curative contractility which I seek is but a property of this very vitality."

In support of these views, our author cites the following case from M. Andral:

OBSERVATION XIX. — March 9th, the viscous and transparent sputa contain now but few striæ of blood; *the dyspnœa was slight* (bleeding of ℥ xvj); the blood presents no buffy coat.

March 10th. — *Increase of dyspnœa*; sputa more rust-colored, more viscous. . . . M. Lerminier prescribed two bleedings — one of ℥ xx at once, and the other in the evening of ℥ xij — both made from a large orifice, (as M. Peter would have it, following Aræteus), presented a thick, buffy coat.

March 11th, or fifth day. — About the same.

March 12th. — *Extreme dyspnœa*. Although the previous bleedings have done but little good, nevertheless, it is only by continued bleeding (*sic*) that we can hope to arrest the progress of the inflammation. (Bleeding of ℥ xvj ; blood very buffy.)

March 13th. — Same symptoms. (Bleeding of ℥ viij ; two blisters on the legs). In the evening and at night, *patient was delirious*.

March 14th. — Return of the pleuritic point; sputa scanty, of a dirty grey. (Blister on the left side.) In the evening and at night, return of the delirium.

March 15th. — *State of imminent suffocation*; suppression of the sputa. (Two blisters to the knees.)

March 16th. — Tracheal râle; agony; death.

There are thousands of such facts, which no one can, at this day, efface, and which all the skill of the Professor can not conceal."

In conclusion, our writer gives two cases of pneumonia—the one a man 75 years of age, who was bled. He remained a long time in a cachectic condition, which ended in muguet and death; the other in a woman 82 years old, who was not bled, but went through nearly the same pathological phases. After the pneumonia, she had the mucous fever, which prevailed in that section. But, notwithstanding the *oïdium albicans*, which continued some time longer, she is to-day in the enjoyment of a green old age. Now if, as M. Peter truly says, bleeding touches the vitality, is not the admission natural that I was right in preserving the vitality of my patient 82 years of age.

From these facts, I venture to say, contrary to the idea of the professor,

1. That the bleeding is injurious every time that it affects the vitality only.

2. That it can only be useful, on the contrary, when it has a mechanical or hydraulic action, to make use of the happy and veritable expression of this very same Professor.

Certainly, the hydraulic effects vary not only from the quantity of liquid, but also from its qualities, and always from the state of the reservoirs or tubes which contain it. Now, we must obtain a very different effect, though the mass of blood is diminished by $\frac{1}{4}$ th, if the plasticity of the blood is diminished as much, and if the reactional force, the vitality (if the expression is preferred) is preserved, so that the contractility of the vessels may gain thereby instead of losing. Then, necessarily, from the diminished quantity and plasticity, together with the increased vascular tension, there will result, at once, manifold material consequences, still to be increased by the vital functions which they facil-

itate. They will not only exceed the $\frac{1}{4}$ th, but, from one step to another, that is to say, functional amelioration added to organic amelioration, they may arrive very speedily to a relief which cannot be calculated. The difficulty is to select the cases where these rare conditions may be found.

On the inutility, and even the danger, of blisters in pneumonia, in particular, and most diseases in general.

The same author, Dr. Dauvergne, Sr. — our readers will please remember that he is a member of the self-styled regular school — in a subsequent number of the “Bulletin Gén. de Thérapeutique, etc., LXXVII, p. 193, takes occasion to call to account another weapon of the Allopathic school. We regret that we cannot give the paper entire — so dear are blisters, yet, to the hearts of many mortals — but we will endeavor to give enough, at least, to open the eyes of those who still cling to this barbarism.

“In a preceding article on pneumonia, I showed the dangers of bleeding, and showed what was my own practice; I now complete my task by showing that blisters are useless and injurious in that disease, and that they are abused in many cases.

It was in 1835, a period at which I treated two pneumonic patients with large blisters, without any result, that I renounced that practice, for I recognized distinctly—

1. That blisters did not, in any degree, diminish the duration of the disease.

2. That they increased the febrile excitement; that is to say, the general heat and the circulatory motion.

3. That they inflicted real suffering upon the patients, which was aggravated by every movement, and especially whenever the blisters were dressed.

3. That each dressing was a danger, because it was necessary to leave the chest exposed; suppressing, for the time, the cutaneous transpiration, and thus losing the effects of general natural revulsion, for one local, limited and factitious.

5, and finally; I saw that an inflammation developed upon a spot near the phlegmasia itself, was more likely to increase than relieve it.

Moreover, I observed, at the same time, that the pulmonary phlegmasia was neither relieved or thrown off; for the day following the ulceration from the cantharis, the stethoscopic symptoms did not seem in the least modified, while the fever itself was really increased; which induced me to return to the bleedings, just the same as if the blisters had not been applied.

Of what use, I said at once, is a means which does not diminish the local symptoms; which increases the general phenomena; which is a torture for the patients; which is likely to aggravate and almost always prolong the disease by the annoyances of dressings, etc., etc.?

Our author renounced the practice at once, but as others around him did not, he was obliged to defend his practice and call upon them to justify theirs.

“For my part,” he continues, “before employing a painful, inconvenient means, disagreeable from the odor of the suppuration, I should wish to be assured, either that it diminished the extent, or arrested the progress of the pulmonary inflammation. Now, no one known to me, has previously marked out, by auscultation, the degree or extent of a pneumonia, and showed, the day after the vesication, a diminution of the inflammation, either in intensity or extent. Galen used blisters because Asclepiades, Archigenes, *Ætius*, and *Cœlius Aurelianus* used them. Cullen proclaimed them because *Sydenham* and *Friend* had praised them. Finally, and this is the strangest and saddest of all, we all often feel obliged to apply blisters, the people having derived their admiration of them from the profession. All that, without any one being able to say why! The abuse of the remedy was needed to open the eyes of some physicians of high standing; at the head of whom we may quote *Louis*, *Chomel*, *Grisolle*, *Valleix*, *Barthez* and others.

M. Gendrin, we are told, however, pretends, to this very day, that he can abort a pleurisy or pneumonia, by cover-

ing, at the outset, all one side of the chest with a blister. But has he proved it? and in all these cases, has he not employed a remedy worse than the disease? Did he not remove a simple pleurodynia, in place of a phlegmasia? Would it not be, in this case, as it is with our village bone-setters, who reduce luxations which do not exist, and do not reduce those which do exist?

But in all cases, if it is possible thus to throw off these beginnings of pneumonia, rubefacients or sinapisms will do it just as well. Trousseau and Pidoux saw the matter as we do, for they say: "At the commencement of an acute disease, if the blood is no longer in the tissues except in a state of congestion, a rubefacient is necessary. But we should fear a topical agent which may arouse an obstinate inflammation; for, somewhat later, if the inflammation were conjured away, we should have reason to deplore the use of a remedy, which would needlessly prolong the suffering of the patient." What would happen if this topical agent, this vesicatory, should throw off nothing, but add to the disease? Broussais plays at *quitté ou double*, when he speaks of excitants whose action he could not explain. But are we allowed to play thus with a painful remedy?"

After this, our author says, he used blisters only in chronic diseases, but soon was led to see that they were injurious, even here; and that simple sinapisms could accomplish all that could be done by blisters, without any risk of dangerous suppurations.

On this point, he adduces the testimony of Louis:

"I have not only," says he, "dispensed with blisters in the treatment of pneumonia; I have also rejected them in the treatment of pleurisy and pericarditis. I have treated, during the last five years, at the Hospital de la Pitié, 140 patients with pleurisy, without having recourse, in any case, to blisters; and all were cured. The same was true of 30 cases of pericarditis, developed also in circumstances of perfect health; and these facts, it must be admitted, render the utility of blisters, in acute phlegmasiæ of the chest, more and more problematical.

That which led me to reject blisters in the treatment of thoracic inflammations is, as I have said elsewhere, because an attentive study of facts and their rigorous analysis, have forced me to see that acute inflammatory affections, far from preserving from inflammation, organs not primarily affected, are an exciting cause of the same; so that the more the primary inflammatory affection is severe, and the accompanying febrile action considerable, so much the more are secondary inflammations to be feared. And then, how can we think that a blister could have the effect to remove an inflammation, when the blister itself adds an inflammation to the one already present."

Here we have something truly practical, and not vaguely expressed, but set forth by imposing figures, which the partisans of the contrary treatment are far from being able to produce. Fifteen years later, he said to the Faculty: "Be very much reserved in the use of blisters, although many physicians make great use of them. In general, they are *rather a torment than a relief* for the patients."

Trousseau, the eminent clinician, the physician who has been regarded as one of the most perfect practitioners, expresses himself thus: "As to blisters, I entirely sympathize with a great number of my colleagues, since, to the height of the disease, they may add a febrile excitement, and because at a more advanced stage, they become useless."

Is that clear? But we have opinions of no less authority, expressed with a conscientious indignation, to which we can not give too much weight. The first is that of M. Coste (of Bordeaux), exclaiming, in the midst of the Society of Medicine: "We may count, by thousands, the cases where blisters have done nothing but add to the patients, another pain, a new torture. To-day, gentlemen, I express the firm resolution *at the risk of temporary unpopularity*, never to have recourse to them again."

Professor Fonsagrives, in his "*Revue thérapeutique*," after having cited many catastrophes occasioned by blisters, concluded: "I cheerfully establish as a rule the *absolute*

interdiction of permanent blisters in case of children. A blister on the arm, a tribute paid to traditional routine, is, at the end of some days, of equivocal utility. Singular inconsequence! We attach, and justly, great value to the services of the surgeon in not leaving any wounds open, and we create every day, *by vesication, and without evident necessity*, large denuded surfaces, offering to endermic absorption, miasms of fearful facility. A permanent blister, applied to the arms of children, *has more disadvantages, which have been demonstrated, than possible advantages.*"

Professor Forget, of Strasbourg, says: "Blisters remain without effect, and provoke, gratuitously, pain and exhaustion; so that, for *the most of reflecting practitioners*, blisters are a sort of sacramental means, which are applied from obsequiousness, rather than with the hope of deriving the least advantage from them. For myself, how often have I seen the wretched victims perish from these ulcers, with which I have seen their chests perforated by practitioners of robust faith."

Of the cases which our author adduces, we present the following:

CASE II.— Another case is that of a young man with ataxic typhoid fever. While I advised *Musk*, a colleague wished to apply blisters to the legs. I took occasion to say that, even in idiopathic affections of the brain, Rochoux, so competent to speak on this subject, said, in full Academy, that blisters were rather hurtful than beneficial; since the pain which they produced, far from relieving the cerebral suffering or irritation increased it, because the brain alone was the organ which felt the pain in the legs. All these arguments went for nothing with the enthusiasm of the friends, and the blisters were applied. Now, the ataxic delirium was quieted by *Musk*, before the blisters were applied; but the blisters acted so well that when the young man was completely cured, he was kept in his bed by gangrenous sores which the fly-plasters had produced.

Would any one believe that such facts would not deceive any practitioner of robust faith, as Forget has it, nor the public who suffers by it? The patient is always enchanted with the means which produce a palpable effect

—which he sees with his eyes, which he judges with his senses.

CASE III.—This spring, I called to see a child living with his nurse, and did not find him. I called him; a boy six or seven years old, came out from a room, walking slowly, heavily, like a little old man. He was pale, bloated, the head stooping, the neck surrounded by a cravat up to his ears, and stiff as if it had been in an iron collar. “You have a blister on your neck, I said to him. Yes. You are sick? No. But why have they put a blister on you, then? Oh! replied he, with a little air, maliciously proud of being the object of such a treatment, they put them on my arm, also,” pointing with a comical gesture first to one arm and then to the other, “perhaps ten times; and when one arm is done they put the blister on the other.” “And now, that there is no more room on the arms, it has come the neck’s turn? Is that not so? Have you a cough? No. Headache? No. Your eyes are not dull; pray why have they put so many blisters upon you? You have a little swelling in the neck? Oh, that has only come lately.” “But, what doctor advised all this? We never see any doctor; my mother applied the blisters, and the druggist has given me cod-liver oil.”

What seems strange, many physicians would think themselves disarmed, if they were to have no more blisters; for one of them, in all good faith, of course, demanded naively of me, “But what would you do then?” Now, I had a chance to show him, one day, by one of his own patients, the first sight of whom grieved me deeply.

CASE IV.—This was a child four years old, who had been confined to his bed two months, by a bronchitis, treated constantly, successively and only, by blisters upon the arm and about the chest. He always had one or two in a state of suppuration, so as not to belie the sarcasm of Molière: *Si non sufficit, reiteretur*. Thus, when I saw this little patient, he was mummified, his emaciation was so extreme that the dentar arches projected as in a monkey or a skeleton, so thin were the lips and so large was the mouth. His eyes were deeply sunken, and his cheeks reduced to the malar bones. The child was reclining, his head hanging down, carried by its own weight, so unable was its neck to sustain it. * * * But the moment I

wished to take hold of his arm to feel his pulse, he raised himself up like a lion, with open mouth, to bite my hand. "What does that mean? I said to the mother. Ah, sir, she replied, he thought that you were going to dress his blisters; he does so every time we dress them, and we are obliged to hold him fast."

* * * * *

Upon what does the use of blisters rest? Upon an idea of revulsion; and yet, the physicians who use them pretend that they dispense with theory! Must we incessantly repeat that a practice can only be the result of a previous idea which inspires it? Well! this idea of revulsion, on what does it rest? Upon that aphorism of Hippocrates: *Duobus doloribus simul obortis, vehementior obscurat alterum.* Yes; but, in the first place, pains are not inflammations, nor even congestions, and to obscure or conceal is not to ward off or destroy.

Yes, the old man of Cos was right when he said that a stronger pain would obscure a weaker; but it is clearly of a phenomenon of sensibility that he is treating. Let a violent tooth-ache appear after rheumatic pains, it would make these to be forgotten. That a moral pre-occupation, depending upon the loss of money, should be entirely blotted out by the loss of a dear child or wife, that is quite common. That a neuralgia, a neurosis may be cured by a lively emotion, by a prolonged pre-occupation, that is well known. Witness Barras, forgetting and being cured of a gastralgia by the pain of seeing his daughter attacked and dying with phthisis. Thus are explained the cures of bone-setters, sorcerers, Homœopaths, and those produced by pilgrimages.

Moreover, the aphorism of Hippocrates, upon which is based all the theory of revulsion, cannot be applicable to a phlegmasia to be produced even at a remote point, because these two phlegmasiæ are connected to each other by the circulatory system, which is excited in proportion as the inflammations are more extensive or more numerous. Do we not know, do we not see, every day, that a phlegmasia is all the more grave as it is complicated by another?

Now, what are the sores of blisters if not little phlegmasiæ, and often severe ones?

Now *a fortiori*, if the question is to create inflammations in the neighborhood of the affection, not only is there no chance to set this aside, but it is to expose ourselves, as one of my illustrious masters, Richerand, said, to play the part of a blind man, armed with a club, who would strike sometimes the patient and sometimes the disease."

After condemning the use of blisters, in cerebral inflammation, as illogical and dangerous, our author mentions several diseases—all non-inflammatory—where blisters may be used with some advantage; but adds, that there are other more appropriate means, and comes, at last, to the conclusion that there is very little left for blisters to do, and that little is attended with great inconveniences—that they are mainly approved by surgeons, and that this may arise from the habit of having something to dress; but cannot be sustained by rational medical physiology.

BÆHR ON DISEASES OF THE SKIN.

TRANSLATED BY E. TIETZE, M.D., PHILADELPHIA.

(Continued from page 20, Volume III.)

10. PRURIGO.

GENUINE Prurigo is, according to Hebra, to be found only among the lower classes of the people. It never develops before the second period of dentition, and gradually disappears after the fiftieth year. The sex has no influence. Improper food and neglected culture of the skin are evidently its causes.

The first symptom of prurigo is an intense itching, frequently like that caused by the sting of insects; at the itching place a small induration shows itself, which becomes quickly elevated as a nodule above the skin, which, however, retains the color of the normal skin. When punctured, this nodule discharges a small quantity of a clear trans-

parent liquid. New noduli of the same kind always follow in succession, while the former produce peculiar alterations in the appearance of the skin, in consequence of the scratching of the patients. For, as the point of the nodulus becomes torn by scratching, a small quantity of blood oozes out, which dries up upon the nodulus into a small scab of dark color, of which one sees a good many upon the skin of persons affected with prurigo. With the continuation of the affection, the papulæ and scabs become larger also, and the exudate frequently changes into suppuration, in such a manner as to create pustules, which form larger crusts and scabs, and which, when confluent, undermined the skin, and give rise to lymphangioitis and swelling of the lymphatic glands. Thus the picture of prurigo becomes very complicated. When the small crusts or scabs fall off, they leave a cicatrix colored by pigment, in consequence of which, especially if they are numerous, the skin assumes a motley appearance. The skin, at the same time, is apt to become hypertrophical, which mostly shows itself at the deeper folds of the joints. The lighter degrees of the affection in younger individuals, usually confined to the lower extremities, are called *Prurigo mitis*, the more developed form of *Prurigo formicans*. The disease makes remissions, which always set in in summer or autumn, while in winter and spring it arrives at its fullest height.

The effects upon the whole organism are less at the beginning than one would expect, from the continual torture of itching, which (moreover) is always worse in the warmth of the bed. Nutrition does not suffer materially; yet it happens, that the disease, on account of its great torments, leads to suicide. In the higher grades of the affection, the tendency to serous exudates, which take place very rapidly, is peculiar; especially exudates in the pleural sac and upon the meninges. Many patients are thus swept off, or become insane. Hebra thinks that these terminal affections, which are not unusual, represent the psora-metastasis of former writers; and it cannot be denied that such an opinion has a great probability in its favor. Patients

affected with prurigo very frequently die of tuberculosis; and, even here, one may again think of metastasis, for the reason that, with the development of phthisis, the itching ceases entirely. Prurigo is not contagious.

As regards the diagnosis, prurigo distinguishes itself from *Scabies*, with which it is most easily confounded, in this, that in prurigo most of the efflorescences and places torn by scratching may be found on places where they are entirely absent or but rarely observed in scabies, viz.: at the extensor aspect of the extremities, and especially at the lower part of the leg and on the back. What, in former times has been called prurigo, for example, *Prurigo senilis*, *Prurigo pedicularis*, etc., has nothing in common with genuine prurigo, except the very excessive itching.

With regard to the prognosis, Hebra declares the affection to be utterly incurable; yet, under proper treatment, begun in time and continued long enough, it is possible to keep the disease down as prurigo mitis, and thus to prevent its worst consequences.

Treatment. — We do not know of any case of prurigo which has been cured by Homœopathic treatment, yet we do not wish to say that such a cure is impossible; for it may already have been effected repeatedly. Hebra is the first who has given us a firm and sure diagnosis of prurigo, which was unknown, perhaps, to most of the older physicians; and thus it was almost unavoidable to confound prurigo with scabies. Since the disease is very rare, it may be a long time before we are in possession of a tolerably sufficient number of curative experiments. As regards the remedies which come under consideration here, we must remember that we have to deal with an evidently dyscratic and exceedingly chronic affection. Hence, only the so-called anti-psorics are of value here, and of these the following: *Sulph.*, *Sep.*, *Ars.*, *Calc. c.*, and *Plumb.* Besides these, a few others are necessary for the acute exacerbations and complications; since, upon the whole, the cutaneous symptoms of prurigo hardly ever stand so isolated as in most of the other chronic cutaneous diseases. Besides

the steam bath, the external application of soft soap ought never to be omitted, in order to overcome the effects of the neglected culture of the skin, and to obtain for the patient some relief quickly and for some time at least.

Finally, we will add the request that every one who has successfully treated prurigo, should publish a report of the cure, but then with the most scrupulous regard to an exact, direct and differential diagnosis. We have already pointed out how apt careful observations of prurigo would be to annihilate the psora theory and the psora-metastases in general, and we deem it high time, indeed, to remove this odious spot from Homœopathy.

11. ACNE.

Acne has its seat in the sebaceous glands of the skin, and is caused by the quality of the sebum, but not, or at least but very rarely, by the narrowness or obstruction of the ductus excretorii. If too hard a sebum is deposited in a gland, it reaches the surface with more difficulty, has time to become entirely hard at the orifice, and thus closes up the gland with a plug, which mostly looks black. These black points are called *comedones*, or *acne punctata*. Under certain circumstances the trouble may rest here; in fact, this is almost the rule with certain portions of the skin, principally with those around the nose. But, under circumstances which will be mentioned below, the glands, filled up in this manner, show a peculiar disposition to become inflamed. The fact that, in older persons, comedones remain almost always uninfamed, or that they enlarge into sacks, which are filled with a gritty substance (*gritzbeutel*), and show no symptom of inflammation, proves that the inflammation is not to be attributed to the pressure of the sebum alone. The inflamed follicle develops either into a small pustule, empties itself and forms a small crust; or the inflammation does not proceed to suppuration, and the follicle remains for some time as a hard, somewhat painful, red nodulus, and the exudate is gradually absorbed. If the inflammation is intense, and the irritation much increased,

perhaps, by the weight and friction of the clothing, the cellular tissue of the skin partakes of the affection, and a smaller or larger furuncle develops. This process is called *acne simplex*. It appears mostly in the face, at the neck, on the back, at the seat, at the upper part of the leg, less on the breast, yet at times even upon the skin of the penis, and on the scrotum. The affection has no consequences, except that the places of the acne-pustules remain for a longer time of a deep red color; yet, since many glands become affected simultaneously, while others reach their highest development, the face may thus become much disfigured. Acne develops nearly always between the age of puberty, and the twenty-fifth or thirtieth year; afterwards single follicles may become inflamed, but not many simultaneously. The male sex is principally disposed to it. All these circumstances decidedly prove that acne has its principal cause in the sexual sphere. We will but mention that many ladies have a few acne-pustules at the menstrual period, and that onanists almost always suffer from acne formation; yet we do not intend to say that only onanists suffer from acne. However, the affection is almost the rule among the youth of cities, while it is disproportionately rare with those of the country.

Circumstances of a very different character may, by an exciting predisposition, be looked upon as its accidental causes; thus, for instance, over-heating, cold bathing with a heated skin, eating of fat meat, boiled or roasted, especially of fat goose meat, indigestion, excessive use of wine and alcohol. Thus, with us, we see the affection in its highest development in winter, for the reason that, at that time, pork and goose meat are eaten more frequently. Also, Jews suffer more frequently from acne, since they use goose-fat instead of lard, and are very fond of very greasy food.

According to these remarks, a careful diet is the first and most essential indication in the treatment of acne. However it is very difficult to make the patients adopt it, since, notwithstanding the acne, they generally enjoy excellent health, and since they observe but very little improvement

by adhering to a strict diet for a short time only. Besides this, we have to pay due attention to the culture of the skin. Cold washing and bathing are of no use; on the contrary, they seem not very seldom to increase the trouble. The steam-bath, together with soap, manual friction, or friction with the flesh-brush, are the best remedies for acne on the rump. However, for acne in the face, the following process is to be recommended in preference to all cosmetic means. Every morning, or even in the evening, if the patient has to leave home very early, the face is to be rubbed very gently for a few minutes with a soft piece of flannel, which is moistened with warm water and well soaped; afterwards it is to be washed with warm, and after this once more, with very cold water. The best soap for this purpose is the so-called Venetian, which is made from vegetable fat. Washing the face in this manner reduces the trouble to its minimum. Besides this, we best counteract the formation of comedones by pressing them out. This must not be done, however, by squeezing them out between the finger nails, but by placing a small watch-key, which ought to have neither too small an opening nor too sharp edges, over the comedo, in a manner that its black point comes to stand exactly in the opening of the key, and by pressing the key after this vertically against the skin. This may best be done before washing. With these means the face may be kept entirely clear of them.

A medical treatment of acne is certainly possible, yet, in most cases, no doubt, superfluous. If the affection is very intense, we have observed a decided and permanent improvement only from *Arsen.*, but never a complete cure. Besides this, we find mentioned by Hartmann and others: *Cantharid.*, *Sulph.*, *Staphisag.*, *Ant. crud.*, *Dulcam.*, *Mezer.*, *Natr. mur.*, *Acid nitric*, *Capsic.*, *Sepia*, etc. However, we are of the opinion that we ought not to try any thing internally, as long as an external, non-medicinal treatment is fully sufficient.

12. SYCOSIS. (*Mentagra.*)

Sycosis is a disease exclusively of the male sex, beginning at the twenty-fourth or twenty-fifth year, when the beard grows thick and hard. Its causes are entirely obscure, when it affects the unshaved beard (which, by the way, is a rare occurrence); but when the beard is shaved, it is certainly occasioned very usually by soap, which is too acrid or bad otherwise, or by the dullness of the razor; and the evil, otherwise so terribly stubborn in its beginning, frequently heals spontaneously, if shaving on the affected places is suspended. Also, filth and snuff seem to produce sycosis.

The disease, similar to Herpes labialis, begins with a sensation of burning, heat and tension. A small group of solitary, tolerably large, red noduli, each of which is pierced by a hair, usually forms first at the chin. Some of these noduli in a few days develop into pustules, burst and form dark crusts, though the infiltration, which forms the nodulus, does not disappear in consequence. At times, the number of the noduli slowly but steadily increases, notwithstanding all care, usually on account of the continuous irritation; those of a former date become thicker, the skin upon which they stand becomes more and more infiltrated, the pustules, after bursting, develop into ulcers; deep, ulcerating furrows develop, and finally infiltrations of a light red color, which are of a really bulbous shape. The patients suffer but little pain, yet the disagreeable looks trouble them very much. The disease is exceedingly obstinate, and may last many years, during which, it is true, the affection makes, not unusually, remissions, and may even entirely disappear for a short time, in order to reappear the more violently, and then almost always on several places simultaneously. It begins almost always at the chin, and here the trouble is usually most intense, yet it spreads also over all parts which are covered with the beard, in bad cases even over the eyebrows.

Treatment.—Though it does not rarely happen that sycosis

sis, in its commencement, heals spontaneously, yet a quick cure, after a longer continuation of the affection is very rare, and the higher grades of it stubbornly resist every curative attempt. However, we have seen that a case of mentagra, of many years' standing, disappeared permanently in consequence of typhus. Hence, as regards this affection, an interference at the right time is of great importance.

The first and most important means is the investigation into its cause, and the correction of it. Only after we have observed that, by this means, no improvement is obtained within a short time, we would advise to give medicine; since, otherwise, we can deceive ourselves very easily as regards its efficacy. The remedy from which alone we have seen, three times, an entire and permanent cure {in two instances in cases of mentagra of several years standing} is *Graphites*. Those cures were all affected with the 4th and 6th trituration, and twice in individuals who did not shave at all. Another drug, very frequently efficacious, is *Acid nitr.*, which, of all remedies, offers, in its symptoms, the most intimate similarity. However, we must confess that we never have effected a cure with it alone, though a considerable improvement set in. The same we have to say of *Aurum Silic.*, *Oleand.*, *Curb. an.*, and a few others correspond, it is true; according to the symptoms, yet thus far have not proven themselves sufficiently efficacious in practice. Hartmann mentions also a few other remedies; but we need but read his description of sycosis, in order to know that he collects, under this name, entirely heterogeneous affections.

We will not omit to mention, besides these, a few external means which may be of great service. To pull out the single hairs which pierce the nodulus is useful, without any doubt, in mentagra of not too long standing; it has to be done gradually since it is very painful, yet, when the whole skin is already very hypertrophical and infiltrated, it helps but little or not at all. Among the caustics, *Acid nitr.* occupies the first place, probably for the reason that it is at the same time an excellent simile. Also, *Aur. muriat.* may

frequently be used with good results. Hebra advises to pull out the hairs previously to cauterization, and it undoubtedly increases the effect, but, at the same time, the painfulness of the process. Finally, we will yet mention here Hebra's treatment, since he uses but one remedy for this purpose, and asserts that he has always seen a cure from it: At first, the single hairs are pulled out, and after this a paste of *Sulfur*, *Glycerine* and *Alcohol* is rubbed into the affected places, morning and evening. The effect follows soon.

Only *Sulfur* is applied here. We shall return to its external application in the next chapter. Hebra, with the exception of *Acid nitr.*, rejects all external applications of sharp, cauterizing substances as entirely useless.

13. ACNE ROSACEA. (*Gutta Rosacea.*)

Acne Rosacea characterizes itself by formation of cutaneous tubercles, with but little inclination to form pustules, and by lasting venous hyperæmia. It begins, almost without exception, at the tip of the nose, spreads from here across the back of the nose over to both cheeks; finally, also upon the forehead and the rest of the face. It begins without any pain at first, with an erythematous spot of small circumference, distinctly traversed by enlarged cutaneous veins; single acne-noduli break out upon this erythema, which at times soon develop into pustules, but which grow larger even after the depletion of the pus. New noduli form continually and new places become red, the skin more and more hypertrophical, the varicosity of the veins increases, and some noduli develop into bulbs; fissures are formed, and deep cuts, even ulcers; and, although this highest development confines itself mostly to the nose, the face nevertheless is much disfigured by it. In the beginning, the affection makes frequent remissions, yet the dark-red color never disappears entirely; later the evil always increases.

The cause of the affection, no doubt, most frequently exists in the excessive use of wine and spirituous liquors; yet we notice, at the same time, a good many cases among

entirely temperate people, where no such cause can be assigned. The disease is rare among women, and then mostly connected with menstrual disorders. It is a very rare affection before the twenty-fifth year; and mostly appears after the fortieth. Overheating and intemperate use of spirituous liquors easily call forth a renewed acne formation. The disease is among the most obstinate, and, in its higher grades, is looked upon as entirely incurable.

Remedies which Hartman mentions against acne rosacea are: *Carb. an.*, *Kal. carb.*, *Arsen.*, *Veratr.*, *Cannab.*, *Acid nitr.* and *phosphoric*; *Thuja*, *Phosph.*, *Euphras.*, *Silic.*, *Led.*, *Rut.*, *Aurum*, *Kreos.*, *Sep.*, *Petrol.*, *Plumb.*, *Sulf.*, *Acid sulph.*, *Capsic.*, *Clematis*, *Psoricum*.

Physicians will, probably, not blame us, if we express want of confidence in the enumeration of so many remedies against a morbid state which is so distinctly marked and so little associated with diseases of a general character. Of the above remedies, only *Carb. an.*, *Arsen.*, *Acid nitr.*, *Aur.*, *Sep.*, and *Sulf.*, deserve a trial; *Carb. an.* and *Arsen.*, principally among drunkards; *Sep.* among women. However, the cure will always require much time, and the result will be exceedingly uncertain and incomplete, for the redness mostly remains at any rate. Lately, we have frequently observed a remarkable improvement from the following treatment: Two drachms of *Flor. sulf. loti.* are to be mixed with two ounces of distilled water. After shaking the mixture well, the diseased places are to be touched with it, by means of a piece of linen moistened with it, every evening before bed-time. The mixture should dry upon the skin, and not be washed off before the next morning. In this manner the formation of the tubercles is made to disappear amazingly quick, and the redness becomes less intense. The good effect follows without exception, and we have here a renewed proof how efficacious the external application of a remedy may be at times, when its internal use has no result whatever, or at least a very slow one.

REPORT OF THE RESIDENT PHYSICIAN OF THE ALBANY CITY DISPENSARY ASSOCIATION.

RECORD OF PRESCRIPTIONS AND VISITS.

DISEASES TREATED IN 1868-9.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	August.	September.	Total.
Surgical.....	41	18	18	39	35	27	37	97	66	69	59	53	559
Skin.....	6	22	13	37	37	37	50	37	29	38	33	29	367
Head.....	12	1	3	11	6	5	9	10	21	4	6	9	96
Face.....	1	11	8	8	1	..	..	..	..	..	..	..	21
Eyes.....	9	12	8	..	16	..	28	27	21	..	9	10	178
Ears.....	1	12	..	..	9	..	1	..	..	16	..	..	27
Throat.....	4	7	..	..	7	..	1	1	2	1	2	..	27
Lungs.....	19	11	11	5	42	3	8	15	8	3	3	2	81
Heart.....	19	27	27	53	8	41	36	40	40	33	33	22	412
Digestive Organs.....	12	..	..	..	8	2	..	1	40	1	8	1	14
Liver.....	..	18	14	15	19	2	..	1	3	84	5	3	809
Kidney and Urinary Organs.....	4	8	4	7	2	2	..	1	1	1	..	4	24
Bowels.....	4	7	8	10	6	7	5	15	1	..	6	8	84
Spine.....	5	5	13	11	12	14	7	22	20	40	81	14	194
Nervous system.....	..	..	..	..	..	..	..	..	..	..	..	..	10
Diseases of women.....	6	4	12	10	8	..	2	8	..	1	4	4	114
Diseases of children.....	11	14	16	18	11	3	2	44	21	13	18	11	233
Number of patients visited.....	8	10	7	14	12	9	1	13	11	14	17	7	123
Not classified.....	74	179	157	214	306	113	49	92	114	106	118	143	1665
Synotic.....	126	..	..	64	95	54	88	47	72	55	52	44	126
Total.....	839	893	854	614	667	390	343	506	514	441	430	409	5295

The tabular record of prescriptions and visits, compared with that of the previous year, shows a ratio of increase of nearly one hundred and fifty per cent.

COMPARATIVE MONTHLY SUMMARY.

YEAR.	November.	December.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	Total.
1868 .....	..	..	18	50	57	60	107	335	288	369	355	339	1978
1869	398	354	514	667	390	343	506	514	441	480	409	339	5296

COMPARATIVE SUMMARY OF DISEASES TREATED.

DISEASES TREATED.	1868.	1869.	DISEASES TREATED.	1868.	1869.
Surgical	233	559	Nervous system	39	114
Skin	103	367	Diseases of women ...	77	223
Head	45	96	Diseases of children ...	70	123
Face	22	21	Scrofula	11	...
Eyes	93	178	Fever	19	...
Ears	40	27	Rheumatism	86	...
Throat	85	81	Debility	37	...
Lungs	147	412	Vaccinations	11	...
Heart	10	14	Syphilitic	61	...
Digestive organs	169	309	Diseases of the mind ..	12	...
Liver	26	24	Not classified	169	...
Kidneys and urinary organs	89	84	Number of visits made.	302	1665
Bowels	91	194	Zymotic .....	...	610
Spine	1	10	Total	1978	5296

The foregoing report exhibits very gratifying evidence of the usefulness and success of the institution. The cases treated at the Dispensary are classified as follows: Surgical, 559; diseases of the skin, 367; head, 96; face, 21; eyes, 178; ears, 27; throat, 81; lungs, 412; heart, 14; digestive organs, 309; liver, 24; kidneys, 84; bowels, 194; spine, 10; nervous system, 114; diseases of women, 223; diseases of children, 123; zymotic diseases, 610; number of visits made to patients at their residences, 1665; making a total of over 800 different cases of disease, and 5296 prescriptions during the year ending September 30, 1869, more than twice the number prescribed for during the same time last year.

The cases treated embrace a variety of form and intensity, a part being merely trivial and of short duration, while many were of a serious character and of long standing. Several important operations are reported among the surgical cases. The success in the treatment of both the acute and chronic cases, in many instances, has been very decided and prompt. The report affords the most convincing evidence of a necessity for the continuance of this charitable institution, and for augmenting its usefulness by increasing its facilities for the reception and treatment of the worthy poor of our city.

S. H. CARROLL, *Late Resident Physician.*

CONIUM MACULATUM.

BY CARROLL DUNHAM, M.D., NEW YORK.

THE following remarks are based upon the proving published by Hahnemann in the "Chronic Diseases," Volume III., 2nd edition.

GENERAL ANALYSIS.—1. The action of *Conium* upon the vital power is very peculiar. It depresses the sensorium, weakening the memory, producing mental lassitude and dullness, with difficulty in expressing one's ideas; and yet, under its action, the special senses are abnormally acute, at least those of sight, smell and hearing. The pulse is enfeebled and irregular, but in no other way does the involuntary muscular system appear to be affected. Power of locomotion is not impaired, but extreme lassitude and debility are manifest throughout the body, indisposing to physical exertion. Clonic spasms of the muscles of the face, arms and hands, have been observed.

2. There is not much in our proving of *Conium* that shows a marked action on the organic substance, nevertheless Hahnemann's acute observation enabled him to perceive indications for a clinical application of it, which has demonstrated that it must possess the power to alter profoundly the structure of various parts of the body; as, for example, the glandular substance, the substance of the cornea, the skin, and the uterus and its appendages.

Among the symptoms of *Conium*, those of the disposition are very well marked and characteristic. The prover is much depressed and disposed to weep, yet easily aroused to anger, averse to companionship, and inclined to shun society, yet dreads to be alone. Sexual desire in the male is easily aroused, even by the mere presence of women, yet the sexual organs appear so much enfeebled that seminal emissions take place under these circumstances, and sometimes without erection. In like manner, in the female,

the menses appear too early, but are scanty, the flow being accompanied by many accessory symptoms, among which extreme tenderness of the mammary glands is very characteristic.

The muscular lassitude is most marked in the early morning, the arms and legs feel tired and sore, the knees tremble, and after a short walk, the prover is exhausted and must lie down. The symptoms generally are worse at night, especially the cough, and the pains are worse during repose.

With these general remarks, we pass to a more detailed consideration of the symptoms, in anatomical order.

Conium produces the following effects upon the mind and disposition: Depression, sadness under which tears come easily, excessive anxiety, or else unnatural indifference, with depression. The prover seems sunk in thought, and is apprehensive respecting the present or the future. Dislike of society and yet a dread to be alone; this apparently incompatible symptom reminds one of the incongruities of hysteria, and has been very often verified in practice. Hahnemann urges upon us the importance of attending to the symptoms of the mind. This is a characteristic mind-symptom of *Conium*. Upon the sensorium it produces vertigo, which is experienced when rising from the recumbent or sitting posture, when rising after stooping, or, on the other hand, when going down stairs; and it is often worst when lying down—a symptom which is noteworthy in connection with Dr. Harley's speculations upon the physiological action of *Conium*. Memory seems to be enfeebled, as is likewise the power of comprehending what one reads, or of correctly expressing one's self. Nevertheless, Hahnemann remarks that the provers of *Conium* are unusually susceptible to the action of wine or alcohol, and we shall see that the special senses are abnormally acute under its influence.

Of the head-symptoms, we remark, first, as to the character of the pains; an ACHING pain, which is sometimes confined to one side of the head, feels like a heavy downward pressure, and is increased by motion of the eyes; some-

times in the occiput, like a heaviness when one sits leaning forwards; sometimes in the temples and over the eyes, like a pressure from within outwards. Second: *tearing* pains as a morning headache, as if the brain were torn. Third: a *drawing* pain in the forehead and temples, and a piercing pain from within outwards. The headaches are generally worse during motion and from a sudden jar or shock, such as a false step, which sometimes produces a digging pain in the head; and the brain seems to be sensitive, speaking and noise producing an unpleasant concussion in it.

In the **EYES**, heat and burning; itching and piercing pains in the canthi, or a smarting as if some acrid substance had been introduced into the eye. In the eye-ball, aching, increased by reading, and, in the evening, by closing the eye. The white of the eye is sometimes red and inflamed; the tears are abundant, overflowing the lids, and are very acrid. The lids are thickened and inflamed, pustules appearing upon them. The special sense is variously affected. Photophobia is among the symptoms. A short-sighted prover was enabled to see much farther than usual. Transient blindness, or dimness of vision, was noted by others; while others describe appearances as if threads or white clouds or luminous spots were moving in front of the eyes, and as if, when reading, the lines upon the printed page move up and down. These eye-symptoms, produced upon the healthy, afford us a more valid reason for using *Conium* in strumous ophthalmia than Dr. Harley's physiological explanation of its action could do.

In the inner ear, sharp shocks from within outwards were felt when swallowing, and piercing pains and aching; painful tension behind the ear and piercing pains in the mastoid process. The cerumen was blood-red in color; the special sense abnormally acute, and painfully so; every noise causing the prover to start. The provers complained of rushing, roaring and ringing noises in the ear, with throbbing as of the pulse; when blowing the nose, the ears feel as if obstructed.

The sense of smell is very acute, perhaps perverted; a prover stating that he seemed to smell *tar*, as though it were in the posterior nares.

On the lips, vesicles appear near the vermilion border, and are very sore.

Drawing pains and fine stitches in the gums and teeth. The toothache is aggravated by cold food; the gums bleed easily, and the teeth feel as if they were loose; the tongue is dry and swollen; deglutition difficult and painful, from soreness of the throat. Speech is difficult, probably for the above reasons.

Appetite is diminished; the taste is not blunted, but provers complain of a sour, foul or bitter taste, especially in the throat. Eructations occur, sometimes tasteless, sometimes sour or offensive, or tasting of the food; sometimes they are incomplete and produce pain in the stomach. Nausea and vomiting of mucus occur, sometimes early in the morning, sometimes after eating, sometimes towards evening.

Digestion is much disordered, as we see from the symptoms which occur soon after eating; rapid distension of the abdomen after eating only a little milk; distension in the epigastric zone after eating but little; it impedes respiration; nausea, vomiting and hiccough after eating; great lassitude and weakness after eating; sour taste and eructations, and risings of sour liquid in the mouth after eating. Aching and pressure in the epigastrium; it extends from the epigastrium up to the pharynx, and feels as if a ball were rising to the throat. Other parts of the organism are affected at the same time. After eating, provers mention aching in the back of the neck, vertex and forehead, with nausea; a gentle heat seems to pass from the stomach through the arms to the fingers, and then the hands appear as if dead.

In the right hypochondrium, an aching, increased by inspiration; in the left hypochondrium, an aching tension, extending lower down in the abdomen, with a sensation of heaviness throughout the abdomen.

In the abdomen, a constrictive pain, with an involuntary drawing of the abdomen up towards the thorax, and a pressing and aching pain. Cutting and piercing pains in the abdomen, with some degree of sensibility to pressure, are noted, along with the accumulation of flatus in the intestines. Pains in the groins as if swollen.

As regards the *stool*, we find under *Conium* frequent desire for an evacuation, with scanty discharge or none at all; also liquid diarrhœic stool, with colic, discharge of flatus, and much mucus or undigested food, or even blood. At night the evacuations are involuntary. The stools are preceded by cutting in the abdomen and accompanied by burning, pressing or cutting pains in the rectum; and are followed, whether they are diarrhœic or not, by a sensation of general weakness and trembling, or even faintness.

The urine is high-colored and there is frequent desire to pass it, and the stream is interrupted; there is a spasmodic pressure in the region of the neck of the bladder, and a sharp, piercing pain from without inwards after urinating; severe cutting pains in the urethra during the act of passing water. Passing water does not relieve the desire to do so. In women, when passing water, pressure upon the uterus and cutting pains.

In the male sexual organs, cutting pain through the scrotum to the root of the penis; pressing and tearing pains in the testes; frequent emissions of semen at night and even during the day, excited by the presence of women; on the other hand, deficient erections or complete impotence.

✓ In the female sexual organs, violent itching of the pudenda, and even within the vagina, day and night for a good while, most just after menstruation. The menses appear too soon, but are very scanty; they are preceded by dry heat over the whole body, anxious dreams, and a depressed and anxious state of mind, and by piercing pains in the region of the liver; worse when lying down at night, or on inspiration.

Leucorrhœa occurs, of a white acrid mucus, which pro-

duces much burning, and is preceded by pain in the abdomen.

In the respiratory organs, we notice a catarrhal condition; abundant discharge of mucus from the nose, with hoarseness, rawness of the throat and cough. The cough, which is forcible and frequent, appears to loosen some mucus in the chest, which, however, the patient cannot expectorate until some time has passed, when a slight cough brings it up. In the throat, a constant tickling and itching, provoking a dry, teasing cough. The cough becomes worse on lying down at night, and even threatens to end in vomiting; it produces shocks in the head and pain in the abdomen. These cough symptoms, especially the teasing, dry cough on lying down at night, have been very often verified in practice.

Respiration is short and labored, especially inspiration; pains of various kinds are described, as cutting pains in both sides of the chest, increased by inspiration; tension and weakness in the chest; palpitation of the heart, especially after drinking; it is visible to others as well as felt by the prover.

The mammæ are hard, very painful to the touch (especially during menstruation), with stitching pains, at night, in them. The nipples itch and, when rubbed, burn.

In the *back* are observed, in the sacral region and between the scapulæ, stitches and tensive drawing pains, much increased by moving the arms upward; severe aching in the sacral region from walking a short distance, followed by nausea and lassitude; stitches in the sacrum when standing, with drawing through the lumbar vertebræ.

In the extremities, lassitude and weakness, more marked in the lower extremities, with numbness of fingers and toes, the former looking as if they were dead. There are also piercing and tearing pains throughout the extremities and in the joints, particularly in the elbows and hip joints.

Conium appears to produce disposition to sleep, in the early morning and by day, so great as to be almost irresistible. The sleepiness continues in the evening, yet the prover

does not get asleep until late, and the sleep during the night is disturbed and interrupted, and attended by heat of the body and twitchings of the arms and hands, and much depression, with disposition to weep; and by bad dreams. As before remarked, the sleep is prevented and interrupted by dry, teasing cough—a symptom which has received numberless clinical verifications.

Of fever, no well-marked paroxysms are described. A coldness, without thirst, occurs in the morning, with vertigo and depression of spirits; slight heat in the afternoon, with thirst, attended by relief of the head symptoms; sweat in the evening, quite abundant during the first sleep; or during the night, sweat only of the legs; or, again, sweat early in the morning on awaking, of the legs, although they are cold. The pulse is irregular, as regards both force and frequency.

Upon the *skin*, *Conium* produces on various parts of the body, a fine, hardly-visible eruption, which itches considerably.

Ulcers already existing in provers, assume, under its action, a blackish color, discharge an offensive ichor, and bleed and pain. Swollen glands become the seat of piercing pains and soreness.

Before we proceed to consider the therapeutic applications of *Conium*, it will be interesting to turn to Dr. Harley's statement of its physiological effects, as observed by him. (U. S. Med. and Surg. Journal, Vol. IV., pp. 445, *et seq.*) He comprises its entire action in this brief statement: “*Conium*, then, in a state of health, and in the fullest medicinal doses that we can venture to give, exerts its power chiefly, if not exclusively, upon the motor centres within the cranium. And, of these, the corpora striata, of course, are the parts chiefly affected.”

The peculiar symptoms of the mind and disposition; the abnormal acuteness of the special senses, the characteristic concomitant symptoms of the stool, are not mentioned in his record; perhaps because the doses which he used in proving were so large that the violent symptoms provoked

by them, masked such subjective phenomena as these; perhaps, and *probably*, because they were not susceptible of physiological explanation, and could, therefore, have no significance and no therapeutic value for him. We, fortunately, have a means of applying to therapeutic uses, symptoms to which we have not yet found the physiological key. Our therapeutics, therefore, is not held back by the shortcomings of our pathology, however greatly it might be reinforced by the perfection of that science.

Therapeutic Applications.—As might be inferred from the symptoms, *Conium* has been frequently and successfully used in mental affections. Elwert (“Allg. Hom. Zeit.,” 9, 196) reports a case of insanity which had been for two years unsuccessfully treated Allopathically. The peculiarity of the case was the regular alternation in the condition of the patient. For ten days he would be depressed, melancholy, taciturn, fearful, with restless nights; the succeeding ten days, excited, violent, irritable, mischievous. *Conium* 8, a dose every fourth day. He seemed well after the second dose, but the remedy was continued, as a precautionary measure, for several months, in smaller and less frequent doses.

Elwert reports another case of melancholy with enlarged spleen (A. H. Z., 9, 198), cured by *Conium*.

I have had occasion, more than once, to prescribe for cases in which, although there was evidently uterine disease existing, yet no characteristic indications for treatment could be found in the uterine symptoms.

The peculiar mental symptoms: depression, timidity, taciturnity, aversion to society, and at the same time a dread of being alone, induced me to give *Conium*, with very satisfactory results, as regards both mental and uterine symptoms.

In affections of the eyes, *Conium* has been much and satisfactorily used. Tülff says (Hom. Vierteljahrschrift, 3, 195), speaking of hordeola: “*Conium* will be useful where the trouble recurs; where several hordeola become indurated, and, on occasion, inflame again.” He places *Staph.* beside

Conium in this regard, Its chief application, however, has been in scrofulous ophthalmia.

✓ Knorre says ("Allg. Hom. Zeit.," 5, 88): "Photophobia is either a symptom of inflammation of the eye or an independent, purely nervous condition of the eye, without participation of the vascular system. In the latter case the photophobia is often conjoined with spasmodic closure of the lids. When it is impossible to open the lids, the inflammation of the lids is generally an index of inflammation existing within the eye. Usually, the scrofulous photophobia is conjoined with a pale reddish discoloration of the globe of the eye, which appears like a projecting seam around the cornea, or else there are visible only a few scattered blood-vessels in the conjunctiva. It is wonderful how quickly and certainly *Conium* relieves such cases; but where the inflammation predominates and the photophobia is not so marked, *Conium* is not so efficacious."

✓ Knorre, Frank, Segin, Marschall, and Thorer publish in the "Allg. Hom. Zeitung," Hygea and Prakt. Beiträge, cases illustrating the action of *Conium* in strumous ophthalmia. In all of these cases, the photophobia was the prominent symptom. In most of them, the flow of tears was excessive and the liquid acrid, producing much inflammation of the lids; ulcers and obscuration of the cornea were noticed in some cases. In this connection, the following case may be of interest:

✓ A girl of six years had been treated three months for "ulcer of the cornea," by applications of a crystal of *Sulphate of copper*, and was brought to me in the following condition. The eyes were forcibly closed; the head bent down and, when possible, buried in a pillow or in the mother's dress, to avoid the light. On any attempt to open the lids, a copious flow of tears gushed out, and the spasmodic closure was so firm that I could not get a view of the globe of the eye. If the lids were forcibly separated, the eye was rolled upward so as to hide the cornea. The sclerotic was not deeply colored; the conjunctiva palpebralis thick, dark-red and velvety. The edges of the lids were

thickened, excoriated and covered with light scabs. I had to accept the statement of my Allopathic predecessor that there was a deep ulcer on each cornea.

The general health was good. I gave *Conium* 200, a dose every night. In one week the photophobia had so far diminished that I could get a view of the cornea. A large ✓ but not deep ulcer was visible on the right cornea, a smaller one on the left. Lachrymation much less; the lids less inflamed. The *Conium* was continued, but less frequently. In one month from the beginning of treatment, the photopho- ✓ bia had ceased; the ulcers were healed, leaving a pearly opalescence in the right cornea, which, from observation of other cases, I think will disappear within a year or two.

Had there been disorder of the digestion and constipation, such as clearly to indicate *Nux vomica* in this case, I should have given it, and expected, under its action, great amelioration of the photophobia; such having been my experience in cases of this kind.

Rentsch reports ("Allg. Hom. Zeitung," 38, 92 and 38, 90) two cases of deafness, in both of which the deafness had been preceded and was accompanied by symptoms of disorder of the liver. The deafness seemed to depend on accumulation of hardened and dark cerumen, which, being removed, and *Conium* administered, the deafness passed away. It would appear that the deafness depended on the accumulation of cerumen, and was cured by its removal; but it is noteworthy that the liver symptoms ceased ✓ under the action of *Conium*, and that the cerumen did not accumulate again.

✓ Kammerer reports (Archiv., 8, 2, 70) a case of "cancerous ulcer" of the lower lip, from pressure of the tobacco-pipe, promptly healed, under the internal and external use of *Conium* 1st.

✓ Caspari (Archiv., 4, 2, 24) relates a similar case — a scirrhous of the lower lip of two years' standing, already ulcerated. Under *Conium* 15 the ulcer healed and the tumor diminished. Six weeks after treatment began, however, the patient had the tumor removed by a surgeon. *How far*

the favorable action of *Conium* could have availed in this case, we are, therefore, unable to know.

✓ In *gastralgia*, Dr. Werber states (Hygea, 6, 321) that he has found *Conium* always an excellent remedy, where there was a tendency to constipation, the patient being of a lymphatic constitution; and he relates a case cured by it, speedily, the symptoms being: painful spasm of stomach, a feeling as if the stomach contracted, or of a heavy burden upon the stomach; she could not bear tight clothing; the pain never entirely ceased, but was sometimes moderate, and then gradually became very severe; tendency to constipation; an obstinate, wearisome, spasmodic cough, which aggravated the *gastralgia*, the cough increased by talking, running, and by emotion.

✓ Dr. Gauwerky reports a cure of cancer of the stomach; and Dr. Stens of cancer of the lip, with *Conium*; the details not given ("Allg. Hom. Zeit.," 44, 70).

✓ Drs. Bürkner and Heil report (Hirschel's Zeitschrift, 4, 67, and 58 and 130) cases of cancer of the stomach and perforating ulcer of the stomach respectively, in which the diagnosis can hardly be questioned, and which were ultimately fatal. *Conium*, however, caused such marked improvement in both cases, that we may suppose they might have been cured, had they come under treatment earlier.

✓ Dr. Battmann reports ("Allg. H. Zeitung," 54, 163) a case of enlargement of the mesenteric glands, ending in suppuration and a large abscess, which was opened near the umbilicus. The patient was terribly reduced, the abscess continued to discharge and the tumor to grow until *Conium* was administered, when improvement set in and the boy rapidly recovered.

In enfeebled conditions of the male sexual organs, whether these result from self-abuse or from excessive venery, *Conium* has proved a valuable remedy. Lobethal, Ehrhardt, Marschall, Hartmann, bear witness to its value.

I have used it successfully where, along with weakness, there also was much sexual erethism, amatory thoughts occurring and even emissions being provoked by the mere

presence of women, to the great annoyance of the patient. In this regard, *Conium* belongs to the same group as *Sepia*, *Selenium*, and *Gelsemium*.

Hahnemann, (*Mat. Medica Pura*, 4, 238) suggests that *Conium* would be an efficient remedy in that kind of hypochondriasis which befalls unmarried men of chaste habits. ✓ It is singular that Dr. Harley should have been led to hold similar views (or is it not)?

✓ Griesselich (*Hygea*, 21, 195) says that *Conium* relieves delayed and scanty menstruation, accompanied by symptoms which point to congestions in other organs, and especially when the mammæ are lax and shrunken.

✓ Hartmann says (*Therapie*, 2, 610): "*Conium* is an excellent remedy when menstruation fails to appear, but, instead thereof, every four weeks, there is great sensitiveness of the outer and inner pudenda; constant dry heat of the body, without thirst; with anxious dreams and heaviness in all the limbs; disposition to weep; restlessness; anxious care about every trifle; and piercing pain in the region of the liver, often lasting several days, and much enfeebling the whole body." I would add to the above, "tenderness of the mammæ."

✓ Hartmann likewise says: "In the hysterical attacks and spasms, no remedy is more suitable than *Conium* often is. Most of the symptoms in these cases originate in the sexual system. The patients often complain of itching in and about the pudenda, with pain like a downward pressure of the uterus, and stitches in the vagina; menses suppressed or deficient; leucorrhœa acrid, with frequent constricting pains in the abdomen; pressure in the œsophagus as if a ball were rising from the stomach to the pharynx; depression; discontent; disposition to weep when alone * * palpitation and pain with every pulsation, as if a knife were thrust through the occiput, with irregular pulse.

Clinical experience has shown the power of *Conium* to arrest the growth of fibrous tumors of the uterus, as I have had several occasions to observe. The indications must, in such cases, be derived from the concomitant symptoms.

One which I have several times observed, and which has led me to the successful use of *Conium*, is this: "441. After every stool, trembling weakness."

✓ Tumors of a suspicious nature in the mammæ have been caused to disappear by the use of *Conium*. They are generally the seat of piercing pains, much worse at night. The rest of the gland is abnormally tender. I have had several such cases.

✓ Hartung (*Hygea*, 23, 135, from *Frag. der verlass. Schrift. Hahnemann's*) reports a "tumor of the right mamma, of a stony hardness, irregular surface, the seat of stitching pains; upon it a raw, irregular, moist elevation; swelling of the axillary glands. All disappeared under *Conium*."

✓ Caspari reports a scirrhus of the left breast following a blow, cured by *Conium*.

In a case of mine in which *Conium* relieved the pains, but did nothing more, *Clematis erecta* caused the disappearance of the tumor.

✓ The action of *Conium* in curing spasmodic, dry cough, worse in the evening and at night, and greatly fatiguing the patient, is witnessed by many writers. Hartmann (*Therapie*, 1, 115); Käsemann (*Hygea*, 10, 359); Hirsch (*Allg. Hom. Zeit.* 4, 308); Mayrhofer (*Hygea*, 18, 495); Hartmann ("Allg. Hom. Zeitung," 2, 109). I have, myself, very often observed its happy action in such coughs. Likewise, in hooping-cough, it has been frequently used with good effect; chiefly, I think, however, when, upon the spasmodic affection, a sub-acute bronchitis had supervened, attended by a cough of the above character.

✓ Hirschel (*Zeitschrift*, 1, 77) relates that a tuberculous youth had, for a long time, a tickling cough; dry; provoked by a spasmodic tickling in the larynx, which was not tender on pressure. The cough came on about six P.M., continued several hours, and was very wearisome. *Conium* 2nd, one dose, cured the cough.

Schwenke ("Allg. Hom. Zeit." 60, 152) reports a singular case. In a lad of thirteen years, a noise apparently

from the larynx, like *tha—h, tha—h*, was heard, with respiration so loud and disturbing that he was dismissed from school. The muscles of the right side of the face were subject to spasmodic twitchings, which preceded an increase of the noise. He also complained of spasmodic pressure in the region of the glottis; swelling of the glands. *Conium* 6th effected a permanent cure.

Cures of eczema are reported by Hartlaub, Seidel and Schrön.

Enlargement and induration of the glands, in whatever locality, find in *Conium*, according to Hartmann, their most frequently efficient remedy; a statement confirmed by much clinical testimony.

These citations might be widely extended. What has been said will suffice, however, to show the application of *Conium*, according to the Homœopathic law, and will suggest an interesting comparison with Dr. Harley's paper.

DISEASES OF CHILDREN.

BY T. G. COMSTOCK, M.D., ST. LOUIS, MISSOURI.

SUMMER COMPLAINT.

(*Cholera Infantum.*)

THE disease peculiar to the United States, so well known as summer complaint, is at present (August, 1869) prevailing in St. Louis. We are opposed to treating disease specifically from its name; but, in the present case, the name, to a certain degree, gives us a partial idea of its cause. The high temperature of the weather in July is one of the principal causes of this disease, the system becoming enervated and incapable of reacting properly, owing to the continued intensity of the heat. A real summer complaint, when developed, is, in the beginning, a deranged state of the stomach; for here digestion commences, though completed in the small intestines. If the

gastric juice should be poor in quality, owing to irritation of the mucous coat of the stomach, so that it cannot be duly secreted, then the food cannot be properly prepared for its passage into the duodenum, so that either the stomach will reject it, as is frequently the case, or, if it is passed through the pyloric orifice into the duodenum, it will set up an irritation there, and, as a result, we shall have the continued diarrhœa, so peculiar to this complaint. But is summer complaint, primarily, altogether a lesion of digestion? By no means. Owing to the excessive heat of the atmosphere, the whole nervous power becomes exhausted, the respiratory function is interfered with, as well as the function of the liver. The enervation of the system by excessive heat is greatly aggravated by the fact that this disease attacks children at a critical age, when they are getting their first teeth, the disease being generally worse the "second summer" of the child's life, between the thirteenth and eighteenth month, at the time when the child is cutting its cuspids and stomach teeth. Children under six months are also subject to this complaint, and it is then apt to run a rapid course, so that it is usually termed cholera infantum; but, in children over one year old, when the disease lasts for a time, it is then termed summer complaint.

Symptoms. — Diarrhœa of a very varied character, sometimes mucous, serous, dysenteric or fœcal; head hot, slight feverishness; vomiting; languor; irritability; fretfulness; loss of appetite; stomach swollen — these symptoms continuing, emaciation gradually follows, and, as a consequence, marasmus and inanition.

Pathological Appearances after Death. — In all cases that we have ever seen, there has been a great change in the follicles of the mucous coat of the stomach; the liver is usually congested; bladder frequently found empty; effusions in the ventricles of the brain, and often the arachnoid coat is thickened. The disease is, however, not to be considered as a local one, but rather a *systemic* one, whose seat is in the whole nutritive apparatus; the ganglionic system and nerve-centres being implicated; and, more than all, sanguification

is imperfect, the quality and quantity of the blood altered, so that finally the whole cerebro-spinal system becomes deranged, and greatly involved.

Treatment.—To manage a case of this disease successfully, will often tax all the powers of a young physician, as well as one who has had years of experience, and “grown grey in his profession.” Before giving any advice as to the medicines necessary, we wish to say that, where it occurs in large cities, a change of air for the child is advisable. If circumstances allow, it is well to send the patient to some northern climate, where the heat is not excessive. We prefer the sea-shore, mountain air, or near some lake, where the surroundings are pleasant and agreeable. This change will save the lives of a great many children, but in most cases, in ordinary practice, it is impracticable, as the means of the parties will not allow them to go away with their children.

Medicines. — For the diarrhœa, if without fever, and the passages are undigested, alternating with watery stools, with nausea, furred tongue, and the attack has come on after a constipation, *Antimonium crudum* 3rd, may be given. Evacuations frothy, painless, but worse after eating, *China* 2nd. Evacuations smell sour, breath sour, dentition retarded, abdomen bloated, child emaciated, and other remedies have perhaps failed, *Calc. carb.* 2nd. In some cases where the stools were chalky, with no appearance of bile in them, especially in infants artificially reared, children who seem subject to frequent attacks of bowel complaint, we have given a trituration of *Phosphate of soda* $\frac{1}{4}$, in doses of from one to ten grains three times a day. In the diarrhœa accompanying hooping-cough, in cases where the children were greatly emaciated, and the digestion was impaired, it has many times proved a very valuable medicine. We call the attention of our professional brethren to this remedy, and one of the principal indications for its use is where the bowel complaint has been induced from a want of requisite variety of food. Where the stools are serous, watery, sometimes involuntary, with great pain, *Oleum crotonis*.

Compare, also, with the last named, *Elaterium*. Yellowish, profuse stools, *Jalapa* 2nd; vomiting and nausea, *Ipecac.* 2nd, *Pulsatilla* 3rd or *Arsenic* 30th; vomiting and nausea, with very fœtid stools, child sinking, *Kreosote* 1st attenuation. This is a very important but neglected remedy; useful, also (I may say, sometimes specific), in chronic dysentery. Evacuations slimy, with straining, gums sensitive and swollen, child sweats much, and has aggravations at night, one of the following preparations of *Mercury* may be selected: *Mercurius sol.* 2nd, or *Merc. dulcis* 2nd. Other remedies, such as *Acid phosphor.*, *Acid sulphur.*; *Podophyllum*, *Secale*, or *Veratrum* will often be indicated; the last named may be given in profuse diarrhœa with vomiting, stools involuntary, and great tendency to a collapse. If the child has fever, either *Aconite*, *Belladonna*, *Bryonia*, *Rhus. tox.*, or *Gelseminum*, may be selected, and, in some cases, alternated with one of the other remedies.

Dr. Richard Hughes recommends *Nux vom.* and *Lycopodium*, in cases where there is evidently a muco-enteritis. He also suggests the use of *Phosphorus*, *Arsenic* or *Phosphoric acid* for the diarrhœas which accompany the "wasting diseases" of children. Another remedy, not to be neglected, is *Colocynth*, for greenish stools, accompanied with severe colic pains. *Chamomilla* we have not spoken of, but it is the remedy in slight cases, where there is much rumbling in the bowels. In children from two to five years old, where the diarrhœa becomes chronic and has resisted all other remedies, an infusion of *Cistus Canadensis* (*Frost-wort*) will be found worthy of trial. This "*Frost-wort*" is useful in chronic dysenteric-diarrhœas of adults, as well as children. We have certainly cured a good many cases with it, after other remedies had been tried in vain. Another remedy seldom used, but often found serviceable when the child is irritable and restless, showing symptoms of exhaustion and a general decline, is *Staphysagria*.

Diet.—One great cause of summer diarrhœa in young children is, that the mother, believing she has not enough milk to nourish the baby properly, feeds it artificially, and

thus deranges the stomach. A young child, until the first incisor teeth come through, does not need anything but its mother's milk. Mothers will not believe this; they nearly all insist that they have "not enough milk," and begin to stuff the child with something else; they insist that "the child is starving." Now, this is a very popular error, but so deeply rooted that we seldom succeed in getting it out of the mother's head. The wise Being who gave the child to the mother, has, in the greater majority of cases, provided her with a secretion of milk sufficient to sustain it. Another very popular error, which has become quite fashionable is, for the mother to insist that she must constantly drink lager-beer, in order that it, the beer, shall "make milk." According to Dr. Condie's statements, lager beer actually lessens the quantity of the milk. After the mother's milk, cow's milk is the best diet for children under six months; it should be properly diluted, and not given too strong. Condensed milk will be found appropriate, if cow's milk of good quality cannot be procured. In one instance that we call to mind, in a child whose mother died during confinement, the child was "brought up by hand," upon condensed milk, and took no other sustenance for seven months or more. This child did well, and the condensed milk proved to be a great convenience. When children are weaned, the best diet for them is beef-tea, arrow root, Liebig's food, gelatine or carrot-pap. This carrot preparation is admirably adapted to scrofulous children. We have used it for many years, and can speak highly of it. It is good for adult dyspeptics, as well as for children. The following formula for its preparation we extract from "Bednar's *Kinder-Krankheiten*," page 39:* "An ounce of finely grated carrot should be put into half a pint of cold, soft water, and should stand twelve hours, being frequently stirred; it should then be strained through a sieve, and all the juice pressed out. This juice is

* In the "Cleveland Quarterly Homœopathic Magazine," Dr. George E. Shipman, in a translation from "Frank's Magazine," has noticed favorably this preparation.

then to be thickened with grated bread or arrow root, and to be set upon a slow fire. After boiling up once or twice, it should be sweetened and is then ready for use. The juice of the carrot, combined with water-crackers or crusts of bread, contains all the material that is necessary for the nourishment of weaned children — albumen, starch, gelatin, sugar, fat and salt, and, finally, even the phosphate of lime and phosphate of magnesia. In the preparation of this food the greatest cleanliness must be observed. *The juice must be prepared fresh every day*, and must, moreover, be carefully watched lest fermentation ensue. The large and full-grown carrots are preferable to the young and small. This article of diet is also recommended for older children suffering from scrofula, worms and rickets, and is also suitable for patients convalescing from acute diseases." In older children, when the diarrhœa has become chronic, the existence of worms may be a cause; if so, *Santonine* or *Cocoa-nut* rind, should be given as vermifuges; but if no worms are present, then it is recommended to give the child some *cider* once daily, and some one of the remedies for diarrhœa above indicated may be selected. It should be borne in mind that softening of the stomach, and water upon the brain, are complications of summer complaint. Both affections are almost incurable, but occasionally a child recovers from the latter.

The great thing in summer complaint is proper ventilation; keep the child in a temperature of about 60 Fahrenheit, and when the weather is intensely hot, see that it is lightly covered, and do not annoy the little thing by keeping upon it flannel garments, for they only assist in keeping up the irritation and enervation of the child. The child should be daily carried out in the fresh air early in the morning and after the sun has gone down.

COFFEE IN SUMMER COMPLAINT.

Before closing this article, we desire to call the attention of our medical brethren to the use of coffee as an aliment and stimulant in this disease. We noticed an article, some

years since, written by Professor Dr. F. W. Hunt, of New York,* from which we extract the following:

"Coffee as an article of diet, as well as a medicine, is highly useful in the summer complaint of children. I have often used it for the following symptoms: "Extreme emaciation; distended abdomen; pulse small and frequent; great restlessness; imperfect sleep, with eyes half open, and convulsive motion of the eyes when awake. A teaspoonful of the ordinary infusion of coffee has arrested the vomiting, causing tranquil sleep, changed the character of the evacuation from the bowels, and improved the digestion and general strength?" Those physicians who always interdict coffee, will be surprised at the above, but our experience confirms what Dr. Hunt has so well and plainly described. Before we had our attention called to Dr. Hunt's recommendation, we had often noticed the non-injurious effects of coffee in similar cases, where mothers insisted on giving it; but, after reading the above, we took occasion frequently to prescribe it, and, in a great many instances, with the best results. In some instances, children who were almost in an extreme state of marasmus, have been sustained by coffee alone, for several weeks, and have finally recovered. It has been our practice to give it with cream and sugar; but, in some cases, we have given black coffee without cream, but sweetened a little. Dr. Ludlam has also recommended it in similar cases.† In marasmus, there is a tendency to decomposition of tissue, and coffee is well known to prevent such a decomposition, and thereby it is most useful in circumstances of unusual fatigue or deficient alimentation. Another remedy which acts similar to coffee is coca. The leaves are officinal.

This coca is a Peruvian plant, and can now be obtained of pharmacutists in New York. Several years ago, we obtained some from Peru, and found it to act like a charm, in cases where digestion was weak and difficult. It is very

* See "Amer. Hom. Review," Vol. I., p. 510.

† "North Amer. Jour. of Hom.," Vol. XV., p. 360.

different from, and not at all related to, cocoa; it has the peculiarity of producing a pleasant excitement. To children with marasmus, we have given it in a weak infusion. It is a remedy of great practical utility in cases of confirmed dyspepsia, and is especially useful for hypochondriacs. Several years ago, I experimented with it upon myself. It is a most powerful and agreeable stimulant to the brain and nervous system; is especially useful to counteract fatigue of mind and body, and enable the prover to live upon, at least, one half his daily allowance of food. I hope our brethren will experiment with this medicine. Its technical name is *Erythroxyton coca*.*

Other Specialties in the Preparation of Food in Summer Complaint.—One great difficulty in the management of this disease, is to find proper nutriment for the sustenance of the child, such as it can digest. We think we have saved a great many children who were reduced to marasmus and almost inanition, by giving the milk-whey (*serum lactis*); they have been able to retain this upon their stomach, and their nutrition has been immediately improved by its use. There is always some difficulty in preparing it, but the following directions we extract from "Dr. Routh's Treatise upon Infant Feeding."—Prof. Falkland's method: "One-third of a pint of pure milk is allowed to stand until the cream has risen; the latter is removed, and to the blue milk thus obtained about a square inch of rennet (or from ten to thirty drops of wine of pepsin, T. G. C.) is to be added, and the milk-vessel placed in warm water. In about five minutes the curd will have separated, and the rennet, which may again be repeatedly used, being removed, the whey is carefully poured off, and immediately heated to boiling, to prevent its becoming sour. A further quantity of curd separates, and must be removed by straining through muslin. This whey we usually, in our practice, sweeten with a little white sugar, and then give it to the child *ad libitum*; but Dr. Falkland recommends, instead, that sugar of milk

* "British Jour. of Hom.," Vol. XIX., p. 337. Also, "N. Y. Medical Record," Vol. I., p. 166.

should be added, and that the whey should then be mixed with a little cream and new milk, as follows: In one-quarter of a pint of this hot whey, is to be dissolved three-eighths of an ounce of milk-sugar, and this solution, along with the cream removed from one-third of a pint of milk, must be added to half a pint of new milk. This will constitute the food for an infant from five to eight months old for twelve hours; or, more correctly speaking, it will be one-half of the quantity required for twenty-four hours. It is absolutely necessary that a fresh quantity should be prepared every twelve hours; and it is scarcely necessary to add that the strictest cleanliness in all the vessels used is indispensable."

Liebig's malt-flour (similar to what is sold as "Rational Food") is recommended as a substitute for mother's milk; it will be found excellent in many cases, but, unfortunately, the child often refuses to take it. It is prepared as follows:

"Finely-divided beef is lixiviated with cold water, so as to remove from it all soluble substances; the solution is evaporated to dryness over a sand-bath, at a temperature of about 120°. At so low a temperature, neither the albumen nor the coloring-matter is coagulated. The tea, which contains, unchanged, nearly all the nutritive principles of beef, together with the salts, may be diluted with water at the time of its use."* This may be given in doses of from one to five tea-spoonfuls several times daily.

"As regards the use of farinaceous food for infants and young children, barley flour properly boiled in milk or water, is as easily digested and as nutritious as rice or wheat flour, or arrow-root, and in some instances it appears to agree better. I now generally recommend it in preference to these substances.

"An article of food employed in New York for the diarrhœa of infants, is prepared as follows: A pound of dry wheat flour of the best quality is packed snugly in a bag and boiled three or four hours. When it is taken from

* "Smith on Diseases of Infancy and Childhood," p. 605.

the bag it is hard, resembling a piece of chalk, with the exception of the exterior, which is wet, and should be removed. The flour grated from the mass should be used the same as arrow-root or rice."

POISONING BY ATROPINE.

Translated for this Journal by T. F. ALLEN, M.D., NEW YORK.

THERE is reported in the first part of Volume XLVIII. Virchow's Archiv, a case of *Atropine* poisoning of great interest. A physician (K.), forty-four years old, had, in November, an attack of diarrhœa, with yellow, very fluid stools; the passages were painless, but preceded by slight pains in the intestines; in the night he had six thin evacuations, and between five and six in the morning, took, without looking, from a vial, containing a solution of *Atropine* of one grain to one drachm, which he had prepared the previous year, first ten drops and soon after twenty, making about half a grain, since all had dissolved; he intended to take a solution of *Morphine* which he kept for his wife. K. states that afterwards he was restless, and slept none. His wife noticed nothing remarkable till 8½ o'clock in the morning (12th November), when, as she says, he wakened, and talked confusedly and almost unintelligible nonsense.

The constant confused muttering continued till 9¼ o'clock, when I first saw the patient, and still kept up without cessation, till about 4 P.M. The patient is busied with subjects which at other times occupy his mind; politics, and struggles consequent on his relations in life, form its burden; now and then he seems to have almost a consciousness of what transpires about him, so that at times he gives an answer when one addressed him, whose commencement shows that he understood, but which passed into irrelevant, senseless talk. He recognizes momentarily members of the family; apparently notices when the door opens or one is

busy about him, but, when spoken to, often turns his head to the wrong side.

The tongue, and other muscles assisting in speech, were difficult to move. The tongue, shown *once* when desired, was protruded with difficulty, and incompletely; is coated whitish on the margins and yellow in the middle, and, together with the mucous membrane of the mouth, is dry. The mouth opens but a little; the masticator muscles are rigid; swallowing is difficult, but not impossible.

The skin of the face, body and extremities, has a normal color; is not puffy, neither cool nor burning; only on the forehead and head is it rather cool than warm.

Abdomen not tense, gives a moderately clear sound; not collapsed; no gurglings. The last stool was at 9 A.M.; thin fluid seemed to be mixed with urine.

Respiration completely quiet; regular, without unusual assistance from muscles coöperating in dyspnœa; 28 to the minute. Pulse 104, regular, not full, easily compressed; the single pulsations not sharply defined.

Heart sounds normal; no pulsations of the carotids nor temporal arteries.

No twitchings of the facial muscles nor of the muscles of body and lower extremities. There is, however, constant, restless throwing about and tossing of the arms, hands and fingers of both sides, similar to the movements in typhus delirium.

Patient keeps the recumbent posture on his back, and only at times, makes attempts (which are easily repressed) to rise up and get out of bed.

The eyes move restlessly hither and thither (ordinarily his look is not steady); winking normal; both pupils are dilated, but not *ad maximum*. Conjunctiva not injected. The eye is sensitive to the light held in front of it, but it does not affect the dilatation of the pupils.

1½ P.M.—Condition unchanged, but in no respect worse; neither stool nor urine; has endured, with tolerable patience, the cold applications ordered, though he did not

desire them; he called for groats to drink, but spat it out; desired no drink.

7½ P.M.—Voice much stronger; speech again intelligible; recognizes persons; speaks for the most part connectedly, but has difficulty in connecting ideas; still, much involuntary muttering; movements of the hands are more quiet, though it is still difficult to fix the hand to feel the pulse; the same with the arm on trying the thermometer. Skin somewhat warmer than in the morning. Pupils somewhat smaller; very weak reaction to light. Fundus of the eye not abnormally reddened. Patient is still unable to fix the eyes, which renders the ophthalmoscopic examination extremely difficult; temperature 102°; pulse 106–110, regular, somewhat fuller; pulsations more defined. Respiration 26–28; regular; abdomen a little tense, moderately clear percussion; some sensitiveness to very strong pressure in the gastric region; no important thirst; urine profuse, voluntary, first at 6 P.M.; no stool; no sleep.

November 13th, 9½ A.M. — His wife stated that, in the evening, there was, from hour to hour, better perception and more distinct speech; night restless; a few times great desire to get out of bed, but allowed himself to be quieted; frequent voluntary micturition; urine acid, dark, brownish, without sediment, and *containing Atropine*. He looks more natural, speech loud, distinct; recognizes persons, but his ideas are not entirely settled; when answering, he is inclined to make sudden transitions to confused ideas; remembers up to the time when he took the drops; speaks of the taste, and tells how many drops he took. Pupils a little dilated, react moderately to light; no diplopia; no indistinctness of contours (K. is very myopic); no vertigo; skin generally warm, only the reddened face is warmer than the rest of the body; head subjectively warm, but not painful. Cold applications are grateful; thirst moderate; appetite wanting; tongue moist, coated whitish-yellow; still no stool; urine copious, still voluntary; pulse 72, full, distinct; heart normal; temperature 100°; STIFFNESS IN LEFT

KNEE AND LOWER LEG, AND IN THE RIGHT GREAT TOE, though no pain.

November 14th, noon. — During yesterday, several times a little sleep; during the night, very good, quiet sleep. Applications have been discarded since midnight, when they became troublesome; head free; mind completely normal; tongue clear, moist; appetite very good; thirst not marked; urine not as frequent; no stool as yet; pupils smaller than yesterday, reaction to light lively, sight quite clear, reads the paper. Pain in the left leg and right toe almost completely disappeared.

Therapeutics consisted in the judicious use of cold applications; *Morphine* injections were not used, as his life did not seem to be in danger.

The patient's own statements on the 17th are interesting; his memory is wrong, inasmuch as he thinks that what really happened in the night, from the 11th to the 12th, took place in the night, from the 10th to the 11th; he only remembers, of the 12th of November, that he experienced a dull sensation in his head, with a feeling as if his hair had become matted into a thick felt. He attributes the motions of his hands to attempts to put this to rights; so he frequently would put his hands to his eyes with the idea of fixing his glasses better. (He did not have them on at all.)

He noticed that he could see nothing, and attributed the defect to his glasses. His first precise recollection is on the eve of the 12th, when he did not like the application of the thermometer. As K. made this statement, he frequently stuttered, especially at words difficult to pronounce, which he never used to do. He still felt very weak and unsteady in his gait.

RESUMÉ.

We have here a proving of *Atropine*, which showed itself after three hours (though apparently it came on earlier and was not noticed, as it was night). At that time it had reached its acme, certainly in its effect on the brain, and probably

in its effect on the muscles and nerves; for seven and a half hours, no change in intensity was noticed, either by the family or by the physicians; then at 4½ P.M., his voice became stronger, his speech more intelligible, and marked improvement began. Excessive effects were observed for twenty-seven hours, slight ones for more than five days, and, for a long time, a general weakness ensued. The quantity of the poison taken amounted to one-half a grain, which passed into the circulation, and showed itself in the urine, passed from fifteen to twenty-six hours after the intoxication. One hundred centimetres of this was evaporated, extracted with alcohol, the alcohol carefully expelled in a water-bath, and a solution made with ten centimetres of water and examined by a cat's eye. An injection into the conjunctiva of the right eye produced a very marked dilatation, lasting several hours; its whole duration cannot be given, as the cat died during the night.

Hitherto, in all the published cases, attention has been specially directed to the remarkable action on the nerv. vagus (pneumo-gastric), and von Bezold states that *Atropine* paralyzes the nerv. vagus without previous excitement. While now, in our patient, we saw an overpowering effect on the brain, the chief action on the vagus (its influence upon circulation and respiration) remained almost wholly unimpaired. The pulse rose, three and one-half hours after poisoning, to 104; in the evening, after fourteen hours, it was 110; but the next morning, after twenty-four hours, it sank to 72. When the pulse was 104, the respiration was 28; when the pulse rose to 110, with a temperature of 102 Fahr., the respiration was only 26-28 per minute. To the inconsiderable acceleration of the pulse, corresponded the color of the skin and the slight rise of temperature, which were noted at evening of the first day.

The effect on the peristaltic action of the intestines was noticeable. The drops were taken for a pretty smart diarrhœa; one thin, fluid evacuation followed after three hours; thereafter, no evacuation for five days, and then only induced artificially.

The urine was voided with a stool on the morning of the 12th; then followed a pause of nine hours; micturition was then voluntary and repeated at frequent intervals.

The secretion of saliva was much diminished; dysphagia was pronounced. This was, however, a pure paresis, as is shown by the rigidity of masseters and the almost locking of the lower jaw.

The violent motion of the ocular muscles was the result, probably, of mental excitement. The dilatation of the pupil, at no time at a maximum, diminished a trifle the first day, and remarkably so the second day, when it was very sensitive to light. When the patient became fully conscious, there were no double images and no obscurity of outlines.

The brain was most of all affected; consciousness was not completely destroyed, but so beclouded that there was only perception of isolated impressions, and even these were not appreciated in their true value; just as they began to assume a definite form, they became mingled with crowds of phantasies. These phantasies, with restless activity, induced delirium, only momentarily interrupted, which, for the most part, assumed a muttering character. The desire to put his imaginings into practice was slight, and when attempted, was suppressed with little exertion and without exciting a furious delirium. These conditions abated after twenty-four hours.

This involuntary proving of *Atropine* is very interesting and instructive.

Von Bezold published, two years since, the first part of "Untersuchungen aus dem Physiologischen Laboratorium in Würzburg;" containing a treatise upon the physiological action of the *Sulphate of Atropine* and also of the *Acetate of Veratrine*.

The conclusions to which he arrives are based upon observations derived from cases of human poisoning and direct experiments upon animals, chiefly rabbits and dogs. In summing up observations upon motor nerves, he states that *Atropine* diminishes their excitability, while muscular

tissue remains unchanged. The sensory nerves are deranged only by large doses.

Circulation.— Its action here is very marked, acting with remarkable energy upon the nervus vagus, especially that portion supplying the heart. It diminishes the tone of the blood-vessels, depresses the force of the aortic pulsations, as it weakens directly the heart's action and produces enlargement of the capillaries.

It diminishes or destroys the excitability of the vaso-motor nerves (sympathetic vascular plexuses), their nerve-centers in the brain and plexuses along the vessels.

The general action on the circulation commences by paralyzing the cardiac terminations of the vagus. A very minute quantity of *Atropine* may produce this, without any marked effect upon the circulation in general; the general tone of the vascular muscles is slightly aroused, the pulsations accelerated and stronger. This arises from slight cerebral excitement, with a paralyzed condition of the cardiac vagus nerves.

The nerv. vagus exerts a toning or controlling action on the heart, and, when paralyzed, the heart loses this control; hence we find the pulse accelerated. Man stands midway between the rabbit and dog in respect to the control of the vagus over the circulation.

In the rabbit, its toning power is very weak (as in herbivorous animals generally), so that, when paralyzed, it affects the heart's action but slightly; in the rabbit, for example, the pulse-frequency becomes only $\frac{1}{4}$ or $\frac{1}{3}$ of the normal, whereas, in the dog (as in carnivorous animals generally), it is three or four times the normal.

So in men we find the face red and injected, conjunctival vessels dilated and the pulse accelerated, owing to paralysis of the toning power (nerv. vagus) and weak arterial force (nerv. vaso-motor).

We find that it depresses and paralyzes smooth muscle-fibre; for example, the peristaltic muscles of the intestines and the sphincter papillæ (analogy).

The fibres of the sympathetic and portions of the oculo-

motor-nerve, in the eye, are paralyzed, hence the effect on the ciliary muscle and iris. It does not irritate the radiating fibres of the iris; indeed, it excites no muscle in the body.

It stops glandular and other secretions, producing dry skin, throat, etc.

In general it depresses, without previous excitement.

Such is an outline of von Bezold's conclusions in regard to *Atropine*; like all theories based upon such experiments, they must be cautiously considered; yet, there is presented to us some valuable truths concerning the general sphere of action of *Atropine*.

At a future time, I shall give some observations upon its wide-spread therapeutic use and abuse in diseases of the eye.

THE SEXES HERE AND HEREAFTER. By WILLIAM H. HOLCOMBE, M.D. Philadelphia: J. B. Lippincott & Company. 1869.

Time fails us to give this charming little work such a thorough reading as will enable us to impart to our readers any adequate idea of its character. It presents, in a style truly attractive, topics worthy of deep and serious consideration; and though some of the propositions may seem mystical, and others may be untenable, we do not hesitate to say the work will amply repay a careful perusal. It is an advocacy or exposition of Swedenborg's views on this subject; and though the writer of this notice is no disciple of Swedenborg, much less his partizan, he thinks no evil can arise from comparing the opinions here set forth with the dictates of reason and the teachings of the Word of God. Such a course would certainly come within the scope of the admonition to "Prove all things."

REVIEWS OF BOOKS.

A TEXT-BOOK OF PRACTICAL MEDICINE. With particular reference to Physiology and Pathological Anatomy. By Dr. FELIX VON NIEMEYER, Professor of Pathology and Therapeutics, etc. Translated by Drs. GEO. H. HUMPHREYS and CHAS. E. HACKLEY. New York: D. Appleton & Co. 1869.

THIS is a large work, in two volumes, each containing something over 700 pp. 8vo., and, as regards the Physiology and Pathological Anatomy, it is probably as complete a work as we have in the language. Every conceivable disease is here treated of, with great fullness and precision, and in this regard we take pleasure in recommending the work to the diligent perusal of all the members of our school.

As regards Therapeutics, however, the work is singularly lame and inconsequent. Apart from some well-put objections to the ordinary Allopathic treatment, some of which are rather diffidently urged, the work contains little of a practical nature of any value.

In the preface to the seventh edition, under date of October, 1867, he says: "Ten years ago, . . . I finally declared, without reservation, that even the dazzling progress which pathology had made, had been of but little use to therapeutics; that, in spite of new discoveries, our present success at the bed-side is scarcely more favorable than that of fifty years ago;" and we think that the learned Professor might have added, that the intervening ten years had wrought no change, and that, at the end of the next half-century, the same would hold true, and so on to the end of time, provided his views of studying therapeutics are persisted in. He denounces experiments with drugs upon animals, or upon

healthy human beings; says "that they have been of no direct service to our (the Allopathic) means of treating disease, and that a continuation of such experiments gave no prospect of such service." This is very true as regards the Allopathic school. Those who use the Homœopathic method of studying drugs, and then seek to apply this knowledge in treating disease, must make a wretched failure. There is no ground but the Homœopathic for studying remedies, or for applying them to disease. Some of the more advanced of the Allopathists — many of them, indeed — are occupying the former ground, and a few, as Drs. Reith and Dyce Brown, of Aberdeen, have found their way to the latter, and come out as full-fledged Homœopaths. To a sincere and candid inquirer, the tendency to this progress is irresistible.

Here is what Grauvogl says of Niemeyer (*Lehrbuch der Homöopathie. Theil II., S. 298* :

"But first, I must refute a false assertion of Dr. Felix Niemeyer's, made in his Text-book of Special Pathology and Therapeutics. He declares, B. 2, page 71; 'The discharge in gonorrhœa gradually decreases in from eight to fourteen days, becomes more mucous again, and may finally disappear in the fifth or sixth week, without the interference of art, as the results of Homœopathic treatment sufficiently demonstrate.'"

That there are men who style themselves Homœopaths, for the sake of practicing quackery, is well known, as is the fact also that such men take five or six weeks, or even longer, to cure a gonorrhœa as does Niemeyer himself, for he continues: "But much oftener a constant scanty discharge remains for a long time, for months and even years;" that these pseudo-Homœopaths can accomplish as little as Niemeyer, is also well known, as well as the fact that the average time for the perfect cure of gonorrhœa by Homœopathic treatment is twenty-one days, when there are complications, and from five to thirteen days, when the disease occurs without complication. Niemeyer's entire Text-book is nothing but a bold therapeutic rhodomontade, prepared as a model

for ignorant and dull-minded doctors. It is not worth the while to spend many words about this delusive work, but merely to avoid the appearance of having judged him too harshly, we refer to his treatment of syphilis (B. 2, page 697), where one may read: "I follow the rule, to interrupt the treatment on the occurrence of salivation, not only when I use the mercurial inunction, but also in every mercurial treatment, and for this simple reason — *because I consider the occurrence of salivation as a welcome indication that a sufficient quantity of mercury has been absorbed.*" Thus to produce salivation — a mercurial poisoning — this is a cure for these folks! That is, to employ the judicial policy of the ancients in the treatment of disease — an eye for an eye, a hand for a hand, one disease for another; and this treatment, with which the police should interfere, is called *science!* To render a disease latent by the production of another still more dangerous, leaving the former disease to break out in another form, sooner or later, this the teachers of the young call a cure!!! Alas, for the many thousands deserving of compassion, who, ignorant of the danger to which they expose themselves, resort every day, full of confidence, to such titular physicians!

THE SCIENCE AND ART OF SURGERY. Being a Treatise on Surgical Injuries, Diseases and Operations. By JOHN ERIC ERICHSEN, Senior Surgeon to University College Hospital, etc. Illustrated with 630 engravings on wood. With Additions, by JNO. ASHURST, Jr., A.M., M.D. Philadelphia: Henry C. Lea. 1869.

THIS new edition of Erichsen's Surgery will certainly sustain the high reputation of the author in this country. If flesh is heir to any troubles needing surgical relief not spoken of in this volume, the more's the pity, for there are diseases enough here to freight a dozen of Pandora's boxes. The recent discoveries and inventions in surgical art and science have very generally received due notice, and the American Editor has made many valuable additions. The

work is profusely illustrated, and in every way presented in good style.

As regards hydrophobia, we avail ourselves of this opportunity to say a few words, rather for the purpose of eliciting, than communicating, information. Erichsen advises where a person is bitten by a dog, that is even supposed to be mad, to excise the surrounding tissue—to introduce a probe to the bottom of the wound and take out a conical portion—then treat the wound with *Potassa fusa*, if there is any doubt of the thoroughness of the incision.

Now, the question is, How soon does the poison take effect? Not how soon do symptoms of poisoning present themselves—that is tolerably well known as regards hydrophobia—generally a matter of weeks, sometimes of months; but how soon has the poison pervaded the system? Bernard's experiments show that less than a minute is needed for any substance to go the rounds of the circulation. In poisoning by snakes, instances are not wanting where death was almost instantaneous; and we know, from personal experience, that the pain from the poison is felt in less than three minutes. We say emphatically—from the *poison*—for the pain inflicted by the bite is the merest trifle, such as would be forgotten in a moment. From a dissecting wound, the pain is somewhat slower in manifesting itself; but it is by no means clear that absorption of the poison is immediately announced by pain; indeed, in some cases, it is very clear that it is not; in vaccination, for instance.

As regards the case under consideration, if it is assumed that the hydrophobic virus is not, or, at least, may not be at once absorbed, but may linger for an indefinite time in the tissues adjacent to the bite, we ask, how then can the wound heal so readily as it generally does? All we know of the healing of wounds opposes any such supposition.

This being the case, or rather if it is the case, that all animal poisons are absorbed at once, within the minute, then this treatment recommended by Erichsen, in common with other surgeons, is absurd; and most assuredly the

suggestion is absurd to excise the cicatrized parts *at any time after the injury*, if the dog is found to have been mad.

As before said, we should be glad of information on this point, which is involved in much obscurity, though one of great practical importance; and if any of our readers have any *facts* touching this question, we should be glad to hear from them.

Erichsen's assertion that he is "not acquainted with any authentic case of recovery from hydrophobia," only shows that he is not familiar with Homœopathic literature, as there is more than one authentic case on record of recovery from well-marked hydrophobia, under Homœopathic treatment.

THE SCIENCE OF THERAPEUTICS, ACCORDING TO THE PRINCIPLES OF HOMŒOPATHY. By BERNHARD BÆHR, M.D. Translated and enriched with numerous additions, from Kafka and other sources, by CHAS. J. HEMPEL, M.D.

THIS is a large work of two octavo volumes, giving the pathology and therapeutics of nearly all medical and many surgical diseases. The descriptions of diseases and the diagnoses are full and complete; and, as far as we have had opportunity to see, quite up to the times. Under some of the more important diseases, the Allopathic treatment is considered and criticised, before the Homœopathic is laid down.

As regards the treatment of disease, Bæhr is clear and candid. He seems to speak from his own experience, and does not hesitate to state that such and such diseases are incurable, or but seldom cured, when he has found them to be so. Some of his directions and opinions will not fully agree with many of our school; but they are evidently his own, and hence worthy of respect. Some of his chapters are rather meagre; that, for instance on Duchenne's Locomotor Ataxy, upon which disease Grauvogl could have furnished him some useful hints. Many of the chapters are taken bodily from Kafka. We should have been better pleased to have seen each work by itself; though

no doubt these additions from *Kafka* add much to the practical worth of the work.

Dr. Hempel has thrown in a note here and there, with more especial reference to the *New Remedies*; so that all classes should find much here to please them.

At the risk of appearing hypercritical, we cannot help expressing a regret to find the words *diagnosed* and *diagnosing*, instead of *diagnoscated* and *diagnoscating*! This is a corruption which might be excusable in some men, but it looks strangely amiss in the work of a scholar like Dr. Hempel.

The mechanical execution of the work is all that any one can ask for, and the work is just such a work as every Homœopathist should have at once.

ELECTRICITY IN ITS RELATIONS TO PRACTICAL MEDICINE.

By Dr. MORITZ MEYER. Translated from the Third German Edition. With Notes and Additions, by WILLIAM A. HAMMOND, M.D., Late Surgeon-General U. S. Army, etc. New York: D. Appleton & Co.

THE student of Electricity, in its application to Medicine, will find in this work a concise but complete treatise. After an Historical Sketch on the subject, we have, in Section II., the different kinds of Electricity; in Section III., the electro-motor properties of the Animal Body. Section IV. treats of the action of the electric currents on the organs and tissues of the animal body. In Sections V., VI. and VII. the various kinds of apparatus are described and the methods of using them, together with the application of Electricity to Anatomy, Physiology and Pathology. In Section VIII., the importance of Electricity in Diagnosis and Prognosis of Paralytic affections is treated of, and the three following chapters treat of the use of Electricity in Medicine, Midwifery and Surgery. The practical portions of the work are abundantly illustrated by cases of cure, more or less complete. The American Editor has added a few pages of great value on Infantile Paralysis.

The mechanical execution of the work is superb, having here and there a typographical error, just enough to mark it as human; and we take great pleasure in commending the work to our readers.

ON THE TREATMENT OF UTERINE CATARRH. By JOSEPH KAMMERER, M.D., Physician to the German Hospital and Dispensary, New York. Reprinted from the "American Journal of Obstetrics and the Diseases of Women and Children," for August, 1869. New York: Townsend & Adams. Pp. 23.

This is an exceedingly practical essay; not one medical paper in a thousand being so well written. It is devoted to the internal local treatment of Uterine Catarrh. The author insists that this kind of treatment is not advisable, until the uterine canal has been thoroughly dilated, so as to permit the ready escape of the injected fluid; prefers the sponge-tent to one prepared of sea-tangle or gentian root; the actual cantery, *Nitrate of silver*, *Chromic acid*, *Lugol's solution of Iodine and Carbolic acid* to pulverized substances, ointments and medicated crayons — an old-style glass speculum to all others; insists upon the harmlessness and efficacy of these heroic measures, if applied with the necessary caution, and believes that the odium still attached to their use will disappear, when the rules are established for their safe employment. The rules laid down are: 1. To avoid all intra-uterine treatment while there is any irritation or inflammation in the peri-uterine tissues, or in the cavity of the body. 2. Beware of injecting fluids of low temperature into the uterine cavity. 3. Concentrated solutions should be injected in minute quantities only (from ten to twenty drops). 4. The entire permeability of the uterine canal shall be established before the injection is made.

R. L.

THE HISTORY OF FOUR CASES OF CHRONIC INVERSION OF THE UTERUS, WITH THE ACCOUNT OF AN OPERATION DESIGNED AS A SUBSTITUTE FOR AMPUTATION. By T. GAILLARD THOMAS, M.D., Prof. Obstetrics, etc., in College of Physicians and Surgeons, New York. Reprinted from the "American Journal of Obstetrics," etc. November, 1869.

After stating that three methods have heretofore been adopted for the relief of inversion of the womb, viz.: 1. The organ has been left in malposition; hæmorrhage being controlled by hæmostatic means; 2. amputation; 3. reduction by taxis, by elastic vaginal pressure, or by a combination of the two, Dr. T. cites fifty-eight cases of this displacement in which amputation was practiced. Of these cases, seven were mistaken for polypi, and eighteen, or nearly one-third, terminated fatally. The literature of the subject is served up in a most excellent manner. Four cases of inversion are detailed, two of which have already appeared in the "Am. Journal of the Med. Sciences." In the fourth case, Prof. Miller, of Louisville, had made five attempts at reduction, of an hour and a half, the patient being under *Chloroform*, and the taxis followed by pressure with a vaginal air-pessary. Prof. Parvin, of Indianapolis, also, had made five determined and prolonged attempts, each lasting from four to six hours, and followed by the air-pessary. All were unsuccessful. Dr. T. was equally unfortunate in three trials, making use of all available expedients, including an incision into the uterine neck. Finally, an incision, two inches in length, was made through the abdominal parietes, just over the cervical ring, and with an instrument resembling a glove-stretcher, the constriction was overcome and the uterus pushed into place. The patient was under ether one hour and two minutes; time occupied in opening the peritoneum, seventeen minutes; time occupied in returning the uterus, twenty-seven minutes. Patient made a good recovery.

This adds another to the triumphs of gynæcological surgery in America.

R. L.

EDITORIAL.

WE are happy herewith to present our readers with the following notes of the state of Homœopathy in Canada, comprised in a letter from our esteemed friend and colleague, P. Bender, M.D., of Quebec:

QUEBEC, *November, 1869.*

Thinking a few notes as to the progress of Homœopathy in Canada, might not prove uninteresting to your readers, I take the liberty of sending you the following:

According to the new medical act of the Province of Ontario, the College of Physicians and Surgeons is incorporated as a central examining and sole licensing board. The council of the college is now composed of representatives from each electoral division, from the universities and colleges, and the Homœopathic and Eclectic branches of the profession. Each of the latter sends five, the legislature having insisted upon their right to representation being acknowledged by statute. The Allopaths complained bitterly, and resisted stoutly, but had to submit.

Last July a meeting of the Ontario representatives of the Allopathic school was called to petition the legislature for the repeal of the clauses granting the other schools representation in the council, and acknowledging their status of equality and right to license graduates in medicine. After a good deal of excited discussion and bickering, during which one party charged the other with lukewarmness and negligence in the cause of proscription, a vague resolution was adopted, indirectly insinuating the possibility of ill-educated and incompetent men receiving diplomas, and pledging the meeting to endeavor to do what neither the act nor the public ever contemplated their not doing—namely, to keep up the standard of medical education, and secure the Province against the licensing of unqualified parties.

On this occasion, Dr. Field, of Woodstock, Ontario, a Homœopath, stated that the aim of his *confrères* was the same as that of the Allopaths; and so far as their requisition of a high standard of education was concerned, that if the Allopaths wanted students to take a degree of B.A., or M.A., as a preliminary to medical studies, the Homœopaths were perfectly satisfied. So far from their branch being a house of refuge for rejected Allopathic students, it had turned away every one of them. None of his opponents present were able to contradict this assertion.

The examining board includes, besides two Eclectics, Drs. Campbell and Field, Homœopaths, who examine their students in *Materia Medica* and therapeutics, surgery, "other than operative," midwifery, ditto, and the theory and practice of medicine.

Dr. Campbell, of Toronto, was mainly instrumental in securing the legislative recognition of the merits and rights of the Homœopathic school. It is reasonably proud of this success, as is also a large and ever-increasing body of the people of Ontario.

At the recent annual meeting of the Canada Medical Association, at Toronto, the President, Hon. Dr. Tupper condemned the provisions of the medical act of Ontario, granting the privileges I have already spoken of, and hoping the profession would try to secure a repeal. The action of the Allopaths generally, was in consonance with these liberal sentiments, for a vigorous effort was made to exclude Dr. Clarke, the President of the Medical College of Ontario, from the meeting, because he had consulted with Homœopaths at certain times. He was afterwards admitted, however, on a species of indirect apology or submission on the part of his friends. Dr. Lizars, of Toronto, for the same offence, was refused admission; but afterwards, on a pledge similar to that of Dr. Clarke, was elected a member. Dr. Russell, of Quebec, following up similar action in this city some time ago, on this occasion moved to strike the name of Dr. Bender from the roll of the association, because he was under sentence of expulsion from the Quebec Medical Society for announcing himself as a Homœopath.

This liberal and generous action surprises nobody who knows this disinterested specimen of humanity. Like others, he is ever ready to condemn that of which he knows nothing, and to make up, by blind fanaticism and persecution, for defects which, whether he is conscious of or not himself, are strikingly apparent to the public eye. The extreme sensitiveness and pretended regard for the public interest, reminds people of that other unselfish conservative, whose zeal in opposing the doctrine of St. Paul sprang from no higher motive than his desire to retain the business of shrine-making for the popular idols.

Dr. Russell's motion was referred to the committee on ethics, whose report, even if favorable, will scarcely quench the sun of Homœopathy, or roll back medical science to the stage of Queen Elizabeth's time.

Dr. Tupper anticipated the action of the meeting, or suggested it, by stating that he believed there was but one idea among the profession — to have a central board and a central executive committee for the whole Dominion. This intelligent idea was expressed in a subsequent resolution, appointing a committee to prepare a bill to establish a uniform system of education, examination and licensing in accordance with the views of the association. This means, simply, to give the Allopathic majority its sole way in every thing relating to the standard of qualification and system of medicine for students, which will render Homœopathy and Eclecticism proscribed branches. Dr. Clarke said he believed no such bill could be passed — he doubted if even it could be introduced.

The importance of all this to Homœopathy is my only apology for such lengthy details. Homœopathy is rapidly advancing in the estimation of the people of Canada. Its admirers include members of the Government, leading men of all professions, even to the highest ecclesiastics. Montreal has six or seven practitioners; Toronto several, and their business is daily increasing. In Quebec city, also, the science is rapidly making headway.

The attempts to pooh-pooh it and laugh it down, are recognized as sorry failures, and daily experience keeps knocking down the absurd and selfish theories of the Allopathic enemy. Those who know that the Prince of Wales, the Emperor Napoleon, and other high personages can find their way to the Homœopath, will not be surprised to learn that Prince Arthur, while in this city, expressed his belief in this system.

A newspaper war has been waged in the *Toronto Leader* for some time, by a Homœopathic layman and an Allopathic doctor. Both combatants have fought hard and skillfully, but the verdict of those who have followed the fight is generally given in favor of the former, whose arguments, based on a personal experience of many years, have knocked to pieces the prejudiced assumptions and one-sided, ignorant theories of the fossil Allopath. People think the accomplished and spirited Dr. Campbell has furnished the layman with some of his most effective ammunition.

Whooping-cough has been unusually prevalent this healthy summer. I have found *Corallia rubra* and *Chalidonium* act efficiently in the convulsive period. I have also remarked a great tendency to affection of the serous membranes, particularly the peritoneum. At the outset I have generally checked the disease by *Aconite* 30th. When more advanced, I have used, with good effect, *Ignatia* and *Belladonna*, according to symptoms.

Last spring the Allopaths met with some malignant cases of diphtheria, almost every one of which resulted in death. Can you be greatly surprised on thinking of the torturing course of burning, etc., followed by the orthodox on such occasions? Dr. H. C. Allen has reported cures by *Kali permanganicum*.

The question of dose is one which is as undecided here as elsewhere. Different potencies are resorted to in different cases, and in different stages of diseases. A uniform rule, however desirable, it seems hard to find. I have a preference for the 30th and 200th, but I often find the lower very beneficial. In the case of a young girl, lately, affected with chorea, I found *Ignatia*, in the lower potency, highly effective, where the high had produced no results. In other cases I have found results of a different character; so that variety in the practice of prescription seems to be an important characteristic or law of Homœopathy. With us, I think, dogmatism on such subjects — the theory of universal specifics or panaceas — would be very unpopular. Close observation and careful discrimination in each case are, I imagine, rules not only characteristic of our system, but rules that a wide experience, common sense, and extensive beneficial results have commended to our consciences and our judgments.

Yours, etc.,

P. BENDER, M.D.

SURGERY.

BY E. C. FRANKLIN, M.D., ST. LOUIS, MO.

SPERMATORRHOEA. — I have had under treatment, recently, several cases of this affection, a few of which have resisted not only the tonic treatment of the Allopathic school, but the most carefully-selected remedies and local applications of the Homœopathic *Materia Medica*. By close observation, it has been discovered that these intractable cases have invariably a long prepuce, which seems to militate against the treatment ordinarily adopted in such cases. Taking into consideration the fact, that a long prepuce gives rise to irritation and inflammation of the glans penis, by the accumulation of sebaceous matter around the corona glandis, emanating from the glandulæ odoriferæ, and which, from the fact that the excretion contains casein, and therefore readily disposed to become decomposed, there is some reason to suspect that the disease is kept alive by the abnormal quantities of this sebaceous matter.

Acting upon this hint, I determined to try the effect of circumcision in such cases, and selected a marked case for the operation. Having the consent of the patient to an operation, the prepuce was carefully and evenly drawn over the glans, and sustained in its position by a pair of long forceps, and with one sweep of a short catlin or finger-knife, a circular slice was taken off the prepuce. Applications of *Staphisagria* lotion soon healed the incision, and employing the same remedies before given, the spermatorrhœa soon yielded to treatment, and a cure was effected.

CHANCROID. — M. A. Cullerier, Surgeon to the Hôpital du Midi, Paris, advises, in advanced or soft chancre, the employment of cauterization or excision, at the commencement of the ulceration, and before it is well established. The effect of such treatment is always to check its progress, even though the chancre has existed for several days. He is a great advocate of dry dressings, especially *Calomel* and *Alum*. In consequence, however, of the disposition of the latter agent to the formation of exudation of blood, it often necessitates its suspension, for a while, at least, or the employment of another remedy. In ordinary cases, chancroid demands local treatment alone, and general treatment is only called for when inflammatory gangrenous, or phagedenic complications arise. *Mercury* is entirely opposed in soft chancre.

CHANCRE. — In hard chancre, he depends upon local treatment entirely, and does not use *Mercury* until secondary symptoms on the skin and mucous membranes have manifested themselves. In this, I disagree with the learned Doctor, for I have found, generally, the most satisfactory results follow the third potency of *Mercury* in chancre, and have never seen a case where this remedy, in some of its preparations, has not produced the most favorable terminations, even from the first. During treatment in the first stage, the patient should be placed under the most favorable hygienic and dietetic conditions, as well as medicinal.

VACCINATION FROM THE HEIFER. — Dr. H. Blane, of England, and late of the Abyssinian expedition, has recommended vaccination from the heifer; that is, by the cow-pox transmitted from heifer to heifer. He claims that, by this process, a pure lymph is obtained, free from all possible diathetic principles, and affords a constant and abundant supply. This subject is one of deep interest, and is receiving the attention of the profession, in this and foreign countries.

CARBOLIC ACID IN DISSECTING WOUNDS. — In a severe case of abrasion of the hand during a *post mortem* examination, followed by severe dissecting pustules, in which *Nitrate of silver*, *Ammonia*, etc., were used without benefit, until the glands in the axilla became painful and swollen, resort was had to *Carbolic acid*. The pustules began immediately to dry up; the inflammatory areola disappeared, and, in a few days, was entirely cured. Another case occurred a few days after, when the pustules were touched with *Carbolic acid* once, and all evidence of disease passed away.

CARBOLIC ACID IN CONJUNCTIVITIS. — I have used this remedy in two severe attacks of scrofulous conjunctivitis; one an acute, the other a chronic case, with the most satisfactory results, even after they had withstood the most approved treatment. It was applied to the lids in the form of a paste, made of ʒj of *Carbolic acid* to ʒj of *Glycerine*. The diseased condition of the ecchymosed vessels rapidly subsided, under its use, and healthy granulations took the place of the destructive process. In this condition of the conjunctiva I have found no remedy equal to this preparation. In arresting suppuration and exciting rapid granulation, it is a remedy of marked benefit.

CHLOROFORM IN TETANUS. — A case of tetanus recently occurred in Cincinnati, occasioned by a burn on the under side of the foot, which being neglected became foul, swollen, and emitting an offensive suppuration, some tetanic symptoms set in, which were relieved by the application of *Chloroform*. When the *Chloroform* took effect, the muscles relaxed and the patient became comfortable, and one hour after the effects of the remedy had passed away, the patient was able to talk. A mixture of *Syrup of morphia*, in equal parts of *Brandy*, was given in teaspoonful doses, every half hour until she quietly fell asleep. The wound being cleansed and poulticed, the next day she was able to walk about, all evidences of the tetanus having disappeared.

ARTIFICIAL ANUS SUCCESSFULLY TREATED BY DUPUYTREN'S ENTEROTOME. — A case of artificial anus, from strangulated hernia, is recorded by Dr. George Buchanan, in the "Edinburgh Medical Journal," of April, 1869, occurring in the left groin. The opening was larger than a half-crown piece, through which the open intestine protruded, the edges of which were firmly adherent to the lips of the aperture in the integument. Upon straining, it was found that the ileum protruded to the extent of two inches. Two orifices were detected in the general opening, each one leading into the corresponding intestine and divided by a thick septum. The enterotome of Dupuytren was introduced into the orifices, each blade separately, and pushed upwards to the extent of four inches, turned to face each other, and locked, like midwifery-forceps. They were then approximated, by means

of a screw, until they impinged *firmly* into the septum. Some pain followed the application of the instrument, which was relieved by opiates: and, on the second day, the blades were screwed home; on the fourth day, some fecal matter passed per rectum, the first that had passed in this way for five months. On the seventh day, the enterotome dropped out, bringing with it a long strip of the septum. The external opening was plugged with a hemisphere of gutta-percha, fixed to a plate of tin, forming a flange, and secured by adhesive strips and roller. This succeeded only in part, and was replaced by a water-proof truss, which served its purpose admirably; no fecal matter escaping from the groin while it remained applied. An operation, similar to this, was recently performed by our distinguished *confreres*, Dr. Beebe, of Chicago, and from the well-known ability of this surgeon, we opine with an equally successful result.

STILLINGIA IN SYPHILIS. — A good deal of attention has recently been given to the use of this drug, in secondary, and the beginning of tertiary syphilis. Dr. Simons recommends its use in the secondary variety, in lieu of *Mercury*, and ascribes remarkable curative virtues to the drug, which are confirmed by Drs. Lopez and Frost. Recently, it has been employed by Dr. Lawson, of Cincinnati, in the secondary form of syphilis, and the beginning of the tertiary symptoms, with the most marked effect. Later in the tertiary form, it has proved useful only when combined with *Iodide of potassium*. We think there is no single remedy that possesses so much curative virtue in the tertiary forms of this disease as the *Iodide of potash*, especially in cachectic habits and broken-down subjects. In the secondary form, we have found little benefit following its use; *Stillingia*, here, is the remedy *par excellence*. In primary syphilis, occurring in healthy subjects, there is no remedy, in our opinion, like the *Iodide of mercury*. In the secondary, *Stillingia* occupies the van-guard of remedies; while in the tertiary form, there appears no remedy like the *Iodide of potash*.

OBSTETRICS AND THE DISEASES OF WOMEN.

BY R. LUDLAM, M.D., CHICAGO.

IN a recently published lecture ("London Lancet," September, 1869), Dr. Grailly Hewitt recommends the removal of a portion of the posterior, instead of the anterior, wall of the vagina, for the cure of inveterate prolapsus uteri. The most plausible explanation of the formation and escape of the decidua, in membranous dysmenorrhœa, is that of Dr. Hausmann ("Monatsschrift für Geburtskunde," January, 1868, p. 1). He argues that this membrane, which he has never seen in the form of a complete cast of the uterine cavity, is always the result of impregnation. He does not accept the view set forth by Simpson and others, that the lining membrane of the womb is exfoliated each month, but thinks that, in this class of cases, the intra menstrual period is apt to be prolonged. He insists that these

membranes are shed only by married women, or those exposed to sexual intercourse; and recommends, as a *sine qua non* of successful treatment, a total abstinence from sexual relations for several months. Dr. H. also refers most cases of uterine catarrh and chronic metritis to this disposition of the uterine mucous membrane to exfoliate. The essay is unusually exhaustive, reference being made to over sixty authors who have written upon this subject.

DR. BARNES, of London, has invented a new instrument for the performance of embryotomy, by which he claims it is possible to extract a full-term child through a pelvis, the antero-posterior diameter of which does not measure more than an inch. He passes a loop of strong steel-wire over the head by means of Weiss' écraseur; the occipital portion is first removed; after which, longitudinal sections are made, and the *debris* removed with the craniotomy-forceps. With the embryotomy-scissors and the crotchet, the body can also be extracted, without injury to the mother.

THE N. Y. MEDICAL JOURNAL, for Nov., 1869, contains an excellent and elaborate essay upon spontaneous and artificial delivery, in face presentations, by Prof. Isaac E. Taylor. The author discusses the following propositions: 1. "That mento-posterior positions of the face are the most frequent; that spontaneous delivery may be accomplished as easily, readily and safely, as in mento-anterior cases; that rotation of the chin forward to the pubes can occur, even though the face has descended into the excavation, and, sometimes, just as the child appears to be born. 2. That these cases may be delivered spontaneously — by cephalic version in the pelvis, and by passing, also, of the child's face over the perineum, the chin appearing first. In other cases, the occiput may emerge from under the pubes first. 3. That if rotation of the chin anteriorly, cannot be accomplished naturally nor by artificial resources, I propose, first, the *division of the perineum laterally*, on whichever side the chin presents, and before craniotomy is performed. 4. That should the natural powers of the uterus not effect delivery, even after the division of the perineum, the application of the long *straight* forceps should be resorted to in preference to the curved, and the direction of the traction should be made directly downward and backward."

Now, we have a word or two to add, by way of amendment, to Professor Taylor's paper. Since face presentations are recognized as altered or perverted presentations of the vertex, and are ascribed to the fact that, in them, labor begins with extreme extension, instead of flexion of the head, why is not cephalic version at the superior strait, or in the excavation, before rotation has occurred, the most warrantable expedient? Is not the prime indication to force the chin on the chest, and bring down the vertex? If, as Dr. Taylor has shown, the mento-posterior positions of the face are really the more frequent, so much the better. Why not place the patient in the prone position, introduce the hand into the vagina, and bring the occiput down anteriorly? By taking advantage of this posture, the pains may be arrested, and the manipulation can be more easily and safely performed than podalic version, especially, if it be supplemented by the application of the forceps *while she is in that posture*, and before she is again

placed upon her back or side. We have already twice performed this operation in case of transverse presentations,* and, in the lecture-room have recommended its trial for the correction of those of the face. It may not be sufficient merely to promote flexion, while the face is at the superior atrait, or still within the cervix; for, in a twinkling, it may come down as before; especially if the woman is allowed to resume the usual obstetric position. Therefore, for face presentations, we prescribe the prone position, cephalic version, and the forceps (without change of posture until subsequent to their use), in order to correct the presentation and to complete the delivery most skillfully, speedily and successfully. Why not?

M. CHIRON, physician to the Asile du Vésinet, considers the choking and suffocative symptoms, incident to hysteria, as due to compression, or inflammation, of one or both ovaries, which produces a species of reflex paralysis on the larynx, and sometimes of the pharynx, also. He insists that a radical cure is impossible while this lesion remains.

OF ALL the recent works upon this or kindred subjects, M. Raciborski's portly volume† on menstruation in its relations with ovulation, fecundation, puberty, the climacteric, and various diseases, is the most welcome and instructive. It merits a translation. The different portions of the treatise are more thorough and suggestive than anything that has appeared. Part 1 treats of the physiology of menstruation, reviews the ancient theory thereof, and details the process of spontaneous ovulation with woman and the female mammiferæ; the causes and characteristics of puberty, and of the critical period. Part 2 gives the hygiene of puberty and of the climacteric. Part 3 the general pathology and therapeutics of menstruation, and its relation with different diseases, before and after puberty; and, Part 4, the disorders of this function, viz.: retention, dysmenorrhœa, amenorrhœa, menorrhagia, and menstrual ataxia. It is worth while for the physician to learn the French language, if only for the sake of reading this volume.

LA TRIBUNE MEDICALE, for October 17th, 1869, cites a case of abdominal pregnancy, arising from an unheard-of cause. A woman æt. 28, submitted to the Cæsarean operation, August 15, 1866. The following year, she became pregnant again. Dr. Lecluyse diagnosticated abdominal pregnancy. Gastrotomy was resorted to, and a still-born fœtus, of between seven and eight months removed. It had but one covering; the amnion and the placenta were attached to the intestines. The patient died the tenth day. The *post mortem* revealed the womb the size of a goose-egg, located in the right iliac fossa, where it had contracted the strongest adhesions. Its anterior face presented an oblong opening, four centimetres in length, which communicated with the uterine cavity, and was undoubtedly due to the operation which she had undergone in her first delivery, the edges of the wound in the uterine parietes having never united properly.

* See "U. S. Med. and Surg. Journal," Vol. II., p. 814, and Vol. III., p. 111.

† Traite de la Menstruation; ses rapports avec l'ovulation, la fécondation, l'hygiène de la puberté et de l'âge critique, son rôle dans les différentes maladies, ses troubles et leur traitement par A. Raciborski, etc., etc. Paris, 1868. Pp. 681.

It was through this orifice that the ovum escaped into the peritoneal cavity, where it engrafted itself upon the intestine, and developed into a case of abdominal pregnancy.

THEORY AND PRACTICE.

OUR esteemed colleague, Dr. Raue, of Philadelphia, has been kind enough to furnish us the following note on the subject of

THE CONNECTION BETWEEN JAUNDICE AND DISEASE OF THE HEART.

Jaundice originates from two distinct causes; *either from a retention of gall, in consequence of compression or obstruction of the biliary ducts, or from a dissolution of the blood, whereby the hæmato-globulin is set free and the formation of biliary pigment takes place.* To this latter class belong different kinds of jaundice; for example, icterus, which follows sometimes great mental emotions, or the bite of snakes, or the poisoning with *Ether* or *Chloroform*; also, icterus during septichæmia, puerperal fever, intermitting and remitting fever, yellow fever, typhus, pylephlebitis and even some cases of icterus neonatorum. *Jaundice, however, connected with disease of the heart, belongs to the first class.*

It takes place, first, *in consequence of insufficiency of the mitral valves;* because, in such a case, the blood, during a systole, necessarily regurgitates into the left auricle, and thus impedes the onward stream of blood which arrives from the lungs through the pulmonary vein. This causes a stagnation in the circulation of the lungs, in consequence of which the blood is pressed backward into the pulmonary artery, and from thence into the right ventricle and auricle. Although, at first, this impeded circulation is overcome, to a certain extent, by the increased action of the right ventricle, and its consequent hypertrophy, yet, at last, even this extra effort is not sufficient to prevent the stagnation of blood extending still further back into the venæ cavæ, and from thence through the hepatic vein into the liver, where the veins become overfilled with blood, and, by degrees, distended to an extent sufficient to compress the biliary ducts. This necessarily causes an obstruction to the biliary secretion, and, consequently, icterus.

The same effect is produced, second, by a *constriction or stenosis of the left auriculo-ventricular opening.* We have here the same conditions. The constricted opening does not allow the normal quantity of blood to pass from the left auricle into the left ventricle; hence, an accumulation of blood within the left auricle; hence, a check of flow in the pulmonary vein; hence, an over-filling of the lungs; hence, a greater backward pressure into the pulmonary artery; hence, stagnation in the right ventricle and auricle, in the venæ cavæ, and, finally, in the liver, whereby the side-way-pressure of the distended veins, an obstruction of the biliary ducts is produced, which results in jaundice. And as such stenosis of the left auric-

ulo-ventricular opening is usually complicated with insufficiency of the mitral valves, we need not wonder that this effect takes place much more rapidly than in mere insufficiency of the mitral valves.

For exactly the same reasons, the same result is produced by *defective tricuspid valves, or a stenosis of the right auriculo-ventricular opening, in exactly the same manner.*

These affections, however, are but very rarely met with as primary diseases; and, where they exist, they are usually the consequence of other valvular derangements, and consequently find their explanation in the above.

These three morbid conditions of the heart must necessarily be attended with jaundice, for the simple physical reasons above shown. But, also, hydro-pericardium *may* produce it, if the collection of fluid within the pericardial sac be large enough to cause obstruction in the circulation, by its pressure upon the heart and the larger blood-vessels. When it is itself a mere consequence of valvular derangement or lung diseases, it may help, secondarily, to produce it.

Lung diseases, such as emphysema, cirrhosis, or interstitial pneumonia, rare cases of croupous pneumonia, large pleuritic effusions, will gradually produce the same effect, by the same physical relations.

I might add, that jaundice in consequence of the heart disease is usually attended with cyanosis, and thus the skin assumes, in such cases, a yellow and bluish, or greenish tinge.

Why is tuberculosis of the lungs neither attended with jaundice nor chlorosis?

Because, with the destruction of the pulmonary parenchyma, goes, hand in hand, a diminution of the quantity of blood.

CAUSE OF GOITRE.

M. HAHN reports to the French Academy ("Comptes Rendus," LXIX., 897), that, at Lusarches, the women were formerly nearly all lace-makers, and nearly all affected with goitre, which he attributes to the constant bent position of the neck, since the disease appears but rarely now, that the women occupy themselves with other work. He thinks it cannot be ascribed to the water, as the men who used the same water were seldom troubled with this disease.

M. Decaisne, however (op. cit., 930), thinks, that in the first place, it has never been shown that the lace-makers were any more subject to goitre than other women, and that other circumstances prepare the way for the disease beside the pressure upon the vessels of the neck, viz.: the fatigue of the eyes, the residence in damp and dark rooms, the scanty remuneration, the poor food, etc.

M. D. Brunet (op. cit., 971) reports the following items regarding the disease:

In one hundred and twenty cases, he found that the disease commenced most frequently by hypertrophy of the right lobe of the thyroid body, and that, when the hypertrophy invaded all the gland, the right side is gener-

ally more voluminous than the median or the left side; this he ascribes to the fact that the situation of the heart, in the left side of the chest, renders the venous circulation somewhat more difficult on the right than on the left side. He concludes from this, that, if a very slight difficulty in the return of the blood to the cavity of the heart, suffices to favor the hypertrophy of the right lobe of the thyroid body, then we may understand how goitre may be caused by compression, as General Morin and M. Hahn think. He says "the congestion of the thyroid body, is the producing cause of goitre, whether that congestion is owing to local causes, compression of the neck, sudden chills, or to general causes of a debilitating nature, which act by inducing an atony of the blood-vessels. Exciting the circulation, by the internal or external use of *Iodine*, he says, will cure recent cases; while in old cases, the cysts which form on the thyroid body, must be enucleated or injected with irritant liquids.

MATERIA MEDICA.

ACONITE IN TREATMENT OF TETANUS.

WUNDERLICH reports two cases of tetanus treated by him with *Aconite*.

I. The first was a child, fourteen years old, affected with traumatic tetanus — opisthotonos; contraction of many muscles, especially those of the face; repeated spontaneous reflex convulsions, with profuse sweat and confluent miliary eruption. At first, the temperature was nearly normal ($37^{\circ}.4$ to $38^{\circ}.5$); the pulse a trifle quickened; nothing special about the wound. *Morphine* 1.5 centigrammes; baths at 34° . Most of the symptoms were relieved, but only for a moment. *Aconite* 10 drops of tincture four times a day (in all, 24 grammes of the tincture were taken). With the decrease of the symptoms there was a normal temperature ($37^{\circ}.2$ to $37^{\circ}.5$) and lowering of the pulse, which fell below the usual rate.

II. A man of thirty, not robust, with diseased lungs, general spontaneous tetanus. Trismus and opisthotonos well marked; at the same time, the contraction of a great number of other muscles; repeated spontaneous reflex convulsions; miliary eruption and abundant sweat; temperature scarcely febrile, $38^{\circ}.8$, pulse slightly accelerated. An intercurrent pneumonia did not modify the convulsions, but raised the temperature a trifle, from $38^{\circ}.5$ to $38^{\circ}.6$; the pulse diminished in frequency. *Morphine*, given at first by the mouth, and then by injection; *Chloroform*, in frictions upon the affected parts and by way of embrocations upon others, produced a relief only trifling. The use of the *Aconite*, on the contrary, completely changed the state of the patient; 5 drops, administered three times a day, in all 10.8 grammes of the tincture. At the beginning of the improvement, and during its continuance, the temperature was normal, $36^{\circ}.8$ to $37^{\circ}.5$; the frequency of the pulse was below the average (*Journal Centr. de Mid. de Berlin*, and "*La Tribune Medicale*," Oct. 24, 1869).

KAOLIN AS A CROUP REMEDY.

Dr. Landesmann recommends this remedy (which is a *Silicate of Alumina*), in the "Allg. Hom. Zeit.," 79, 105. In October, 1857, he says, he had a bad case of croup in a child three years old, for which he had used every conceivable remedy, till, finally, in his despair, *Kaolin* occurred to him, and he gave a few pellets of the 6th, every half hour. "The result was surprising; even after the second dose the child breathed easier; the cough was less rough, and the next day, the child, which had been given up as lost, was out of all danger." In the last twelve years, he adds, he has given the remedy fifteen or twenty times, in one hundred and fifty cases; not oftener, because other remedies generally suffice; but where the usual remedies do not suffice, he resorts to this, and it has never left him in the lurch.

He thinks it most suitable where the seat of the croupous inflammation is in the lower part of the larynx, or in the upper part of the trachea, manifesting itself by very laborious, sawing inspiration, which meets obstruction even at this lower point. He speaks of a case which had reached a very desperate pass, under Allopathic treatment, and for which no remedy seemed possible but opening the larynx. The father begged the doctor to wait till the next day, that he might consult L.; from him he received two remedies, *Brom.* 3rd and *Kaolin* 6th, with directions to give the first for six hours, and if no relief followed, to give the latter. On giving the latter, after the former had failed, relief was obtained after the second dose, and when the surgeon came to perform the operation in the morning, he found no occasion for it.

On page 118 of same volume, Ægidi favors us with a brief note on the same remedy. He says that he was the first to recommend it, many years ago, but gives no further indications. Perhaps, it might be worth the notice of some of our prover's unions.

 POISONING BY ATROPINE, IN FORM OF COLLYRIA.

The editor of the "Bulletin," from which we take these cases, remarks that these poisonings did not occur from the drinking of these collyria, by accident, for they were instilled between the eyelids, and concludes that the quantity absorbed by the eyelids did not produce these serious effects, but some must have found its way through the lachrymal ducts into the nose, and thence into the pharynx and stomach; but that is his supposition. The cases were as follows:

"The first occurred in the service of Prof. Richet; the patient was eighty years old, and had been operated on for cataract. Two months after the operation, false membranes having formed in the pupillary field, a solution of *Atropine* (1 to 100) was dropped into the eye, night and morning, to relax the iris. At the end of a week the patient was taken with a long chill, and afterwards with a delirium, which had some resemblance to the sub-delirium of certain typhoid fevers, and which returned every day at the same hour. In presence of these strange occurrences, the cause of which

was unknown, it was thought, the old man having recently had a carbuncle, that this had been the point of departure for a purulent infection, and the *Sulphate of Quinine* was administered. This afforded no relief. Finally, at the end of the second week, it occurred to M. Richet to inquire if they were still using the collyrium. He found that this was the case; the whole affair was then explained; the delirium, and its return at a stated period, that is, a little while after the eye-wash, was used; this set aside, the symptoms ceased.

The second case was observed by Dr. Lorenzo of Bahia (Brazil). The patient was, also, an old man (seventy-five years old); had been operated on for a cataract, and in whose case, to combat, or rather to prevent, an iritis, the development of which was feared, a collyrium of *Atropine* was prescribed (5 centigrammes of the neutral *Sulphate* to 16 grammes of distilled water). At the end of three days, the symptoms manifested themselves, under the form of agitation and delirium; worse at night. These symptoms continuing on the following days, M. Lorenzo began to fear an affection of the brain, when it occurred to him, also, to inquire whether the eye-wash was still used. On finding this to be the case, he suspended its use, and the symptoms rapidly disappeared ("Gaz. des Hôp.," 1869, and "Bull. Gén. de Thér.," LXXVII., 383).

The Editor of the "Bulletin" calls attention to the extreme minuteness of the dose — but two milligrammes — and to the fact that the aged will not bear *Belladonna* as the young will.

PHYSIOLOGY.

PHYSIOLOGICAL NOTES.

(From Dr. Franz Hausmann's Book, on the Causes and Conditions of Disease.)

By C. WESSELHOEFT, M.D., BOSTON, MASS.

BEFORE proceeding to the physiological notes, it is proper to state, regarding their source, that the work above referred to was published in 1867, and first introduced to the notice of the profession, by Dr. von Grauvogl, in a most able review contained in the "Allg. Homœop. Zeitung." The contents and scope of this work is of a character so far-reaching, comprising so vast an amount of research and learning, compiled and elaborated with so much skill and discrimination, as to value of sources, that few besides Grauvogl would have ventured upon, or succeeded in furnishing us with, a review like the one alluded to.

Dr. Hausmann's work was, immediately upon its appearance, made the subject of a course of lectures, by Dr. Hering, several of which appeared in the weekly editions of the "N. Y. Tribune," but were unfortunately discontinued. Brief extracts and notices, also, appeared in other Homœopathic journals.

It is not our object to write another review of this valuable book, but merely to make it available for this journal; for this purpose, we will quote, as freely as our space will permit, from those chapters and paragraphs bearing upon our department. It must be remembered, however, that there is a certain amount of difficulty, now-a-days, of separating pure physiology, strictly, from other kindred departments of science, in the present advanced state of which, anatomy, histology and chemistry, as well as pathology, merge into each other to such an extent that their precise limits are practically undefinable; this may explain the reason why some of the following quotations may not be strictly appertaining to physiology. Besides this, we hope to give the reader not only the most advanced tenets of physiology, but, cursorily, also, if possible, an indication of the course of reasoning and conclusions arrived at in the book above mentioned—the *first successful and masterly attempt to bring to a focus the entire knowledge of the present day, concerning all branches of medical science, as bearing upon the causes and conditions of disease*—and, as will appear in the course of our study, with a view to their cure.

The work opens, without preliminaries, right in the heart of the subject, by citing, upon the first twenty pages, numerous cases of diseases, all remarkable for the clearness and precision of their described details. At the head of these cases, we see the superscription, "*Einwärts-wenden*;" literally meaning that which turns inwards; i. e., *diseases by involution*; but we do not arrive at a clear understanding of the relation of the superscription to the detailed cases, till we come to the author's verdict, as follows:

"The formative substance (plasma) for the peculiar morbid neoplasms, to the development and perfection of which the organism shows itself to be incited in the course of these 'involutions,' is always found alone *within the nucleus* of the various tissue-elements composing each organ. Here it is accumulated in greater or less quantity, and the nucleus is thereby swelled, and appears darker, while the space between the cell-membrane and cell-nucleus remains unenlarged and clear."

"If the elaboration of material for the formation of disease by involution, already shows us, through the locality of the process, whither the attack upon the organism is aimed, then this direction of the attack, and even its destination, presents itself more distinctly in the incipient stage of morbid neoplasms."

"This destination is the *nucleolus*. Within this, that is, in the innermost depth of each tissue-element, the morbid neoplasm, hitherto predestined and prearranged, becomes a reality. *The nucleolus is divided; and in as many parts as it is separated, so many new morbid tissue-elements of peculiar kind are developed, from this point of time, or at least begin to form.*"

"Hence nuclei are the points of development, not only of intended, but also of realizable 'involved' cases of disease; and the portions into which the nucleoli of the nuclei become divided, are the starting points of the neoplasms."

We now begin to comprehend the reasoning of the reported cases with which the book begins, and we read them again with renewed interest, and

find ourselves better prepared to read the next collection of cases, illustrating what the author terms, in a word of new coinage, "auswärts wendend," meaning, literally, diseases formed from within outwards, for which we venture, for the present, to use the term diseases by *evolution*; want of space does not permit a quotation of these cases; we therefore submit only the author's conclusions.

"In contradistinction to the diseases by *involution*, those by *evolution* exhibit the plasma for morbid neoplasms, to which they incite the organism, invariably *exterior* to the nucleus of tissue-elements composing the individual organs; which plasma is found within the space *between* the nucleus or cell-membrane. The attacks, therefore, to which the organism is exposed, in the course of these diseases, is thereby already shown to be directed *outwards*. But the direction of the attack becomes still more apparent in the development of neoplasms from this plasma. In the careful description given by Buhl (in cases 13 and 14, cited in the book), each nucleus of the epithelium of mucous membrane, affected in the course of those diseases, apparently descends the deeper towards the fundus of the epithelial cells, the greater the number is of endogenous pus-corpuscles developed from the granular cell-contents.

However, the descent of the nucleus is only apparent, for it remains unchanged in this, as well as in every other respect; the newly-formed endogenous pus-corpuscles, on the contrary, in the beginning of their formation, evince, at once, a tendency to rise upwards, *i. e.*, outwards to the surface of the mucous membrane.

Only in consequence of constant increase by uninterrupted subdivision, the entire space between nucleus and cell-membrane is filled up. The nucleus, hitherto placed perpendicularly, is now laid horizontally in the fundus of the epithelial cell, by means of the mass of newly-formed pus-corpuscles, but not until these have completely filled the epithelial cell up to the border of its top, enclosing it as by a lid, having thus constantly, during the time of development and increase of morbid neoplasms, exhibited a tendency upwards to the surface of the mucous membrane, *i. e.*, outwards."

"In other cases (l. c., p. 39) detailed by Cohnheim, the direction of the attack is towards the envelopes of the nucleus, the contents of the space between the nucleus and cell-membrane. The contents alone become turbid; fat-globules appear in the same; the cell-membrane finally vanishes, and the remaining conglomeration of granules breaks up into the composing particles."

The author then proceeds to show, that the "spindle-cells" of elastic tissues, during morbid processes, act in accordance with what has been said of the process by evolution.

The capillary-tissues, as elements of connecting tissue, as influential in morbid neoplasms, is next discussed, in its relation to the process of *involution* and *evolution*.

"According to the observations of C. Otto Weber, the capillaries of new morbid formations originate alone from nuclei. Either nuclei are sent out in rows from a capillary vessel, thus forming a narrow trail, bord-

ered by alternate nuclei, or solid processes are formed, consisting of densely conglomerated nuclei. Supposing this origin of morbidly and newly-formed capillaries to be correctly observed (by C. O. Weber, Joseph Meyer, and Rokitsansky), if the newly-formed capillaries are deprived of further development into arteries and veins (as shown by Gerlach), then the distinction between diseases by involution and by evolution, is made particularly lucid, respecting its relation to this feature of the capillaries; for the neoplasms of the former order are found to be traversed by capillaries, and thereby brought in uninterrupted connection with the blood-vessels of the entire body; but the neoplasms of the second order are devoid of capillaries, and are not in immediate connection with the blood-vessels of the whole body."

"Therefore, pathological anatomy has served to illustrate the causes of the various diseases by evolution and involution; but a number of cases of both kinds yet remain, which, for want of sufficient observations in pathological anatomy, will have to be interpreted with the guide of anatomical physiology."

"Dr. Julius Arnold, in Heidelberg, by continued exact observations of the ganglionic bodies, in the sympathetic nerve of the frog, has gradually furnished us a complete insight into the connection of the simplest nerve-fibrils, destitute of medullary envelopes (observed by Remak) with the nerve-fibrils of higher development, enveloped in a medullary sheath, giving them a composite character, with the well-known, sharply-defined and broad, dark contour."

"The most important result of these observations upon, apparently, the simplest elements of nerve-tissue, is the correct interpretation of the nucleolus of the ganglionic corpuscle hitherto considered as a cell. After the envelope of the ganglionic corpuscle, in the course of these observations, has proved to be neurilemma, composed of cellular tissue, analogous to the sarcolemma of primitive muscular fibres, instead of simple cell-membrane, it follows that the central formation of the ganglionic corpuscle, composed of fluid contents and of a firm, minute central or lateral body, can no longer be pronounced to be a nucleolus, but rather as an entire and perfect nucleus. The accumulation of plasma about this nucleus, and the nerve-fibres of Remak springing from the same, correspond to the contents enclosed between the nucleus and the cell-membrane of other cells, and correspond, also, to the contractile substance of primitive muscular fibrils, of which kind two, united by tendinous tissue, are depicted in Kölliker's Histology (fig. 112, p. 203, 3rd ed.) With this new connection of the subject, many pathological occurrences, hitherto uncomprehended, gain sense and significance."

"If the nerve-fibres of higher development, contained in a sheath, and of dark contour, always begin as a cell-nucleus of a ganglionic body; and since they are nothing but a continued row of such cell-nuclei, surrounded merely by what proves to be a fatty metamorphosis of that element corresponding to the contractile substance of the striped muscular fibre; if, furthermore, the ganglionic body furnishes the centres for the nerve-fibrils of Remak, not by means of the nuclei, but by means of the *plasma* accumu-

lated between the nucleus and the envelope of the ganglionic corpuscle, and supplying the place of a nerve-sheath outside of the ganglionic corpuscle. If the origin of Remak's nerve-fibril is to be sought for where they appear knotty, and, on close inspection, reveal minute nucleoli, . . . thus proving themselves to be mere enveloping substance, while their terminations, also, were seen by Klebs to approach, in thread-like form, the smooth muscular fibres, and to be, in effect, an enveloping substance, like the contractile substance of the striped muscular fibres. . . .

"It follows that the peculiarity of pain, as described in certain cases, the anatomical and pathological details of which correspond to the anatomical and physiological details just enumerated, will admit of clear distinction as to whether those cases are to be classed among diseases by involution or evolution, even during the life of patients; while *post-mortem* examination confirms the observation that, in one case, the attack proceeds from the surroundings of the nucleus; in the other, from the nucleus itself, and that, with a few exceptions, all affections of the contractile tissues belong to the class of diseases by evolution.

We should be guilty of injustice to the author, did we claim to have stated his proofs clearly; a full understanding of these can only be derived by actual study of the cases cited by him, and we can only hope to have excited the interest of the reader to such a degree that nothing short of a translation of Dr. Hausmann's work will satisfy him.

The author next proceeds by inquiring, on what property of morbid causes this distinction in the direction of the attack depends, and finds that it is based on the opposite relation of the units of measure and the units of weight in morbid matter; in the elements causing diseases by involution, the units of measure predominate over the units of weight, and vice versa in the diseases by evolution.

The field of pathology and physiology is here exchanged for that of chemistry; it is stated that we have been furnished by Liebig with the figures for the equivalents of weight, but, for the purposes of the author, it was necessary to find, also, those of the equivalents of measure. The equivalents of weight having been based upon a cubic centimetre of water, it was necessary, in order to obtain a basis for equivalents of measure, to find the proportion of a cubic centimetre of water to a cubic centimetre of hydrogen gas; the proportion being, according to Dalton, that of 12 to 1; the rest is a simple methodical problem, the details of which we omit, wishing to quote only so much as will serve to follow the thread of the work before us.

(To be continued.)

MICROSCOPY.

BY T. F. ALLEN, M.D., NEW YORK.

IN the "Monthly Microscopical Journal," for October, Dr Henry Lawson has a short article on the anatomical relations of the ciliary muscle in birds. In the Green-breasted Pheasant (the subject of the paper), the muscle is described as "a belt of muscular tissue, whose fibres run forwards to the line of junction of the cornea and sclerotic, and extend backwards between the sclerotic and choroid, for some lines. In a section (longitudinal), it would present a pear-shape; the head anterior, the stock running backward. It is provided with a dense sheath, which not only serves as an envelope, but also gives insertion, to the anterior extremity of many muscular fibres. The insertion of all the fibres of the ciliary muscle may be said to be the sheath, at its anterior extremity, and the inner lamina of the cornea.

Dr. Lawson deduces that this muscle evidently acts more powerfully on the cornea, retracting its periphery, bulging its centre, and so making it convex; while the elastic lamina of the cornea serves to counteract or antagonize this force, and restore the cornea to its proper shape.

I am glad to see this view put forth. The generally-received explanation of the action of the ciliary muscle on the lens, is not clearly sufficient nor lucid. We hope Dr. Lawson will follow up this idea with scientific observations and experiments.

THE MICROSCOPICAL STRUCTURE OF THE CONVOLUTIONS OF THE BRAIN. — The "Journal of Mental Science" gives the following summary of Mr. Lockhart Clarke's latest researches on this subject. The summary was, we believe, prepared by Mr. Clarke for the recent second edition of Dr. Maudsley's treatise on the Physiology of the Mind.

In the human brain, most of the convolutions, when properly examined, may be seen to consist of at least *seven* distinct and concentric layers of nervous substance, which are alternately paler and darker from the circumference to the centre. The laminated structure is most strongly marked at the extremity of the *posterior* lobe. In this situation all the nerve-cells are *small*, but differ considerably in shape, and are much more abundant in some layers than in others. In the superficial layer, which is pale, they are round, oval, fusiform, and angular, but not numerous. The second and darker layer is densely crowded with cells of a similar kind, in company with others that are *pyriform* and *pyramidal*, and lie with their tapering ends either toward the surface or parallel with it, in connection with fibres which run in corresponding directions. The *broader* ends of the pyramidal cells give off two, three, four, or more processes, which run partly toward the central white axis of the convolution and in part horizontally along the plane of the layer, to be continuous, like those at the opposite ends of the cells, with nerve-fibres running in different directions.

The third layer is of a much paler color. It is crossed, however, at right angles by narrow and elongated groups of small cells and nuclei of the same general appearance of those of the preceding layer. These groups are separated from each other by bundles of fibres radiating toward the surface from the central white axis of the convolution, and, together with them, form a beautiful fanlike structure.

The fourth layer also contains elongated groups of small cells and nuclei, radiating at right angles to its plane; but the groups are broader, more regular, and, together, with the bundles of fibres between them, present a more directly fanlike arrangement.

The fifth layer is again paler and somewhat white. It contains, however, cells and nuclei which have a general resemblance to those of the preceding layers, but they exhibit only a faintly radiating arrangement.

The sixth and most internal layer is reddish grey. It not only abounds with cells like those already described, but contains others that are *rather larger*. It is only here and there that the cells are collected into elongated groups which give the appearance of radiations. On its under-side it gradually blends with the central white axis of the convolution, into which its cells are scattered for some distance.

The seventh layer is this central white stem or axis of the convolution. On every side it gives off bundles of fibres, which diverge in all directions, and in a fanlike manner, toward the surface, through the several *grey* layers. As they pass between the elongated and radiating groups of cells in the *inner* grey layers, some of them become continuous with the processes of the cells in the same section or plane, but others bend round and run *horizontally*, both in a transverse and longitudinal direction (in reference to the course of the entire convolution), and with various degrees of obliquity. While the *bundles* themselves are by this means reduced in size, their component *fibres* become finer in proportion as they traverse the layers toward the surface, in consequence, *apparently*, of branches which they give off to be connected with cells in their course. Those which reach the outer grey layer are reduced to the finest dimensions, and form a close network with which the nuclei and cells are in connection.

Besides these fibres, which *diverge* from the central white axis of the convolution, another set, springing from the same source, converge, or rather curve inward from opposite sides, to form arches along some of the grey layers. These arciform fibres run in different planes — transversely, obliquely, and longitudinally — and appear to be partly continuous with those of the *divergent* set which bend round, as already stated, to follow a similar course. All these fibres establish an infinite number of communications in every direction between different parts of each convolution, between different convolutions, and between these and the central white substance.

The other convolutions of the cerebral hemispheres differ from those at the *extremities of the posterior lobes*, not only by the comparative faintness of their several layers, but also by the appearance of some of their cells. We have already seen that, at the extremity of the *posterior* lobe, the cells of *ALL* the layers are *small*, and of nearly uniform size, the inner layer only

containing some that are a little larger. But, on proceeding forward from this point, the convolutions are found to contain a number of cells of a *much larger kind*. A section, for instance, taken from a convolution at the vertex, contains a number of *large*, triangular, oval, and pyramidal cells, scattered at various intervals through the two inner bands of arciform fibres and the grey layer between them, in company with a multitude of smaller cells which differ but little from those at the extremity of the posterior lobe. The pyramidal cells are very peculiar. Their bases are quadrangular, directed toward the central white substance, and each gives off four or more processes which run partly toward the centre, to be continuous with fibres radiating from the central white axis; and partly parallel with the surface of the convolution, to be continuous with *arciform* fibres. The processes frequently subdivide into minute branches, which form part of the network between them. The opposite end of the cell tapers gradually into a straight process, which runs directly toward the surface of the convolution, and may be traced to a surprising distance, giving off minute branches in its course, and becoming lost, like the others, in the surrounding network. Many of these cells, as well as others of a triangular, oval, and pyriform shape, are as large as those in the anterior grey substance of the spinal cord.

In other convolutions the vesicular structure is again somewhat modified. Thus, in the surface convolution of the great longitudinal fissure, on a level with the *anterior* extremity of the corpus callosum, and therefore corresponding to what is called the superior frontal convolution, all the three inner layers of grey substance are *thronged* with pyramidal, triangular, and oval cells of considerable size, and in much greater number than in the situation last mentioned. Between these, as usual, is a multitude of nuclei and smaller cells. The inner orbital convolution, situated on the outer side of the olfactory bulb, contains a vast multitude of pyriform, pyramidal, and triangular cells, arranged in very regular order, but none that are so large as many of those found in the convolutions at the vertex. Again, in the *insula*, or island of Reil, which overlies the extra-ventricular portion of the corpus striatum, a great number of the cells are somewhat larger, and the general aspect of tissue is rather different. A further variety is presented by the *temporo-sphenoidal* lobe, which covers the *insula* and is continuous with it; for, while in the superficial and deep layers the cells are rather small, the middle layer is crowded with pyramidal and oval cells of considerable and rather uniform size. But not only in different convolutions does the structure assume, to a greater or less extent, a variety of modifications, but even different parts of the same convolution may vary with regard either to the arrangement or the various size of their cells.

Between the cells of the convolutions in man and those of the *ape-tribe* I could not perceive any difference whatever; but they certainly differ in some respects from those of the larger mammalia—from those, for instance, of the ox, sheep, or cat.

DR. CARPENTER'S DEEP-SEA EXPEDITION.—At the meeting of the British Association, a letter was read by the Rev. A. M. Norman from Professor Wyville Thomson on the "Successful Dredging of H.M.S. 'Porcupine' in 2435 fathoms." This is nearly the height of Mont Blanc. It must be understood that dredging is a very different thing from sounding. The first dredge brought up $1\frac{1}{2}$ cwt. of ooze, the second 2 cwt., from this great depth. The bottom temperature was 30° . The sun's heat extended downwards 20 fathoms; that of the Gulf-stream 500 fathoms; after that the temperature sank generally at the rate of two-tenths of a degree for every 200 fathoms. Not only was animal life abundant at the great depth of nearly 2500 fathoms, but many new forms were added to science, and several related to the British fauna. The chemical condition of the water at great depths showed that it was strongly impregnated with organic matter, which accounted for the food provided for the animals at the bottom of the sea. The dredging demonstrated that there are living creatures now at the bottom of the sea precisely similar to the fossils of the chalk.

BOOKS RECEIVED.

CHICAGO Medical Journal; American Eclectic Review; American Homœopathic Observer; Journal of the Gynæcological Society of Boston; British Journal of Homœopathy; The Monthly Homœopathic Review; The Hahnemann Monthly; The Dental Cosmos; The Dental Register; The Boston Medical and Surgical Journal; The Ohio Med. and Surg. Reporter; The Physician and Pharmacist (N. Y.); The Detroit Review of Med. and Pharmacy; Revista Omiopatica; Journal du Dispensaire Hahnemann de Bruxelles; La Reforma Médica; Medical Record; The Missouri Dental Journal; Buffalo Med. and Surg. Journal; L'Hahnemannisme; Catalogue of the Museum and Library of the Hahnemann Med. College of Philadelphia; Bulletin de la Soc. Méd. Homœopathique de France; The History of Four Cases of Chronic Inversion of the Uterus, with the Account of an Operation designed as a Substitute for Amputation, by T. Gaillard Thomas, M.D., Professor of Obstetrics and Diseases of Women and Children, in College of Phys. and Surgeons, N. Y.; On Treatment of Uterine Catarrh, by Joseph Kammerer, M.D., N. Y.; Inaugural Address delivered at Hahnemann Medical College of Philadelphia at opening of Session of 1869-70, by Lemuel Stephens, M.D., Prof. of Chemistry; The Occidental; Conférences sur L'Homœopathie par M. Léon Simon; being the conclusion of the Cours Libres de la Sorbonne.

WE are under obligations to General Garfield for the Report of Smithsonian Institute for 1869, a valuable volume.

The Pathology of Bright's Disease. By Wm. B. Lewis, M. D., Lecturer on Renal Pathology in New York University, etc. New York: Turner & Mignard. 1869.

Review of the Homœopathic Quarterly. By E. G. Cook, M.D., New York.

Sulphur, a New Remedy for Neuralgia and Intermittent Fever. By Robt. T. Cooper. London: Henry Turner & Co.

History of Nine Cases of Ovariectomy. By T. Gaillard Thomas, M.D., Professor of Obstetrics.

We must reserve further notice of these four pamphlets till our next issue.

"PLAGIARISM OF THE THIRTIETH POTENCY.—Among our exchanges we find 'THE UNITED STATES MEDICAL AND SURGICAL JOURNAL,' containing an article under the head of 'Editorial,' and entitled 'The Surgery of the Crimean and American Wars Compared,' by E. C. Franklin, M.D., St. Louis, Mo., which is taken bodily from the 'Pacific Medical and Surgical Journal' for March, 1869. This article we translated and condensed with some pains from the 'Gazette Hebdomadaire.' Had it slipped in without credit, or had the trick been performed by some obscure journal, or by an obscure writer, we should have deemed it scarcely worthy of notice. But this 'United States' journal is the most aspiring and pretentious of its family, and parades, on the title page, a small army of editors and assistants, mostly professors in various Homœopathic colleges; and Dr. Franklin, who furnishes our article as his own production, is 'Professor of Surgery' in the Homœopathic Medical College of Missouri, and advertises at the head of the journal that he will attend to consultations and operations in any part of the United States. What confirms the evidence of deliberate larceny, and forbids the idea of accident or mistake, is the omission of the last paragraph of the article as originally published, which had a reference to our journal, and which would, therefore, have betrayed its origin."

When one is slapped in the face and called a thief and a liar, he does not stand on very good ground for making an apology. Nevertheless, the simple truth in the case, to which my attention has been directed with such touching delicacy, is, that it was a simple inadvertency that proper credit was not given to the "Pacific Medical and Surgical Journal." Dr. Franklin sent me the whole or most of the article from the above-mentioned journal, duly credited; some part had to be left out for lack of room, and it unhappily (but quite accidentally) occurred that the paragraph showing the authorship of the paper was omitted.

G. E. S.

CORRECTION.—Vol. IV., p. 412, seventeenth line from top, instead of "a believer in high potencies," read a "believer in potentized remedies." It was originally so written, and inadvertently changed—whether in the copy or in the composition, I know not, since I did not read the proof.

C. D.

WE regret to hear, as we are going to press, of the death of Dr. R. E. W. Adams, one of the oldest Western Homœopaths. We shall give a more extended notice of him in our next.

EDITOR UNITED STATES MEDICAL AND SURGICAL JOURNAL;—*Dear Sir:* In communicating to the October number of your valuable journal an account of an operation for strangulated umbilical hernia, in which nearly five feet of intestine were removed, I omitted to mention that there were evidences that the patient was four months pregnant at the time the operation was performed. Those evidences were confirmed by quickening, which occurred soon after; and I am now happy to state for the benefit of your readers, that Mrs. Childs, during the past week, completed her "term," and was delivered of a female child weighing eight pounds. To use the patient's own language, she bore her confinement as well as ever she did, and so far is smarter than she has ever been. Very truly yours,

Chicago, Jan. 1, 1870.

G. D. BREER.

SURGEONS' CALL.

WE have at last succeeded in getting what we have been trying to procure a long time, and though it may seem rather late in the day, we give our readers herewith a

LIST OF THE HOMŒOPATHIC SURGEONS WHO SERVED DURING THE LATE WAR.

This list is incomplete, for there must have been many more; there were some also in the Confederate armies; of these we have heard nothing. This list will be of value when the inquiry is raised, as it will be ere long, what does Homœopathy promise the army and navy?

PEASE, G. M., M.D., Boston, Mass., commissioned assistant surgeon U. S. Navy, 1861. Served in both East and West Gulf Squadrons. In 1863 went North, on account of poor health. Resigned, and was commissioned, in July, 1863, as assistant surgeon in the Fifty-fourth Regiment Massachusetts Volunteers. Was detailed as Brigade Surgeon on the staff of Brigadier-General Edward A. Wild (M.D.), at Newburn, N.C., for two months. Returned to Fifty-fourth Regiment, and remained with it at Morris Island during the siege of Charleston, S.C. At Jacksonville, Fla., February, 1864, was Post Surgeon and Brigade Surgeon, and, as such, was at the battle of Olustee, Fla., and received a slight wound. By transfer of the surgeon of the regiment, was assistant surgeon in charge during the remainder of service with the army. The Surgeon-General of the State of Massachusetts declined giving a promotion, sending another person, who would not be received until his resignation, on account of disability, which was accepted in June, 1864.

KETS, A. E., M.D., Ravenna, Ohio, entered the service in 1862 as volunteer surgeon, having passed the Army Medical Board at Washington, D. C. Resigned, September 1, 1863.

KETS, B. G., M.D., entered the service in June, 1863, and died while on duty at the Finley General Hospital, Washington, D. C., in September of same year.

WILLES, L. M., M.D., East Boston, Mass., entered United States army as assistant surgeon, Twenty-sixth Massachusetts regiment, July 15, 1862. Promoted to surgeon. Discharged in 1865 from disability. In field and hospital.

LIEBOLD, C. T., M.D., New York City, entered the service as contract A. A. surgeon, December, 1862. Was on duty at the Hammond General Hospital, Point Lookout, Maryland, until August, 1865.

HILL, C. JUDSON, M.D., Utica, New York, entered the service as second assistant surgeon of Ninety-first New York volunteers; promoted to first assistant surgeon; served as such under Dr. R. Morris, of Ogdensburg, up to time of final discharge. Most of time on detached service. Rank as brevet-captain New York volunteers.

LOEB, F. A., M.D., Chicago, Illinois, entered the service as contract surgeon in 1862. Was ordered to Chicago Board of Trade Battery. In field and in hospital, and left the army in 1863.

- HALSTEAD, M. H., M.D.,** *Leavenworth, Kansas*, entered the service early in 1862, as assistant surgeon of the Fifteenth New York cavalry. Was promoted to the rank of surgeon, and served until the close of the war.
- THAYER, S. B., M.D.,** *Battle Creek, Michigan*, entered the service as surgeon of regiment "Merrill's Horse" (Second Missouri cavalry), in August, 1861. Served as Brigade Surgeon on the staff of General Merrill, and as brigade surgeon and medical director on the staff of General McKean. Resigned in July, 1863, on account of disability.
- BUMSTEAD, S. J., M.D.,** *Pekin, Illinois*, enlisted in One Hundred and Eighth Illinois volunteer infantry, August 9th, 1862. Assigned to duty as assistant surgeon to One Hundred and Thirty-first Illinois volunteer infantry, March 1st, 1863. June 1st, 1863, commissioned first assistant surgeon of same regiment. Remained in service till mustered out with regiment at Camp Butler, November 30th, 1865.
- YOUNGLOVE, J., M.D.,** *Elizabeth, New Jersey*, enlisted as a private soldier in the First New York Mounted Rifles, on the 9th of August, 1862. Immediately after enlistment, went to Albany and passed an examination before the medical board, and then went and joined his regiment. After serving as an enlisted man for three months, received a commission from Governor Morgan as assistant surgeon in the Seventy-first New York State volunteers, dated October 25th, 1862. Served in this regiment (army of the Potomac) both as assistant and acting full surgeon until July 30th, 1864, at which date he was mustered out of service, by reason of the expiration of his regiment's term of service. Again entered the service of acting assistant surgeon U.S.A., August 6th, 1864, in which capacity he continued for three months. Was ordered first to Baltimore, thence to Sandy Hook, and from there to Martinsburg. In field and hospital. Received commission and rank of brevet-major, for faithful and meritorious services, December 2nd, 1867.
- WHEELER, J. P., M.D.,** *Brighton, New York*, was commissioned assistant surgeon, Twenty-fourth Wisconsin volunteer infantry, on the 16th September, 1862 (residence at the time, Whitewater, Wis.) Served in the field until April 14th, 1863, when he was detailed to take charge of General Hospital No. 6, Murfreesboro, Tenn., where he remained until May 24th, when he returned to his regiment, with which he remained until February 5th, 1864, when he was detailed as assistant in General Hospital at London, East Tennessee. Remaining until May 3rd, was ordered to assist in establishing General Field Hospital, Department of the Cumberland, in which he served as Executive Officer during the Atlanta campaign, and until January 19th, 1865, when he was ordered to take charge of General Hospital No. 3, Lookout Mountain, Tennessee. February 10th, returned to his regiment, with which he remained a short time, when again ordered to General Field Hospital, Department of the Cumberland, where he remained until mustered out with regiment, in June, 1865.

- DEARBORN, A. P., M.D.,** *Brattleboro, Vermont*, served with Fourth New Hampshire volunteers. (No particulars.)
- MOORE, J. C. W., M.D.,** *Andover, New Hampshire*, served with Second New Hampshire volunteers. (No particulars.)
- COLBY, E. P., M.D.,** *Boston, Massachusetts*, served in United States Navy. (No particulars.)
- OWENS, WILLIAM, M.D.,** *Cincinnati, Ohio*, entered the army April 7th, 1862. After the battle of Shiloh, was detailed to take charge of sick and wounded of Third Battalion of the Fifth Ohio cavalry; continued in this service till July, 1863, when appointed acting assistant surgeon, July, 1863. Served in hospitals at Louisville and Nashville until the close of the war.
- JONES, SAMUEL A., M.D.,** *Englewood, New Jersey*, commissioned first assistant surgeon, Twenty-second New Jersey volunteers, September 7th, 1862. Detached and served as post surgeon at Fort Gaines; placed in charge of his own regiment. Ordered to First Army Corps Field Hospital at battle of Chancellorsville; remained till term of service expired. Re-entered service as first assistant surgeon, Twenty-second New Jersey State National Guards. While there, contracted rheumatic arthritis, from exposure, and was honorably discharged, on account of a permanent disability of right knee joint.
- FRANKLIN, E. C., M.D.,** *Saint Louis*, Professor of Surgery Hahnemann Medical College, Missouri, entered the volunteer service, May, 1861. Served three months under General N. Lyon. Examined by the * Army Medical Board, September, 1861. Was commissioned as brigade surgeon of volunteers. Organized United States General Hospital, Mound City, Illinois, and remained in charge fifteen months. Assigned to General F. P. Blair's brigade as chief surgeon during the capture of Vicksburg. Organized Van Buren General Hospital, Milliken's Bend, Louisiana, capacity 2,000, in charge for four months. Ordered to front in 1864, and remained with army to August, 1864.
- REMONDINO, P. C., M.D.,** *Wabasha, Minn.*, entered the service as acting medical cadet, May 28rd, 1864, at U.S. General Hospital at Naval Academy, Annapolis. Graduated in March, 1865. Appointed A. A. surgeon, May 10th, 1865. Ordered to Fortress Monroe, April, 1865. Attached to Third Pennsylvania artillery; then post surgeon at Military Prison, Hampton, till relieved and ordered to Williamsburg. Resigned in November, 1865.
- BEEBE, G. D., M.D.,** *Chicago*, Professor of Surgery Hahnemann Medical College, entered the service, December, 1861, under commission from President Lincoln as brigade surgeon United States Volunteers. Assigned to command of General Hunter in Kansas. May, 1862, ordered to report to General Halleck at Corinth, Mississippi. After the surrender of Corinth, ordered to report to General Buell and by him assigned to staff of Major General G. H. Thomas, with whom he served till he resigned in March, 1863.

* Washington, D. C.

FOSTER, W. D., M.D., Hannibal, Missouri, entered service as assistant surgeon, Seventh Missouri cavalry, July, 1868. Served until June 5, 1865. In field and hospital.

SHATTUCK, H. P., M.D., Boston, Massachusetts, entered the service as A. A. surgeon U.S.A., January 13th, 1865. Remained till close of war, at Savannah, Ga., in Second Division U.S. General Hospital. Resigned, on account of ill health, July, 1865.

ALLEN, J. W., M.D., Altoona, Pennsylvania, entered the service as assistant surgeon, July, 1861, having passed examination before the Army Medical Board at Washington, D.C.; served in various hospitals in Washington; ordered to Department of the South, under General T. W. Sherman, served in field and hospital in said department. Was surgeon in charge for a time of St. Paul's Church Hospital, Alexandria, Va. Promoted to surgeon, One Hundred and Forty-eighth Pennsylvania volunteers, and served until June, 1865. In field and hospital.

CLOUD, J. A., M.D., Bordentown, New Jersey, served in the Medical staff of both the volunteer and regular army. (No particulars.)

JONES, J. B., M.D., Rockford, Illinois, served as contract surgeon with the Fifteenth Illinois volunteers and Ninety-fifth Illinois volunteers mostly in the field. Says of himself: "I was with the Fifteenth Illinois volunteers at the battle of Pittsburgh Landing, as volunteer surgeon. After the battle of the Hatchy, was under contract, and had the full charge of the regiment until after 'Fuller' found that the regiment had a Homœopath, and to spite General Hulbert and myself, sent one of the Allopaths to take my place. This was in the fall of 1862. From that time I was in the field until the fall of 1864 as volunteer surgeon, and gave my services a part of the time with the Ninety-fifth, and the balance where I could find help needed. Was through all of the Mississippi campaign; also up the White River and Little Rock, Arkansas, about four of the last months of the above time spoken of. Was sent by the Christian Commission, and expenses paid."

BARROW, GEORGE H., M.D., served as assistant surgeon and surgeon for three years. Entered service in 1861. (No particulars.)

HARTSHORN, D. W., M.D., Cincinnati, Ohio, entered the service as Brigade Surgeon of volunteers. Served through the war in field and hospital. Held important positions in the surgical staff. Was medical director under General Sherman at Vicksburg, Mississippi. Splendid officer.

E. C. F.

FOSTER, GEORGE S., M.D., Alleghany City, Pennsylvania, entered the three months service as assistant surgeon, Thirteenth regiment Pennsylvania volunteers, Patterson's division, army of Shenandoah. (No particulars.)

MORRILL, EZEKIEL, M.D., Salem, Massachusetts, entered the service as assistant surgeon of Thirteenth New Hampshire volunteers. Was promoted surgeon of First H. A. N. H. V., November, 1864, and remained in the army till the close of the war.

WADE, JOSEPH L., M. D., entered the service as contract (Acting Assistant Surgeon U. S. A.), on the 5th of August, 1863. Ordered to report to surgeon Wirtz, Medical Director Department of the South, at Hilton Head, S. C. Remained there eleven months; ordered to report at David's Island, New York, for duty. Oct. 1st, 1864, ordered by Surgeon Sloan, Medical Director Dept. of East, to Newberne, N. C., the yellow fever prevailing as an epidemic. Jan. 23rd, 1865, was ordered to report to Surgeon John A. Moore, Med. Director at headquarters of Major-General Sherman, then at Savannah, Ga.; but the army having moved when he reached Savannah, was ordered on duty at the Fourteenth Corps Hospital, under charge of Surgeon Blusser, Seventy-ninth Ohio Volunteers. Remained there until hospitals were broken up; transferred thence to U. S. General Hospital, Hilton Head, S. C., the very first place ordered on duty, in 1863. Left the army in June, 1865.

E. COOK WEBB, M.D., Orange, N. J., entered service July, 1861, as assistant surgeon First New York Cavalry; served nine months. Mustered out on account of disability, in May, 1862. Re-appointed (we think in August) 1862, assistant surgeon, Twenty-fourth New York infantry; was with them in the field up to their muster out, except some two months, when he had charge of First Division of First Corps Hospital. Mustered out with regiment, June, 1862. Re-appointed assistant surgeon Fifth New York Cavalry, July 1st, 1863; served through Gettysburg campaign, down to Hartwood Church, some two months, when he was detailed at Harewood Hospital, Washington, D. C., where he remained until June, 1865. Was prisoner twice; once, in 1861, he was released; the second time (1863), he escaped.

D. McNEIL, M.D., Hudson City, N. J., entered U. S. service as regimental surgeon Twenty-first New Jersey volunteers, for nine months. Mustered in, September 15th, 1862. Served the term of the regiment, and was honorably discharged at its close. Was detailed at both battles of Fredericksburg, as one of the operating surgeons; at all other times in the field with the regiment. Practiced Homœopathy as nearly as he could, with the supplies furnished by the Government.

PETHERBRIDGE,* M.D. Entered service in 1861, as surgeon of the New York State Chasseurs, for three years. Served out the term, and on the regiment re-enlisting, served to the close of the war, and then was examined and received as surgeon in the Regular Army. Died in the service in 1866, of typhoid fever; was on staff of Colonel, finally Major-General, Shaler. In private practice, before the war, he was a distinguished Homœopathic physician in Hoboken, N. J., and in New York City. When he first entered the service, from his known Homœopathic principles, he encountered much prejudice from his medical associates, which was only overcome by his acknowledged talents as a surgeon and medical officer.

* [Was this J. B.? We are indebted for these items to the kindness of Dr. McNeil, of Hudson City, N. J., who pays this tribute to Dr. P.'s memory].

ROCHWITH, F.A., M.D., of *Newark, N. J.*, A. A. surgeon on gun-boat on Mississippi river.

F. B. MANDEVILLE, *Newark, N. J.*, assigned to duty at Ward U. S. General Hospital, at Newark, as cadet; afterwards promoted to acting assistant surgeon. Served for six months, in 1862. The above are all regular physicians, and were at the time of service. There are many others in the State of New Jersey, whose names we do not recall.

In addition to these, we have the following names, about which we can obtain no further particulars: Dr. Richards, Lock Haven, Pa.; Dr. R. R. Weistling, Huntingdon, Pa.; Dr. C. Van Tagen, Harrisburgh, Pa.; Dr. Walter Ure, Alleghany, Pa.; Dr. John Pease, Boston, Mass.; Dr. H. B. Morrill, Boston, Mass.; Dr. Warren M. Babbitt, Lee, Mass.; G. S. P. Pfeiffer, Camden, N. J.; Dr. E. B. Holmes, Canandaigua, N. Y.; Dr. J. P. Wheeler, Brighton, N. Y.; Dr. R. W. Martin, N. J.; Dr. Downing.

CONSUMPTION AND CLIMATE.

CONSUMPTIVES are wandering all the way from the Adirondacks to California, and from Minnesota to Florida, in search of health that they seldom find.

1. The tendency of climate to promote recovery, is not always in the inverse ratio to its tendency to generate disease.

The Gulf coast generates but little. It greatly promotes the progress of the disease in those who remain during the year. The influence of the winter is rather negative.

2. The three conditions most conducive to recovery, are altitude, coolness and dryness. The altitude should be sufficient to promote expansion of the lungs, but not sufficient to involve undue rareness of atmosphere.

The coolness should be sufficient to favor vigor, but not sufficient to make a great draught on the small heat-producing capacity of the consumptive.

The dryness should be such that warm weather may not be sultry, or cold weather chilling, but not so great as to irritate the bronchial membrane.

Such a climate is favorable to the subjects of bronchitis, pleurisy, pneumonia and pulmonary consumption, as well as pulmonary tuberculosis.

H. P. GATCHELL.

THE PHYSICIAN'S VISITING LIST for 1870, published by Lindsay & Blackiston, Philadelphia, comes to us gotten up with its usual excellence. Marshall Hall's Ready Method for Asphyxia, Poisons and their Antidotes, Table for Calculating the Period of Ultero-gestation, Daily Record, etc., making it an invaluable companion for the practitioner, and fully sustaining its world-wide reputation.

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FORCE:

**AND SOME OF ITS RELATIONS TO LIFE, HEALTH, DISEASE AND
MEDICATION.**

No. V.

IF the views regarding physiology and pathology presented in the previous articles of this series are correct, it follows that the idea not long since imported from Germany, that pathology is physiology astray, is an erroneous idea.

So long as only physiological forces are in action, only physiological processes result. The relation of cause and effect is an invariable relation. New phenomena imply either new forces or a change in the relation of those previously existing. Accordingly, disease indicates either the introduction of a foreign substance or the propagation of an abnormal motion into the system.

In either case, in order to the restoration of health, the cause must be removed. The substance must be displaced, the motion must be rectified. Whatever the motion, electric, thermal or other, it must be arrested if abnormal in kind, or adjusted if abnormal in degree. The foreign

substance, whether acting mechanically, chemically or catalytically, must be removed.

This removal, the system may be capable of effecting without aid. In the absence of such capability, aid must be rendered to promote expulsion or destruction of the mechanical or other agent, or it may be necessary to neutralize the chemical or to arrest the action of the catalytic agent. Oftentimes with such aid, spontaneous recovery takes place. The systemic forces resume their sway and the normal operations proceed.

But on the other hand, the disordered organic condition may remain. And it may resist those general hygienic* influences which, closely related to those physiological processes that are common to the whole system, correspond also to similar pathological conditions. In that event, it becomes necessary to resort to special therapeutical means.

If life were a unit, and disease were an affection of the life itself, we should not be far from the *grand catholicon*.† But it has been shown, while there are some modes of vital manifestation common to the whole system, that each tissue has its specialties of composition or structure, or both, and consequently a special life; that since life is special and various, disease must be special also and still more various. The obvious conclusion is that remedies must be special and various also, corresponding, in each case, to the existing disorder. New forces are needed to influence the system. The forces must correspond to the disorder. And since force is associated with matter, therapeutical agents are naturally sought in material substances to be introduced into the system, with a view to their specific action; that

* There are common predicates, pertaining to all the tissues, and special predicates, pertaining to particular tissues.

Hygienic (viz. : health-preserving) methods relate chiefly to the common predicates. Hygiastic (viz. : health-restoring by hygienic influences) methods have a similar relation.

† Believers in the unity of life and the unity of disease, have sought for a grand panacea, but thus far without success. Like the philosopher's stone, it eludes the search. Probably its existence is as real as Foote's "grand Panjandrum with the little round button at the top."

being determined by the composition and arrangement of the agent.

I propose, in the investigation of the therapeutical agency of this class of substances, to inquire through what *medium* if any, they affect the diseased part. It has been asserted that the therapeutical force is exerted directly on "the life force" and through this on the living body. Indeed this is a necessary corollary of the doctrine of diseased force. But it has been shown that this assertion betrays great ignorance of force in general and of vital force in particular. "The life force" does not exist, though life force does. And the latter is manifold.

Even if the doctrine of "the life force" as a unit were tenable, the assertion is made in utter defiance of the fact that no instance has ever been produced of a force acting directly on a force. Whenever one force modifies or arrests or promotes another, it effects the result through the medium of intervening matter. Neither thermal, nor electrical, nor mechanical force, acts directly on the other. Whenever, for example, heat results in the development of mechanical action, it accomplishes the end through the intervention of matter and by a modification of the condition of that matter. The same fact obtains in regard to the development of heat by mechanical agency. Not only is the direct action of a force upon a force unknown, but, so far as existing knowledge goes, it is impossible.

It has been held, and still may be, for aught I know, by physicians grossly ignorant of physiology and pathology, that the influence of medicines is transmitted to the interior only through the agency of the nerves. The numerous experiments which demonstrate that no drug, that not the most deadly poison, except in case of local corrosion, acts until after absorption, should be regarded as having fully and finally disposed of this notion. The fact that they have no influence on the system when the nerves are entire and the vessels are divided or ligated, and that their influence is not in the slightest degree arrested or modified by dividing the nerves, provided the vessels are unobstructed

and entire, or even connected by a quill, should be deemed conclusive.

Another hypothesis, that medicines act directly on the nerve-centres only, and consequently affect the system by centrifugal instead of reflex nervous action, has not only no facts to sustain it, but it is inconsistent with the immense variety of phenomena of disease. All nerves are either of sensation or motion. And every abnormal affection of a nerve modifies one or the other of these functions. A blow near the eye causes a sensation of light. Electrical action upon the auditory nerve causes a sensation of sound. Irritation of an anterior spinal nerve causes motion.

That some drugs act especially on the nervous system is sufficiently well known. So it is that the nervous system has its own diseases. But that all drugs propagate their influence pathogenetic or therapeutic, only through the nervous system, is entirely unknown. Nor is the action in either case sufficient to account for the indefinite variety of results, while the specific action of drugs appears to render the hypothesis utterly untenable.

There remains, therefore, only the conclusion that drugs, in the curing as in the causing of disease, act *through no medium* but that they act directly on the part affected.

In either case, they act only at insensible distances or by actual contact. We can no more medicate a tissue than we can nourish it, at a distance. In either case the material must come into the most intimate local, into molecular relation to the part to be affected. Medicine, like food, must be absorbed, carried to the capillaries of the part, escape through their walls and go into the midst of the molecules.

The next inquiry which I propose is into the *mode* of the therapeutical action of remedies. This is commonly represented as being mechanical, chemical and catalytic.* There

*I have purposely avoided the use of the term dynamic. Originally signifying that which relates to power, it is used in the science of mechanics, to express the exertion of power in the production of motion, and is employed in opposition to static, that which relates to bodies at rest.

seems to me to be implied in this representation, some lack of both depth and clearness of thought. Let us endeavor to define* these several modes.

Mechanical action is exerted by the bulk, gravity or momentum of bodies having appreciable size and weight.

Chemical action[†] is exerted between dissimilar bodies individually invisible and imponderable, in destroying old bodies and in combining to form new ones.

Catalytic action is exerted by bodies individually invisible and imponderable, in imparting motion to other bodies without combination.

That disease may be produced in either one of these modes of action, no one questions. But pathogenesis is not therapeutics.

It is necessary, also, in our efforts after a clear conception of this subject, to distinguish between cure and spontaneous recovery. Though the result is the same to the patient, the cause differs. In the latter case the systemic forces only are active in the production of the effect, unembarrassed by something that had previously restrained them. In the former case, forces foreign to the system have aided.

When the surgeon extracts a bullet or an arrow-head

Transferred to vital science it has acquired no new force; but it has come to be used much more vaguely.

Persons quite ignorant of its true signification, holding it in a misty way, seem to fancy that in employing it, they have stated a cause or defined a mode of action.

Some persons amuse themselves with words very much as children do with rattles. They are pleased with the sound.

It is unfortunate that the term dynamic was not left to its original signification, pertaining to power, and that kinesis, pertaining to motion, was not used in opposition to static. It would have conducted to definiteness of idea.

* I do not by any means suppose that the definitions here proposed are perfect, especially as chemists themselves are not agreed as to the scope of their science and consequently as to the definition of its title.

According to Gardner's definition (and it is questionable whether a better one can be found), the science of atoms, it is the basis of physical and indeed of all material science.

that is causing disease, he does not thereby institute any curative process. His is a negative rather than a positive work, in its relation to the disease. If thereupon the systemic forces prove sufficient to restore health to the affected part, it can not, with any propriety, be said that the surgeon has employed any therapeutical means. If, however, convalescence not occurring, he successfully resorts to *Arnica* or *Calendula* to promote restoration, then he takes part in curing. But the mechanics of the removal of bullet or arrow-head belong to one category and the therapeutics of administration of *Arnica* or *Calendula* to another.

The same doctrine holds in regard to the removal of accumulated fæces, acting as a cause of disease, from the rectum or other part of the alimentary canal, whether by spatula, injection or purgative. No therapeutical action is thereby instituted. A pathogenetic agent is removed.

So when a chemical is employed to neutralize a poison in the stomach, its action may terminate with the neutralization. It has merely destroyed a cause of disease, and that whether spontaneous recovery ensues or whether therapeutical treatment becomes necessary. If, in the latter case, *Aconite* or *Arsenic* is employed to cure the resulting inflammation, then therapeutical is added to chemical agency.

So if *Carbolic acid* destroys any catalytic agent which is producing disease, the action upon the poison is not therapeutical action. Therapeutical action is exerted only on the tissues of the living body, and is evinced in changing their condition from that of disease to that of health. No action which does not combine these two incidents can properly be termed therapeutical.

I protest against that looseness of statement which, confounding things that are distinct, tends to perpetuate error of thought. And there is seldom error of thought but it terminates sooner or later in error of conduct.

But it still remains to consider whether the chemical action of drugs on the tissues, may not be therapeutical.

The tissues have a definite composition and structure essential to the physiological condition. Their physiologi-

cal forces are supplied by the constituents of the tissues acting under structural conditions. Any departure from the normal composition by the introduction of new elements into it, is necessarily subversive of the physiological processes. By the very definition of chemical action, the introduction of dissimilar, that is, of foreign substances, is implied. If they decompose the tissues they are necessarily pathogenetic. If they enter into combination merely, they prove to be centres of disturbance. They are pathogenetic, not therapeutic. Nothing but our proper food, and that in general needing to be elaborated for the purpose by the vegetable kingdom, and prepared by gastric and other glands, can harmlessly enter into combination with the tissues. Nutrition is homœosymphysic, a union of similars; while chemical combination is heterosymphysic, a union of dissimilars.

Upon the occurrence of combination of a drug, composed as it is of foreign molecules, with a tissue, the latter has ceased to be merely an organic tissue, nervous or muscular. It has become neurine or syntonine plus something else, and that something else is pathogenetic.

There remains, therefore, but one possible mode of therapeutical action, and that is catalytic. The catalyte acting by its presence without combination, neither proves subversion of the physiological forces by changing the composition of the tissues on which they depend; nor does it remain to become a centre of disturbing force, as it would if it tarried in the system after restoring healthy action; provided it existed in quantity sufficient to produce any appreciable effect.

If the part diseased is accessible from without, the catalyte may be directly applied; absorption taking place through the epidermis or epithelium, otherwise the medicinal substance must also pass into the general circulation, be borne to the capillaries of the diseased part, and escape thence into the tissue, in order to reach its molecules.

How rapidly absorption by epithelium may take place, is indicated by tasting and smelling, in both which cases the

sensation occurs after absorption and contact with the nerves, and this is so nearly instantaneous that it is not easy to measure the time requisite, nor is there any reason to doubt that substances may pass through the capillary walls as rapidly as through the epithelium. A very brief space of time is necessary, after the introduction of substances into the circulation, for their transportation to the most distant parts of the body, a still briefer to bear them to the heart, or other central organ.

There is a difference in the time required by different substances for passing through the epidermis or epithelium. Some, after this movement, enter the lymphatic, and some the sanguineous capillaries, more readily; some substances, also, passing through the capillary walls more readily than others. Foreign substances, in general, enter the capillaries of the sanguineous more readily than those of the lymphatic system, so that poisoning may often be delayed by tying the veins.

Some poisons of a very deadly character, snake-venom* and woorari, for example, are rejected by the epithelium of the alimentary canal until there is time for their destruction, or for their removal by peristaltic action.

It is worthy of observation that substances difficult of absorption cease to be so when united with one that is readily absorbable, and ample experience has shown that the venom of the snake may be so diluted as to be absorbed as readily as a portion of a drop of alcohol, or of syrup, placed on the moist membrane of the tongue.

That the mucous membrane readily permits the passage of a diluted poison, when it persistently rejects it in a more concentrated state, seems to me a fact of great significance. If a certain degree of dilution is necessary to effecting a passage of some substances from the alimentary canal into

*According to the valuable contributions of Dr. S. W. Mitchell to the toxicology of rattle-snake venom, that virus resists the action of the gastric juice during several hours.

If I can trust the memory of what I long since read, Bernard states that woorari leaves the alimentary canal unchanged.

the capillaries, may not a greater degree of dilution be necessary to the transmission of some drugs from the capillaries into the tissues? May not different tissues differ as to their receptivity of different drugs?

That the tissues may not receive foreign substances, that the capillary walls may not transmit them as readily as the mucous membrane of the alimentary canal, accustomed to the presence of a great variety of substances, is no forced conclusion.

That the different tissues receive different drugs with different degrees of readiness, is sufficiently well known. There are special affinities. To instance the excretory organs only: Some substances find their way more easily into one gland and some into another. Mercury seeks the salivary glands and nitre the kidneys. Nor would it be extravagant to assume that the more attenuated a drug, the more fully and intimately it comes into relation to those molecular constituents of the system that are the immediate agents of all physiological processes. This is no violent inference. It is only extending the characteristics of the more to the less exposed parts of the system, and the probability seems very strong to me, that we have in this relation an explanation of at least a portion of those cases, in which the more attenuated drug succeeds when the less attenuated fails. How great the attenuation required can be determined only by experience. I do not, by any means, assume that this includes all the results of minute division. The readiness with which finely divided substances (iron, for instance, in its spontaneous combustion) enter into new combinations, indicates that cohesion holds in abeyance, in some degree, the manifestation of molecular properties.

The assertion that remedies act in a degree of attenuation* which renders it impossible that the action should be

* Tyndall says of perfumes diffused throughout the air, that "their attenuation is known to be almost infinite"; and yet they affect the olfactory nerve. Have the physicians, who make the assertion alluded to, succeeded in effecting an infinite attenuation? It is to be hoped they will soon favor us with a comprehensive definition of the infinite.

material, seems to me to imply but little reflection. We know nothing of the degree, any more than of the kind of force that any substance is capable of exerting, but by experience. We are told of the vast amount of electrical energy stored up in a single drop of water; and no one, prior to experience of such substances, would suspect the terrific force which may be displayed by a few grains of nitro-glycerine, or the still more energetic chloride of nitrogen. Let the force of a grain of chloride of nitrogen be slowly developed in the system, so as to diffuse itself over considerable time and space, and we should have an amount of effect sufficient to work great pathological changes. It cannot be too carefully borne in mind, that all force is relative. The kalmia poisons the sheep and not the goat; arsenic the dog and not the hog; rattle-snake venom the black snake and not the rattle-snake. The scarlet fever virus attacks one of two persons and spares the other, equally exposed. Likewise does the virus of measles, and of other contagious diseases. Even small pox now and then spares one.

Still more remarkable is the immunity enjoyed by so many, during the prevalence of some violent infectious disease, like cholera or yellow fever. We have in these contrasted cases of susceptibility and insusceptibility, no outward signs by which to determine who will escape or who will be seized. The difference in the different systems, or in the same system at different times, may be slight, with reference to all other influences, but great with reference to that of the particular poison. And whatever possibility of diminished force might be imagined in the immunity of particular persons, no such systematic diminution can be supposed in regard to the uniform immunity of the same individual after the first attack. It can only be due to diminished susceptibility, in consequence of which the virus sustains a different relation to the same system at different times, as well as to different systems at the same time.*

* May not the absence of susceptibility be due to a state of the system unfavorable to diffusion?

But in this question of degree of force, we do not need to depend on difference of relation merely. We know positively that matter inconceivably attenuated does act to the production of vast results, mechanical, chemical and catalytic. We know that to the motion of such matter, impinging on our globe, is due the entire sum of force developed on its surface, whether pertaining to earth or air, to the terrible electric energy which rends the atmosphere, the fierce tornádo which devastates whole islands, the ocean streams that sweep resistless from continent to continent, or the silent agencies that have built or are building up the immense vegetable growth that covers the surface of the land and flourishes beneath the waters of the sea.

That all this is accomplished by means of an impulse due to an exceedingly attenuated matter extending through all space, is a thing of demonstration. Though imponderable by means of any known balances, though its degree of denseness is inappreciable by any known tests, its waves have been measured and the force of its impulses determined. It lifts annually, some of it miles high, the immense mass of water that is sufficient to cover the entire eastern half of our country to the depth of more than three feet, the coast of Alaska to more than twice three, and some tropical regions to more than five times that depth, and yet it is so attenuated that its direct waves pass unobstructed through the most solid glass, and are capable of finding their way even through gold.

This almost infinitely thin fluid is not only capable of exerting all this tremendous energy, but it is capable of affecting atomic and molecular conditions, both in and out of organic bodies. It decomposes bromides and iodides out of and contributes to the decomposition of carbonic acid in organic cells. It is capable not only of controlling physiological but of producing pathological conditions. Or is the sun-stroke a mere fancy? That it is capable of acting therapeutically is well known. The sun-cure is no myth.

Now unless the advocates of mythical miasms and of

still more mythical dissociated forces, can either unsettle the foundations of physical science, and show that the Newtons and Faradays and Tyndalls have been but dreamers, or can demonstrate that they have reduced drugs to a still more attenuated state than that of the ether, let them at least be a little more guarded in their assumptions,—a little more modest in their assertions.

Let me reiterate, that all force depends on relation. The solar ray is powerless to decompose the carbonic acid except in the vegetable cell. Oxygen, on the other hand, is incapable, in general, of uniting with the carbon of the food in the animal body, to form carbonic acid, except in the minutest pores of the tissues, in the midst of the very molecules themselves. Neither the solar ray in the vegetable, nor the oxygen in the animal, has summoned to its aid any dissociated force, any more than has the snake-venom in the body of another species.

In each case, associated force has been invoked, in the decomposition of the carbonic acid, that proper to the molecules of the vegetable cell; in the combination of oxygen and carbon, that proper to the molecules of the animal tissue. When the venom of the rattle-snake proves fatal to the black snake, it is because the increased susceptibility is equivalent to an increase of force. The venom has acquired no new power, but it has encountered less opposition than in its own kind.

But it has been assumed, because a quantity of some drug too minute to poison, may still cure, because it proves therapeutic when incapable of being pathogenetic, that it has acquired some new power—has been potentized, whatever that may mean. Let us remember that the relation of cause and effect is invariable. The same cause always produces the same effect. It does not matter that we term some of the necessary antecedents causal and some conditional.* Any change in either class is inevitably followed

* I cannot but concur with that profound thinker, John Stuart Mill, in his advocacy of the doctrine that all necessary antecedents are to be regarded as causes. I am unable to see when, upon the introduction of a pre-

by a change in the consequents. *A priori*, therefore, we should expect drugs to affect the system differently in health and disease. Difference in the effect must as certainly follow a change in the state of the system as a change in the quality or quantity of the drug. The more massive the dose of the drug, the more it will tend to produce its proper effects. The greater the change in the state of the system, the less it will tend to do so; provided the change is not in the direction of coincidence with the drug action. In fine, the result will depend on the massiveness of the dose and the strength of the disease. The dose may be so large as to impress with its own peculiar action, to the almost total obscuring of the phenomena of the disease. Or the disease may be so intense as in a measure to neutralize the action of the medicine. We may give *Opium* enough to kill either sick or well, and yet *Opium* enough to kill in ordinary health has been given in tetanus with comparative impunity.

If it is urged that we have, in the therapeutic action of medicine in disease, not merely different but opposite action, I reply, that this is not peculiar to disease, but obtains in health also.

I called attention, in print, to the contrasted action of large and small doses,* as long ago as 1852. That the opposition of effect is not imaginary, the following extracts†

viously wanting antecedent, the effect follows, why that should be regarded as the sole cause.

The result would ensue if it had been present and some other needed but absent antecedent had been introduced. And thus each antecedent in its turn, would become a cause, if it were only the last introduced. The heat applied to gunpowder, or the blow to the nitro-glycerine, is no more a cause of the explosion than are the properties of the constituents.

* It is to be borne in mind that large and small are relative, not merely to one another, but to different drugs and different systems. To a druggist of my acquaintance, who, coming into his large drug store long after the opening of a jar of ipecac, would know it by an attack of asthma, a very minute quantity was large. Any quantity of any drug capable of producing pathogenesis is relatively large.

† Of the various quotations which I have made, (the most of them gathered a considerable number of years ago—not a few from a then complete

from the United States and from Christison and Griffith's and King's Dispensatories, and from Pereira, Watson and Bence, and Wharton Jones, will suffice to show :

Alum and *Muriate of Ammonia* purge in large and constipate in small doses. *Gillenia*, *Ipecac*, *Gentian* and *Nux vomica*, in large doses, debilitate the stomach and impair digestion. In smaller doses, they invigorate the stomach and improve digestion. *Sanguinaria*, *Quinine* and *Opium*, are sedative in large and stimulant in small doses.* *Turpentine*, in large doses, produces coma and death, in small ones, exhilaration and warmth. *Alcohol*, in large doses, causes paralysis, [and death, G.] while in small ones it is stimulating. Concentrated *Belladonna*, applied to a small artery, produces instantaneous relaxation. Dilute *Belladonna* causes as sudden contraction.

It is hardly necessary to quote authority to the effect that there are no accidents and no exceptions in nature, since these principles are familiar to most thinkers. But for the sake of some of the terms employed, I introduce the following quotations from an old number of Raouking's Abstract. The statement is made in regard to cures that "they are not accidental, but depend on undiscovered laws," * * * "neither are they exceptional. For there are no exceptions in nature."

This opposition between the influence of large and small quantities of the drugs specified is no accident, but is a law that obtains in regard to all drugs. Nor is this relation of large and small confined to drugs. It obtains in regard to chemical and mechanical agencies, beyond the domain of life.

series of Braithwaite,) I have at present the means of verifying but a few. I must take for granted the accuracy of the rest. The authors are generally men holding important positions, even when they are not so well known, as Bentley Todd, Handfield Jones, etc. Dixon is the Dr. Samson, of Charles Reade's "Hard Cash," the old doctor whom he is so fond of introducing, under various names, into his works.

* It seems strange that Pereira, and other writers on *Materia Medica*, should be at a loss whether *Quinine*, *Arsenic*, and the like, should be classed as sedatives or stimulants, seeing they had only to vary the size of the dose to render them either

Roll a small iron ball against an ivory surface and it rebounds. Roll a huge one, or what is equivalent, increase the rate of the small one, and it moves on crushing or penetrating the ivory. Moderate heat applied to *Bismuth* or *Gum elastic*, causes contraction with diminution of volume. Greater heat drives molecules and atoms apart with immense increase of volume. Dilute *Nitric acid* coagulates dissolved albumen. The concentrated *acid* redissolves it.

This law extends to the mental. Small obstacles incite to hopeful effort and prove invigorating, while those that are insuperable, discourage and depress.

As already indicated, when the dose is large, the result depends more on the drug; when small, on the organism. In the former case the influence of the drug is more efficient; in the latter, that of the organism. While large doses overpower the organic forces and tend to produce disorganization, the small doses tend to promote development of those forces, by increasing that action which is the condition of the maintenance of life.

And this development of force is referable to a law that is not confined to the organic and living. It pertains to all nature, and is termed reaction. All matter tends to react, because all matter displays force. The ivory surface drives back the ball. *Sulphuric acid*, in the formation of *Gypsum*, not only modifies the *Lime*, but is itself modified by the *Lime*. Nor is the law limited to the material. Rage provokes rage, and cruelty, cruelty.

Reaction is but the expression of that resistance which the constituent forces of a substance make to a destructive agent. All the force of the constituents is not exhausted in the act of formation. Otherwise all bodies would perish from the slightest impulse of a hostile force. But there is a residue of force beyond the degree necessary to effect formation. The molecules of water assuming their position in the formation of ice, burst the strongest metallic vessels. The organic molecules, as they silently add to the volume of the growing root, lift heavy pavement stones from the ground.

In reaction, organic bodies strive to assume a state opposite to that which foreign agents would impress on them. The artery contracts against the small dose of *Belladonna* instead of being relaxed, as by the large. Exercise increases the destruction of muscular tissue. The forces of the organism are aroused, and the loss is more than repaired. While excessive cold causes pallor and death, a less degree causes the surface to glow with warmth, and the system to increase in vigor. The direct tendency of rage is to excite fear. But if the resisting forces are sufficient, counteracting rage ensues.

The reader cannot fail to see that the opposite tendencies of large and small doses have an important practical relation. The small doses act on the same tissues and affect the same processes as the large, but inversely as to direction. The small doses are tonic and therapeutic, where the large are debilitating and pathogenetic. It follows, of necessity, that such disorders as the large doses are capable of producing, the small are capable of removing. The physician then only needs to know what drug is capable of causing such pathological conditions as are present, in order to know what one is capable of correcting them.

If *Ipecac* and *Gentian* impair digestion, they also improve it. If, according to Bence Jones, *Alcohol* tends to paralyze the system, it is known to be invaluable in states of exhaustion that partake of it.

If, according to Handfield Jones, *Mercury* causes congestion of the liver and jaundice, it has often been successfully employed to cure those very diseases. Stille, in his elaborate work on *Materia Medica*, quotes Moreau as having made numerous experiments with *Stramonium* in insane hallucinations, "being led to do so by the resemblance which the morbid state bears to that produced by the narcotic in question." "In several instances the trial met with complete success." Pereira's *Materia Medica* states that *Arsenic* both causes and cures convulsions, fevers and squamous diseases of the skin.

Christison and Griffith's Dispensatory contains a similar

statement as to the effect of *Arsenic* on the skin and on its diseases.

Cazenave, in his work on *The Skin*, specifies eczema as one of the diseases produced by *Mercury*, and yet recommends *Mercury* as a remedy for eczema.

King's Dispensatory warns the reader against the liability to miscarriage from the use of *Sabina*, and recommends it in threatened abortion.

Tweedie states that *Belladonna* produces an eruption similar to that of scarlet fever, and Dr. Gardner esteems it as an incomparable remedy in scarlet fever.

Dixon declares that the most marked case of ague that he ever saw, was caused by *Quinine*; that *Silver* causes shivering and fainting sensations, and that it cures them when due to other causes.

Richardson teaches that the capacity of *Kreosote* to cause or cure vomiting, depends on the size of the dose.

Here, then, is a discovered law under which the medical profession has been treating diseases from the days of Hippocrates and Dioscorides to those of Pereira and Stille. Whatever else there may be of law or no law, here at least is one well defined rule of action. And that its application in the selection of remedies has been attended with a measure of success, the authors just referred to sufficiently attest. Their reputation renders their testimony valuable.

But great caution is requisite in the use of remedies that, in larger quantity, coincide with the disease, lest aggravation may result. For the sensibility of the system is greatly heightened to the influence of any medicine the effects of which, in sufficient quantity, coincide with the disease.

King warns the reader against the danger of using *Sabina* in inflammation, on account of its tendency to produce inflammation.

Stille quotes Dr. Woodward, late superintendent of the Massachusetts Lunatic Hospital, to the effect that *Stramonium* "sometimes coincides with the diseased impressions and aggravates the symptoms."

Emery warns practitioners that *Arsenic* in the treatment of psoriasis often produces arsenic disease.

One would think that practitioners might reason far enough to perceive that a reduction of the dose would be sufficient to secure relief without aggravation.

It is evident that the successful use of coinciding remedies requires a very thorough knowledge of the *Matéria Medica*, as the following quotations show :

Headland, in his treatise on the action of medicines, teaches that "many of the vegetable neurotics * * * bring about transient nervous symptoms identical with those of the disease." He also asserts "the production of all known nervous disorders by * * * the different metallic salts."

And Peacock states that it is sometimes difficult to distinguish the effects of *Quinine* from conditions arising in the course of the fever for which it is given. In such cases, practitioners ignorant that the symptoms were due to the drugs employed, would be liable to go on increasing the dose until the treatment terminated in death.

The following passage, from an introductory address by the well known Prof. J. P. Kirtland, formerly occupant of the chair of Theory and Practice in the Western Reserve Medical College, contains a timely warning :

"To the young gentlemen who are about to attend the course of instruction in these halls, I would, in a particular manner, address the subject of the coinciding tendencies of medicine.

Important as it is, this Institution, I believe, is the only one in our country, in which an hour is devoted,* during each term, to its consideration.

* * * * *

From the moment the student of medicine first opens a treatise on Theory and Practice, till he receives the honors of the Institution, he is taught, in most schools, to consider medicines as simply the antagonists of disease; and is not initiated into the important secret, that medicines, under certain circumstances, may, themselves, become the source of disease. He enters upon the stage of action with the firm persuasion, that he has only to administer medicine with a bold and liberal hand, and he will at once convert disease into health; that, like Aladdin, in oriental fable, he has only

* While lamenting that other Medical Colleges so neglect a subject of so great importance, one cannot but admire the capacity of both teacher and pupils who could dispose of it in sixty minutes.

to rub the lamp, command, and it will be executed. Experience soon convinces him that his views are incorrect. On treating disease, he finds himself surrounded with new and anomalous symptoms, of which he had no previous conception, and which increase by every effort at extirpating them; ignorant of the source of the perplexities, he becomes distrustful of the certainties of medical science.

If he be a man of principle, he will most likely retire in disgust from the profession, and ever after remain the most confirmed of medical skeptics. If by chance he be destitute of principle, he will probably continue to practice it as a mere trade or art, for the purpose of obtaining his daily bread, but will dwindle into insignificance as he advances in age.*

You have been furnished with a key to such perplexities."

The importance of a thorough knowledge of *Materia Medica* is recognized by Dr. John Simon, F.R.S., and Surgeon to St. Thomas' Hospital, London, in the following language: "It is quite indispensable for the progress of medicine—I might almost say indispensable for its existence as a science—that our *Materia Medica* should be made subject to a true pharmacology."

According to so eminent authority as Pereira, "the study of the effects of medicines in the healthy body, is the only way of ascertaining the pure or pathogenetic [pathological, G.] effects of medicines."

The necessity of this will appear to any one who will consider the passages quoted from Headland, Peacock and Kirtland.

What *Materia Medica* is, in the absence of such knowledge, let Simon inform us, in his Lectures on General Pathology: "And with this farrago of traditions, the, misnamed *science of Materia Medica* has remained so contented and stationary, that at the present moment—in the middle of the nineteenth century—we do not possess a complete medical knowledge of any single article of the *Pharmacopœia*." And he supplements this description of the state of *Materia Medica* by characterising the resulting practice

* Prof. Kirtland is not very lenient towards his brethren, who honored him with the presidency of their National Association, thus to pounce with so fell a swoop on the great mass of them. As the great majority knew little or nothing about coinciding tendencies, they must either have left the profession in disgust or remained in it as unprincipled skeptics. Rather too sweeping; though the statement may explain why Prof. Kirtland abandoned medicine for entomology and horticulture.

as "a system of sham therapeutics" and as "a blind empiricism, hostile to every interest of science and humanity."

This statement, proceeding from so eminent a man as Simm, is not to be lightly regarded.

It would not be difficult to multiply specifications fully sustaining this statement, as harsh as it may appear to be. The eminent Dr. Bentley Todd, enumerating 240 cases of apoplexy, states that of 85 of these bled copiously, $\frac{1}{8}$ died; of 129 bled moderately, $\frac{1}{5}$ died, and of 26 not bled at all, $\frac{1}{8}$ died.

May not physicians make as great mistakes now, in the use of drugs as formerly in the use of the lancet?

Hughes Bennet informs us, that of many thousand cases of syphilis, treated without mercury, the length of the sickness was one-third less, there was no caries, there were only one or two cases of exostosis, and with its disuse, malignant syphilis is gradually disappearing.

Colden regards most of the cases of periostitis as due to large doses of *Mercury*.

Harrison considers mercurial irritation as the most frequent cause of sciatica.

Todd declares that a very decided and direct antiphlogistic treatment in pneumonia is hazardous. He has seen too many die of bleeding and *Tartar Emetic*. Most of the fatal cases were of this sort.

An article in Braithwaite's Retrospect, by the editor, teaches that the "invariable opiate treatment" is not judicious, "many patients sleep to wake no more."

Cox regards *Opium* as poison in cholera — lost every case treated with *Tartar Emetic*.

Hughes says that almost every case treated by him with small doses of *Calomel*, died.

And Murphy holds that enormous doses of *Calomel* and *Opium* given to patients in collapse, may prove poisonous on recovering from it.

Hayward says that purgatives in scarlet fever are fruitful in dropsy and death.

Medical literature abounds in similar statements, all

enforcing, to one who considers their significance, the conclusion that, of the medical sciences, the one which alone is truly medical, the science of therapeutics, is least understood, or rather does not exist as a science; and that not for lack of a law to guide in the selection of remedies, but for lack of a scientific study of *Materia Medica*. It is true, physicians warned by past errors, are using less medicine. But in the absence of a thorough knowledge of remedies, and in defect of the application of law in their selection and use, this is merely to do less mischief. It is not to effect more cures.

A most important advantage in the treatment of diseases with coinciding remedies is, that minute doses can be used and yet be efficient to cure.

That the susceptibility to remedies is increased by their tendency to coincidence with the disease, has been established by quotations that are conclusive. That such remedies are capable of curing, has been as conclusively shown. It remains then only to use the remedy, in any case, in quantity so small that it will exhaust all its force on the disease and cause no disturbance of the system. And surely this is the true aim of all medication. This is the perfection of medicine. That such use of medicine is possible, there is satisfactory evidence.

Bentley Todd agrees with Watson that "*Tartar emetic* does best in pneumonia, when it produces no effect except on the inflammation." And Christison and Griffith state that "the tonic action of small doses of *Arsenious acid*, like the action of tonic remedies in general, is scarcely marked by any physiological [pathological? G.] phenomena, and is chiefly shown by its * * * influence in subduing various morbid states of the animal system."

That such results can be obtained from any but coinciding remedies (at least in chronic cases), no one properly informed, can for a moment suppose; since none others are efficient, in doses so small, as to leave the system undisturbed by the drugs employed.

The more the disease is antagonistic, the more it is dis-

similar in its pathology to that of the drug, the larger the dose required. *Opium* in tetanus and diarrhœa, and purgatives in constipation, require to be used in large doses in order to produce any effect on the disease. Thus used, they prove sources of disturbance. In small doses they are inefficient in antagonistic diseases.

There is another important relation of medicines in the therapeutics of coinciding remedies, as distinguished from drug-action in opposing diseases and in health. In the two latter cases there are usually two classes of phenomena known as primary and secondary; the character and order* depending much on the size of the dose. Headland says of narcotics that they "first exalt the nervous system, then depress it."

Alexander Wood, M.D., and F. R. C. P., in a lecture on the Practice of Medicine, says that "those causes which act as stimulants of the nervous system, produce, like other stimulants, first a brief period of excitement; second, a state of exhaustion with excitability; thirdly, a state of atonic exhaustion." Analyzing this statement, we find first, a condition of excitement, and when this has entirely subsided, a secondary state of mere exhaustion.

But this sequence ceases to appear in therapeutics, provided we employ a remedy that coincides with the disease, and use it in appropriate attenuation. Thus using it, we have neither the primary nor the secondary phenomena of the series. We witness only an arrest of the pathological processes, leaving the systemic forces to resume control

* That the order of the symptoms is thus determined, will appear with a little consideration. A small dose of *Opium* stimulates first with the production of wakefulness and subsequently of drowsiness. A large dose is succeeded first by sleep and afterwards by wakefulness.

This contrast which obtains in regard to all drugs, and which I have taught for not a few years, was seized upon by a *chiffonnier*, as a friend of mine, towards sunrise, terms him, and announced as among his numerous originalities.

Like Cacus, the cattle-stealer in Virgil, he walks backwards to his den, that he may always appear to be bringing plunder out and never carrying it in.

and to restore the healthy vigor. That this should be so, is in accordance with the contrasted actions of large and small doses. If the large doses cause disease, the small doses, in view of their opposing action, should cure it.

So that in the use of coinciding remedies, we not only avoid harassing the patient by the various debilitating influences which are necessarily incident to the large dose, but we also avoid the secondary effects of the drug, which are precisely contrary to those for which we employ it in opposite diseases. For not only are the effects of large and small doses of an opposite character, but the primary and secondary effects of the same dose are opposite also.*

Dr. Aldrich states, what is coming to be generally recognized, that purgatives aggravate constipation. Of course this is the secondary effect; since the primary one is to cause a diarrhœa.

Dr. Erlanger says: "In all cases in which constipation followed the exhibition of *Opium* in small† doses, I have seen it disappear upon its continued and increased administration." It is well known to physicians that an obstinate diarrhœa is among the remote effects of *Opium*.

A similar objection obtains to the use of *Opium* to relieve chronic wakefulness, and of *Alcohol* to relieve chronic weakness and irritability. In each case the result is an aggravation of the condition, requiring a constant increase of the dose.

And this is the law of opposite medication, at least in chronic affections, and to a greater or less extent in acute, that while primarily the drug tends to afford temporary

* I do not mean to state that the opposition is as well defined in the latter as in the former case.

† What Dr. Erlanger terms small, many physicians would consider large.

The aim of some doctors seems to be to test the capacity of the human constitution to endure drugging.

"There are not many persons," said a member of the slaughter-house school of doctors, to an unfortunate who had fallen into his hands, "who could have stood the doses I gave you." As if the patient's toughness of constitution were a triumph of medical skill.

relief, it contributes secondarily and permanently to aggravate the disease.

It is evidently better to seek the remedy that, coinciding in large doses and counteracting in small, expends all its force on the disease and leaves no secondary effects.

In order to secure brilliant results in the use of coinciding remedies, it is necessary to select them with great precision. Every physician knows that the remedy which cures one case of scarlet or bilious fever, may entirely fail in another, in which a different remedy may succeed. Now there must needs be some difference in the pathology of the two cases, rendering one responsive to one remedy and the other to another. If differences so slight that we recognize the two cases of disease by the same general term, cause such difference of susceptibility, it is evidently necessary that our knowledge of shades of difference in drug-action should be very minute. Consequently we need to avail ourselves of the knowledge of all possible effects of drugs, both functional and structural. Unfortunately we can not prove drugs on human beings, to the extent of producing structural changes. We are obliged to depend for that knowledge, for the most part, on such fragments as we can obtain from accidental or intentional poisoning, and on experiments upon the lower animals. Nor without some means of illuminating the interior of the body, can structural changes be made generally visible. In diseases of the mucous membrane, so far as accessible, and of the entire skin, structural changes become highly significant. Here the pathologico-anatomical lesions with corresponding drug-provings, would give a precision to the treatment of skin diseases hitherto wanting, on account of the limited knowledge of the changes which drugs are capable of effecting on the surface. Where such knowledge does exist, it contributes greatly to success in the treatment of eruptions, ulcers and tumors. The effects on the skin, of the internal use of *Arsenic* and *Tartar emetic*, not to allude to other drugs, have long been known, and they have contributed some valuable suggestions to therapeutics. While neither

functional nor structural derangements should be neglected, so far as supplemented by observation of drug-effects, the latter will, I apprehend, afford the most precise indications, especially as compared with those functional phenomena which pertain to sensation.

It will be seen that the doctrine of coinciding remedies involves a system of specifics, in which all functional and structural changes produced by the disease, constitute the group that determines the species of disease; the corresponding remedy giving name to the species. Scarlet fever is the name of a genus of disease. A case characterized by a group of pathological conditions found in a proving of *Aconite*, would belong to the *Aconite* species. One characterized by a group found in a proving of *Belladonna*, would belong to the *Belladonna* species. The remedy that coincides with one individual of the species, of necessity, coincides with all individuals of the same species; the similarity of functional and structural conditions determining the identity of species.

Species defined with reference to the therapeutics of coinciding remedies, are not described in the ordinary classification of diseases. Under each genus in works on pathology are various, perhaps numerous species in their relation to remedies.

[TO BE CONTINUED.]

REPORT OF NEW YORK CITY OPHTHALMIC HOSPITAL.

BY T. F. ALLEN, M.D., ONE OF THE SURGEONS.

I SEND herewith the advance sheets of our report for the past year. We are doing as well as our limited quarters will allow; living in hopes of a better future. We have been awarded thirty thousand dollars from the excise fund, and hope to get the money, in which case the trustees will immediately set to work to erect a substantial building.

We are obliged to make many operations outside the hospital, as we have only six beds. Our clinic this winter is larger than ever; although Dr. Agnew and his associates have started a large and well endowed hospital, on 34th street, near us, and Prof. Knapp, of Heidelberg, has an institution on 12th street. These, with one other new eye infirmary in the old school, are rivaling each other, and the old eye infirmary, on 13th street and 2nd avenue. The old infirmary has lost its monopoly, and will have to be on the look-out for its laurels. We get a great many of their old cases, blear-eyed and dirty, and I am happy to feel that we do them good.

It is utterly impossible to give anything like reliable statistics of cure, from an institution where patients are shifting and uncertain, but, for my own part, I am more than ever convinced that we can cure old granular cases better without than with local treatment. It is to be hoped that the profession will not be impatient to get reports of cases cured; one swallow does not make a summer, and it takes a long time to establish the *positive* superiority of a new (comparatively as regards the eye,) system of treatment. Our results in recent cases, in children especially, are certainly brilliant, acute catarrhs of the conjunctiva, pustular conjunctivitis and keratitis, etc., etc. Our cases of Iritis yield very fine results, (and I am not in the habit of using *Atropine*). Syphilitic and Rheumatic Iritis get along splendidly *without adhesions* and without *Atropine*. As soon as large numbers of cases will justify, we shall give our experience in the different diseases of the eye.

The board of surgeons remains the same, excepting the addition of Dr. H. C. Houghton, who takes the part of aural surgeon. His ear clinic is rapidly increasing. I think I can safely predict that from him we shall, by and by, have some valuable reports. Our medical students care very little to learn anything about the eye and ear, except to stare at a rare and difficult operation over somebody's shoulder, and get a confused idea of something that will never benefit them: as a consequence they go away with the pres-

tige of city experience, and make asses of themselves. A few weeks' regular attendance at the clinics would teach them how to recognize and treat every form of eye disease. A few years hence they will regret lost opportunities.

We treat about fifty patients daily, sometimes more or less, according to the weather. When our brethren come to the city we feel slighted if they do not call at the corner of 28th street and 4th avenue, about two P.M.

TABLE A.

DISEASES AND NUMBER OF PATIENTS TREATED FROM OCTOBER 18, 1868,
TO SEPTEMBER 30, 1869.

I. ORBITA.	M.	F.	T.
Necrosis, Fist. Sin. fr.	1		1
Fractura, Ossa. lac.	1		1
Neoplasmata.	2		2
Total.	4		4
II. PALPEBRÆ.			
Entropium.	1	4	5
Ectropium.		1	1
Trichiasis, Distich, etc.	4	12	16
Hordeolum, chalaz, mil.	8	7	15
Bleph. cil. ac et chron.	81	53	134
" Angularis.		1	1
" phleg. et erysip. Furunc. et Abscess.	6	4	10
Herpes; crusta lac.	1	1	2
Verruca, Tumores, etc.	2	11	13
Lupus.		1	1
Epicanthus.	1		1
Laesiones et Corp. al.	1	1	2
Total.	100	96	196
III. CONJUNCTIVA.			
Conj. catrrh. ac. et chron.	84	83	167
" purulenta (blenorrh).	1	3	4
" " Neonat.	2	1	3
" Granulosa trachoma.	41	49	90
" pust. et Exanth.	17	32	49
Echymoses.	1	1	2
Symblepharon.	3	1	4
Pterygium.	5	2	7
Xerosis.	1		1
Neoplasmata.	1		1
Laesiones et Corp. al.	8	1	9
Total.	164	173	337

IV. SCLERA.			
	M.	F.	T.
Scleritis.....	1	6	7
Sclerectasia traum.....	1		1
Staphyl. Sclerae. Ant.....	2		2
Total.....	4	6	10
V. CORNEA.			
	M.	F.	T.
Keratitis Superficialis.....	17	16	33
“ pustulosa.....	32	57	89
“ parenchymatosa.....	5	4	9
“ Ulcerosa, (ulcus) Simplex et perforans et Kerato-iritis.....	27	26	53
“ pannosa.....	18	10	28
Macula, nebula, leucoma.....	28	31	59
Staphyloma.....	5	12	16
Cicatrix Corn. traumat.....	1		1
Laesiones et Corp. al.....	18	2	20
Total.....	151	157	308
VI. IRIS.			
	M.	F.	T.
Iritis idiop (rheum).....	6	6	12
“ Syphilitica.....	9	2	11
Synechia, Ant. et post et atresia pupillae.....	7	12	19
Mydriasis.....	2		2
Prolapsus Iridis.....	2		2
Laesiones et Corp. al.....	8	1	9
Total.....	34	21	55
VII. CORPUS CILIARE ET CHOROIDEA.			
	M.	F.	T.
Hyperaemia chor.....	1	1	2
Chorioiditis ac. et chr.....	6	8	14
Irido Chorioid ac. et chr.....	4	6	10
Chorioiditis disseminata.....	4	7	11
Irido Cyclitis c. Hypop.....	3	2	5
Ophthalmia Sympathica.....	4		4
Atrophia Chor. et Sclerotico-chor.-post.....	9	14	23
Glaucoma ac. et chron.....	5	2	7
Total.....	36	40	76
VIII. NERVUS OPTICUS ET RETINA.			
	M.	F.	T.
Neuro Retinitis.....	3	1	4
Retinitis Hemeralopica.....	1		1
“ Nyctalopica.....	1		1
“ Pigmentosa.....	1		1
“ Syphilitica.....	2		2
“ Albuminurica.....		1	1
Apoplexia Retinae et Atrophia N. O.....	8	4	12
Amotio Retinae.....		1	1
Amblyopia (potat et nic. et Amaurosis).....	10	3	13
Total.....	28	18	46

	M.	F.	T.
IX. LENS.			
Cataracta incipiens.....	11	18	29
“ Mollis.....	1		1
“ Dura.....	6	4	10
“ Nuclearis.....	1		1
“ Zonularis.....		2	2
“ Traum et Secunda.....	7	2	9
Dislocatio lentis Traum.....	3		2
Aphakia.....		2	2
Total.....	28	28	56
X. CORPUS VITREUM.			
Opacitates.....	1	1	2
XI. BULBUS.			
Panophthalmitis.....	8		8
Atrophia bulbi.....	2	1	3
Exophthalmus.....	1	2	3
Tumor.....	1		1
Laesiones, et Corp. al.....	7	1	8
Total.....	14	4	18
XII. REFRACT. ET ACCOM.			
Myopia.....	1	5	6
Hyperopia.....	2	11	13
Presbyopia.....	3	12	15
Astigmatismus.....	1		1
Asthenop. acc. et Musc.....	7	11	18
Total.....	14	39	53
XIII. MUSCULI ET NERVI.			
Paresis et Paralysis N. oc. M.....	1	4	5
“ “ N. Abduc.....	4	1	5
Strabismus Convergens.....	7	3	10
“ Divergens.....	1	2	3
Blepharospasmus.....		1	1
Nystagmus.....	1		1
Neuralgia Ciliares.....	1	5	6
Total.....	15	16	31
XIV. ORGANA LACRYMALIA.			
Epiphora (Hypersecretio).....		4	4
Hypertrophia, gland. lac.....		1	1
Dacryocystitis et blenn.....	4	13	17
Stricture et Stenos. D. lac.....	11	17	28
Fistula Lacrymalis.....	2	4	6
Total.....	17	39	56

RECAPITULATION.			
	M.	F.	T.
I. Orbita.....	4		4
II. Palpebræ	50	96	146
III. Conjunctiva.....	164	173	337
IV. Sclera.....	4	6	10
V. Cornea.....	151	157	308
VI. Iris.....	34	21	55
VII. Corpus Cil. et Choroid.....	36	40	76
VIII. N. Optic et Retina.....	28	18	46
IX. Lens.....	28	28	56
X. Corpus Vitreum.....	1	1	2
XI. Bulbus Vitreum.....	14	4	18
XII. Refract. et Accomod.....	14	39	53
XIII. Musculi et Nervi.....	16	16	32
XIV. Organa Lacrymalia.....	17	39	56
Total.....	561	638	1199

DISEASES OF EAR.			
	M.	F.	T.
Otitis Externa ac.....	5	5	10
“ “ chron.....	1	1	2
“ Med. ac.....	3	7	10
“ “ chron.....	25	15	40
“ Int. chron.....		4	4
“ “ Syph.....		1	1
Agglut. Cerum.....	4	8	10
Polyp. Aur.....	2	4	6
Tinnitus Aur.....	1	5	6
Meat. Aud. Ext. Imperfor.....		1	1
Carcinoma Faucium.....	1		1
Corpus alienum.....	1		1
Total.....	43	49	92
DISEASES OF EYE.....	561	638	1199
DISEASES OF EAR.....	43	49	92
TOTAL.....	604	687	1291

NATIVITY OF PATIENTS.

Born in United States.....	824
“ Great Britain.....	326
“ Germany.....	95
“ Other Countries.....	46
Total.....	1,291

TABLE B.

OPERATIONS PERFORMED FROM OCT. 1, 1868, TO SEPT. 30, 1869.

No. OF OPERATIONS.		EYE.	M.	F.	T.
	<i>Eyes</i>				
10	9	Iridectomy	5	4	9
5	5	Cataracta dura (Graefe's Operation).....	2	8	5
5	2	" Mollis (Discision).....	2		2
3	3	" Secundam Discision.....	2	1	3
2	2	Staphyloma (Kuchler's Operation).....	2		2
1	1	Symblepharon (Plastic Operation).....	1		1
6	6	Strabismus Convergens.....	4	1	5
26	22	Stricture D'Lach (Stilling's and other Ops.)....	4	17	21
2	1	Strabismus Divergens.....	1		1
6	6	Enucleatio Bulbi.....	5	1	6
4	4	Extirpatio Tumor Palp.....		4	4
1	1	Abscessus Orbitæ.....	1		1
15	15	Extracts and Removals of Foreign Bodies.....	13	2	15
86	77	Total.....	42	33	75
		E A R.			
2	2	Polypus Aur.....	1		1
1	1	Extract Foreign Body.....	1		1
3	3	Total.....	2		2

ARTEMISIA ABROTANUM AND ABSINTHIUM.

For this and other notices, more or less fragmentary, of various drugs, we are indebted to Prof. H. P. Gatchell, and in justice to him it is proper to state that they are now published entirely on our own responsibility, and not at all in concurrence with his judgment. We feel sure that our readers will side with us in the matter—a fragment of truth is worthy of attention and consideration, and we should cheerfully testify to the truthfulness of these provings of Prof. G., if it were not that he is so well known that any such testimony would be quite superfluous. We shall take occasion to add, from time to time, such other notices of the drugs proved by him, as may seem desirable.

A. ABROTANUM.

Jan. 22, 1869.

DEAR DOCTOR:—I send you the partial provings of *Art. Abrotanum*. I see that I mistook as to getting no rheu-

matic symptoms. I did in one case, but not in the other—illustrating the effects of idiosyncrasy.

One lady, prover. Drop of tincture in cup of water, teaspoonfull doses, commencing at 4 P.M. In half an hour, dull aching in first finger of right hand, followed by similar pain in other fingers of right and in left hand. 5 P.M., joints stiff, with prickling sensation.

Next day, at 11 A.M., pains gone, resumed. Fifteen minutes after first dose, numb sensation in fingers, followed in about ten minutes by pain in left knee. Suffered all night with fugitive pains in shoulders; could not sleep for pain.

Next day at 5 P.M. resumed. Increased prickling and burning in joints; aching from shoulder joints to elbows. Scalp sore, especially left side. Urine scanty.

Next day pains abated. But piles, to which the prover had not been subject for a long time, appeared. As rheumatic pains abated, piles became worse, with frequent inclination to stool, hardly anything but blood being passed. Continued the medicine next day, with the same symptoms.

Another lady prover. Colic pains, ill-natured, irritable, violent; very weak, gloomy, desponding. Sensation as of creeping chills as if along the convolutions of the brain. Prickling sensation accompanies. Feebleness and dullness of mind. Thinks her brain is softening. No capacity to think, as if all bodily and mental power were gone. Exceedingly peevish; feels as if she would like to do something cruel; no humanity. Twitching in both ovarian regions, seems to extend to back. Darting pain in region of left ovary. Itching of scalp. Scraping in throat, sudden hoarseness, weak voice. Cold air causes a raw feeling in respiratory tract. Back weak, with ovarian pains; weak, sinking feeling in bowels. After ceasing to take the drug, began to feel excited, loquacious, like shouting, good-humored, happy. Subsequently, burning in stomach, as if sourness. Head weak, not hold it up. Bladder full, urging to urinate. Gnawing hunger; craves bread boiled in milk.

Disposed to lie prone. Arms very weak. Hoarseness returns. Remains very much relaxed and incapable.

The left brain seems especially weak, easily fatigued by conversation, or by any mental effort. Taciturnity. A weak, sickly feeling continued for many days, with internal trembling when excited.

The subject of the first proving is a lady of yellow hair and clear, delicate skin, a kind of constitution that I think I have observed to be peculiarly subject to rheumatism.

Her health was good at the time of the proving, and I think she had never suffered from rheumatism, though she had from piles, but supposed herself free from them at the time of, and for a long time before, the proving.

The subject of the second proving is a lady whose health is generally good, though she is of nervous temperament. Her hair is very dark. The skin, though white, is not as clear and fine as that of the first prover.

In both cases, the tendency seems to have been to the left side. *Art. Ab.* has a popular reputation for promoting growth of hair.

Artemisia Absinthium proved by second lady. Soothed as going into beautiful dream. Very tranquil, as if brain rounded and symmetrical. Tremor of heart, felt towards the back. Feet very cold. Wants nothing to do with anybody. Eructations, stomach and bowels distended. No muscle; great lassitude. Wants to lie with head low. Heart thumps; I can hear it in the scapular region. Eyelids heavy.

Stomach feels cold and oppressed; thinks it would not absorb much. Thinks liver and spleen thickened. Sick in stomach and liver.

Tongue protrudes, feels thick; can't talk distinctly. Looks foolish. Epileptiform convulsions. Complains that tongue and larynx are paralyzed. Thinks liver and spleen have become thin and pale. Pain above the eyes. Nausea, apparently in region of gall bladder. Idiotic manner; don't care whether she dies or not. Eyes itch, dizzy when she rises up. Constant desire to urinate. Food lies heavy. Dart-

ing pain in right ovary. Very much bloated. Uncomfortable, irritated feeling of stomach.

Next day, very weak, no appetite, loathes food. Bloated round waist and in abdomen, as after ague. Scalded feeling in throat. Immense accumulation of flatulence; wind-colic. Urine of a deep-yellow, orange-color, and strong horse-like smell.

Absinthe (newspaper statement,) caused idiocy and kleptomania in a negro, in Paris, France.

[In this connection, the experiments of MM. Magnan and Bouchereau, upon the *Artemisia Absinthium*, are not without interest. By a series of experiments on animals, they learned that none of the ingredients of the famous French drink, Absinthe, were at all injurious, except the absinthe itself, and the alcohol. To determine which of the two produced the epileptic symptoms, they made the following additional experiments:

“Under a large bell-glass, place a saucer filled with the essence of *Absinthe*, the vapors of which diffuse themselves in the confined air under the glass. Introduce a guinea pig now, under the glass, and see what happens.

The poor creature, surprised at first by the odor, will stretch out its long, red nose, in every direction. The first moments of this new order of things do not seem to it very disagreeable; but the pleasure, if pleasure it is, is not of long duration.

The guinea pig, having made the circuit of his glass cage several times, becomes impatient. He begins to run with furious bounds, seeking to escape. He has had *Absinthe* enough. But there is no escape. The animal will at length fall upon its side. You will see the animal stretch his four little limbs, which are becoming rigid and immovable. Then, all at once, they will be agitated by convulsive jerks. The sharp nails of the guinea pig will slide upon the glass, a foamy saliva will cover its nose; then the epileptic attack will cease, and the animal will fall down inert.

Absinthe, also, makes cats, dogs and hares epileptic, and exerts its poisonous influence in a few minutes.]

And the *Alcohol*? what part will that play in like circumstances? One may judge from the following experiment:

Another guinea pig was put under a bell-glass, under which a saucer full of *Alcohol* had been placed. The alcoholic vapors excited the animal at first; then it reeled and staggered like a drunken man, drowsiness overtook it, and it finally laid down with the most complete indifference. It was boozy, neither more nor less, but not at all epileptic."

Bull. Gén. de Ther., LXXVII. 139.

DISEASE—ITS CAUSE AND CURE, AND
H. P. GATCHELL, M.D.

BY P. P. WELLS, M.D., BROOKLYN, N. Y.

"WHAT IS TRUTH?" We quote these words in no spirit of levity. We do not forget that they constitute a part of the record of the most momentous transaction in the history of man. We do it in the exercise of our habitual aversion to the use of the language of the sacred record for mere secular purposes or occasions. We do it to call to mind the fact that the querist was apparently more interested in finding an escape from an unpleasant situation, than in any answer which he might receive. He cared less for the truth, apparently, than for his own embarrassment. In this he is not an unfit representative of that class of controversialists who are, by the spirit of partisanship, more or less blinded to the facts and interests of truth, a liability to which all who engage in debates are to some extent exposed. It has seemed, at times, that this liability has much diminished the value of the results of public discussions, of even scientific subjects, and this consideration it was, in part, which led the writer to decline such a discussion of the subject, expressed in the caption of this paper, with Prof. G., when proposed by him in terms of utmost courtesy. At the same time, in this declaration, we reserved the right of explanation, if, in the criticism of our paper, which

he at the same time announced as forthcoming, it should appear that we had failed to make our meaning plain. However little we then anticipated the suggested contingency, the result has proved the reservation not ill-timed, and we now proceed to avail ourselves of its privilege, without in any way intending to incur the responsibilities of a public controversy.

In the first place, our critic fails to apprehend our definition of disease, and so failing, charges on us "confusion" and "mistiness." He says:

"Dr. Wells defines a disease as a "force," as a "state of the living forces," and as a "change in the state of the vital forces," etc.

We find, in the paper criticised, one only attempt to "define disease," and this is it: Having defined *life* as "the sum of the action of those forces which pervade the organism, and preserve it from decay," and *health* as "the balance of the action of those" same "forces which preserves the integrity of all its parts," we say "*disease is such a disturbance of this balance as prejudices the integrity of one or more of its parts.*" We repeat the definition, and deny that there is in it, either "mistiness" or "confusion," and that the attempt to impose either of these characteristics upon it, is a signal failure.

The critic has not been more fortunate in comprehending the structure and drift of our general argument, as appears by his synopsis which he presents, in four particulars, as his understanding of its first division — that which relates to the nature of disease. We can in no way so readily correct his mistake as by giving a synopsis of our own. Here it is:

We first present two cases of disease which terminated fatally in so short a time that structural changes were not to be found after death, the phenomena of which declare their existence in the living forces, and not in the material texture of the tissues, no change in these latter being discoverable on the most careful inspection. Then we present typhoid fever, and show that its initial phenomena are

vital, and that these always precede material change, and hence the declared nature of the disease is vital and not material. In this connection we protest against the *products* of disease being held forth as the *disease itself*. For instance, the inflamed and ulcerated Peyer's patches. And, also, we have argued, that, in order to the production of this disease, a *susceptibility* to the action of its cause is requisite. That this susceptibility is *vital* and not *material*. This is proved by the fact, that where no *vitality* is there is no *susceptibility*, and consequently no disease, neither being possible in the dead. The first impression of the morbid cause is on the vital forces, these being susceptible to its proper action, and the first phenomena of the disease are therefore vital and not material. By parity of reasoning, we assume this to be true of other diseases as well. That the residence of this susceptibility, claimed as above, is in the living forces and not in the material tissues, is further proved (this is not our principal argument, as the critic seems to understand,) by its sometimes extinction by a single attack of the disease, the material tissues remaining the same after the attack as before.

As the critic's understanding of the above line of argument, he gives,

1. "*Persons similar in form and size are not susceptible to the same morbid agents.*"

2. "*Patients, at the commencement of typhoid fever, are dull, peevish, listless,*" etc.

3. "*Diseases produced by specific poisons may exhaust the susceptibility of the system to their influence.*"

4. "*Dead bodies do not become diseased.*"

This is his synopsis. He thinks it a fair one. If there be in it other than an imperfect caricature resemblance to the original from which it purports to be drawn, we do not recognize it. Indeed, if we had not the critic's assurance of his endeavor to be fair, we could hardly resist the impression that he had rather yielded to the current maxim of politics and war, that all is fair in their respective provinces, and had, on this principle, endeavored to excite ridi-

cule, and by this means discredit an adverse opinion. We join him in thinking that most readers, on this showing of his, not ours, would "reply, *non sequitur*."

In the second division of our subject, we seem not to have been more fortunate in making our argument clear to our critic, if we may judge from a second synopsis, also consisting of four particulars, in which he gives its chief points, as they have been apprehended by him. Previous to this conclusion, he remarks, on some of the illustrations, by which we have sustained our views of the nature of the morbid causes in question, in a manner that shows some of them, at least, require explanation, or his apprehension of them needs correction in certain particulars.

The first mistake we shall note, before comparing our own synopsis with his, is in this statement:

"Dr. Wells, having established, to his own satisfaction, that disease is immaterial, proceeds to state that the cure must needs be immaterial also."

This is a mistake. We have only asked the question, if the fact of this nature of the effect, the disease, "throws no light on the essential nature of those causes," etc. It is only a question, not a statement of a necessary consequence. The addition to the query, the reasonableness of an *a priori* affirmative answer is suggested, nothing more. This is far short of a didactic statement of a necessary result.

The critic complains that we have taken, for the illustration of our subject, causes of disease of which we know but little. This may be true. But how does this fact lessen the value of that which *we do know*? It strikes us that this being so, the little we do know becomes the more precious, as starting points from which to proceed to add to our positive knowledge of them, as that this knowledge can be extended from no other. And further, we beg it may be noted, that in our dealing with them, *we had only to do with that which is known*.

Our critic is mistaken again, when he says:

"Dr. Wells is aware, also, that there comes about a time with many, if not most persons, when vaccination ceases to be prophylactic."

If it be meant by this to express the popular notion, that the effects of vaccination become exhausted by the mere lapse of time, or, in the more common words, that they "*run out*," we are not aware that this is a confirmed truth. The opinion, we believe, is quite as common, and well sustained, that those cases where small pox follows vaccine disease, or where this last is renewed by second and third operations, as is sometimes the case, that the first operation failed to exhaust the entire susceptibility of the subject to the action of the cause of either disease. There are those of the largest opportunity for observing the facts in the case, who take this view, and who maintain that this susceptibility, once entirely exhausted, is not subsequently renewed by the mere lapse of time.

In regard to the doubt raised by our critic in the case of small pox narrated, as to its period of incubation, we will use the words of a friend, applied to another subject. "*I did not speak till I knew*." Our means of knowing can be better judged of when we say the young physician who attended the cases, and was at last a victim of the poison, was our own son, was an inmate of our family at the time of the attendance described, and during his illness. The facts were precisely as stated.

The attack of the last case he attended, and from which he became infected, was supposed to have been contracted from the last of the preceding series of twenty-five cases. The point of attack of this case was, from the time of the appearance of the eruption of that, about fourteen days, and the attack of the medical attendant was, from the appearance of the eruption on this last case, a similar period. This is understood to be the ordinary period of incubation, in cases of small pox. In regard to the uniformity of this period of incubation, the time from the reception of the poison to the outbreak of the disease, practiced physicians do not need to be told that, in some forms of disease, it varies considerably. That this is more often the case with some forms than others. For example: the period is more various in scarlet fever than in measles, and more in this last

than in small pox. Indeed, in this, the variation is rare—that it is pretty uniformly about fourteen days, and very rare indeed that it exceeds sixteen. We say very rare, because, in a practice of between thirty and forty years, we have not met a case of this kind. This being so, the propriety of going out of the way for explanations of phenomena, which occur in the way of ordinary experience, because inevitable conclusions from them, if admitted as they really happened, will interfere with whatever of our previous practical or scientific notions, is not quite obvious. The wisdom of doing so may well be doubted:

Our critic is not pleased with the fact, that the cholera miasm, in the Indian epidemic of 1816, crossed the peninsula in opposition to the force and direction of the constantly prevailing south-west monsoon. "It will be time enough to admit that the cholera poison travels through the atmosphere in opposition to its currents, when such reports have been thoroughly investigated." Just so. The particular instance specified as its having so traveled, was just so investigated, and the fact admitted, many years ago, and has for more than fifty years had its place on the page of medical history unchallenged. It is no derogation of its authenticity that it may have happened in other epidemics, in this or other countries, that the poison has spread in the direction of the course of travel, or by the medium of "old clothes." That it has so extended its progress across a continent, in the epidemic of 1816, is a historical fact, as well authenticated as any other medical fact of the time. And, being a fact, goes far to prove the truth for which we contend. If the poison had been matter, this could not have happened. It may be added, this is not the only instance of morbid miasma disregarding the direction of the wind currents, in their progress over territory hitherto uninvaded. The epidemic of yellow fever, in New York, in 1822, is another notable instance. But as only "thorough investigation" is needed by our critic, for his admission of the fact, and this having been had long ago, there

can be no need to multiply examples of this conclusive proof of the non-material nature of this miasm.

Our critic is no nearer to a clear apprehension of our argument from the suddenness of results from the impression of some forms of miasm. He seems incapable of conceiving that there may be a difference in this respect, in the case of different miasms. For he meets this fact in our experience by the remark, that it is not so with the miasms of measles, scarlet fever and small pox. What then? Is it not a probability that the habits of different morbid poisons may differ in this respect? That any one or more of them did so act instantaneously, is proof of its immateriality not easily set aside. It will take more than a sneer and laugh, raised by the suggested "smell of a miasm." This sneer discloses the fact that the critic has overlooked an essential point in our argument, or rather, perhaps we should say, the position we assign to those agents, in their material relations. It is that of *association*. So that it by no means follows, as a necessary result, when he smells a foul gas, he therefore smells whatever form of miasm may be associated with it.

We think we have now corrected most of our critic's misapprehensions, as they appear in his observations which precede what he has given as a synopsis of our argument on the second division of our subject. We will now give our own abstract of this, that it may be compared with his.

A reference to our paper will show that this division of it consists of a single central fact, the truth of which is illustrated and proved by facts observed in the operations of certain morbid miasms. A reference to the criticism of Prof. G. will show that he has no reference whatever to this; so far as appears from his criticism, he is wholly unconscious of its existence. This is the more remarkable, as, if this fact be sustained, all the truth for which we contend, is confirmed. If this fails, then no advance has been made in its support by our effort. This appears to us self-evident on the face of the matter, and yet our critic, in his endeavor to discredit our argument, is wholly silent on this,

our first and fundamental point, which, standing, all stands which we claim, and failing, all fails. All else in this division are proofs and illustrations of the truth of this central point. And this is it: "*This class of morbid causes is not governed by the laws which control material bodies.*" If this be true, the conclusion is inevitable that *they are not matter*. The only escape from this conclusion is, to show that they are controlled by these laws. Our critic, ignoring our proposition, of course makes no such attempt. He engages himself solely with our illustrations, and seems satisfied with what he has done.

To prepare the way for the application of the examples we are about to adduce, we present this principle, which our critic does not controvert, and therefore it may be presumed he admits. "*Force, predicated of matter, can only be conceived of as proportioned to the quantity of matter from which it emanates.*"

The reverse of this is often true as to the miasms considered. Thus, this principle was violated in the case of the miasm of small pox, when one who had perfect immunity where the poison was in the greatest quantity, fell a victim to its action when it was least, and the resulting attack was one of uncommon severity. And so in the old experience of inoculation, where the greater quantity of matter produced the lightest forms of the disease.

The rule of proportion which determines the sum of the force by the sum of the matter, fails again in the case of the ague poison. Where this may be reasonably regarded to have been in greatest quantity, there were positively no effects at all, but frequent and severe effects were realized only where the poison had been diffused and attenuated in the atmosphere, and therefore was in the least quantity.

The truth of our first proposition was further shown by examples of the action of the miasm which produced the "*National Hotel Disease,*" that this does not obey the laws of matter, in that its action is often instantaneous, producing effects with a suddenness which precludes the idea of the acting agent being *material*.

It was further shown by the fact that the cholera miasm, in the Indian epidemic of 1816, crossed the peninsula in opposition to a strong wind constantly blowing in the reverse direction of the progress of the epidemic, which, if its cause had been material, it could not have done. The only escape from the force of this evidence is, in showing that minute material bodies can so resist and oppose successfully such wind currents as the south-west monsoon of India.

Our critic's synopsis of this argument is in these four particulars:

1. "*A physician, after attending twenty-six (25) severe cases of small pox, was attacked while attending a twenty-seventh, (26th) a mild case.*"

2. "*Families living on a marsh, (on the borders of a marsh?) [no, in the centre of it,] escaped ague; while those on a neighboring hill-side suffered.*"

3. "*Cholera is asserted to have traveled against the wind, because human beings traveled in that direction.*" [To invalidate this evidence it will be necessary to show that they did travel in no other direction, as the progress of the epidemic was in this direction and no other. Till this be shown, the suggestion given has no force.]

4. "*Dr. Wells was very suddenly attacked by a miasm (that he smelt?) in the hotel, therefore the causes of diseases, (with certain specified exceptions,) are immaterial.*" [He has no word of recognition of the fact, that in this, as in the other cases, there was a violation of the laws which control matter, and that the "*therefore*" was the consequence of this violation, and not of anything which we had "*smelt.*" We can hardly think the critic sincere in this insinuation.]

We have not been more successful with our critic, in our endeavor to present, in the third division of our paper, the grounds on which we rest our confidence in the truth of the dynamic nature of the curing power of drugs, than we were in making ourselves understood in relation to diseases and their causes. This compels us to recapitulate as before. We have not "*concluded*" this nature of the drug power from the proved similar nature of diseases and their causes,

as our critic seems to suppose, but have endeavored to prove it, and we think successfully, by certain facts which have not been, and we think cannot be, disproved. The first of these facts is, that *this power does not obey the laws which govern matter.*

First in this:—*The sum of the curative power is not in the ratio of the sum of the drug.* That it is *often* in the inverse ratio of the sum of this drug matter. It does not set aside the force of this argument to suggest that cures have been effected by lower numbers of a drug where higher ones of the same drug have failed, as our critic seems to hint. If the *greater power* has *ever* been found with the *less quantity*, in any one instance, (and it has in many thousands,) then here, and as often as this has been repeated, there has been a violation of that law of matter which proportions the sum of force and quantity as equals, a violation of which, so far as we know, no form of matter has been found guilty. The argument is irrefutable till it is shown, either that the curative power does not so act, or that, so acting is no violation of the laws of *matter*. As in the case of the same violation of law by the miasms, our critic is here also entirely silent. This is the more remarkable, as, the point being sustained, that either of these agents do so violate natural law, as we have shown they do, then it is fully proved that, be their nature whatever it may, it is not material. The argument being fundamental in both cases, it is not a little singular that in both it has been passed without remark. And this is made the more notable when we are told he intended, in his criticism, to let us speak for ourself.

And, second, in this: That the curative power was *increased by expansion.*

And, third: That this increase of power by expansion, so far as present experiments disclose, appears to be without known practical limits. Is this true of any form of matter?

Our argument, it will be seen, is not, as represented by our critic, that "*remedies are immaterial because very high dilutions may cure.*" But that often the power to cure has been found to be *greater* where the matter of the drug must have

been *less*, thus violating a recognized law of matter, the increase being the result of expansion, a result not similarly obtained in forces from *material* bodies.

And, fourth: We have further proved the dynamic nature of the curative power by the fact, that it passes to other bodies and communicates to them its own nature, in a manner no form of matter is known to do, giving, in this, another instance of that violation of law on which we have based this branch of our argument. Our critic claims, that in so imparting its own nature, it was matter which passed from the medicated to the nonmedicated body. This he assumes without attempting to furnish any evidence of the truth of his assumption. It will be time enough to abandon the ground given to the truth by this fact, when the passage of *matter* has been as satisfactorily proved as has that of the curative power, and to give up the strength of this argument, when it is shown that potentization by contact is in accord with the known laws of matter. The remark of our critic, that "*we know nothing about*" this force which cures, we cannot receive, but contend, on the contrary, that we know very much about it, the above facts presented in this argument being only a small part.

And, fifth: That this curative power acts, at times, in a manner wholly unlike that of any known form of matter, in this, that its action is *instantaneous*. This, it is assumed, matter does. Our critic thinks the two cases we gave as illustrations of this "*worth nothing as evidence.*" We should have been better able to appreciate the value of this judgment, if he had given his views of wherein they fail to sustain the fact that, in these two cases, the drug force acted altogether unlike any form of matter. If facts in nature have value, these cases were facts. If matter acts with like suddenness any where in nature, that is another fact which we have yet to learn, and which is to be shown before the force of these two cases as witnesses to the truth for which we contend can be invalidated.

As our critic has introduced the name of our late highly-esteemed friend and colleague, Dr. Joslin, whose "experi-

ence" in this matter "accords with" his "own," we will add, that the subject of the case of the little girl was given to the doctor when we were discussing the matter of time in the action of remedies, when he received the statement as one of great interest, and had no word to say against it as evidence, and as evidence of the nature of the curative power of the drug, for, it was as evidence of this, that the case was given to him. He could not reply to it, though it disproved his entertained views of the necessity of time, in appreciable quantity, for the development of curative action. Our argument is, in this illustration, that acting without the lapse of appreciable time, which matter does not, therefore the curative power is not matter. To refute this it is necessary to show that matter does so act. This our critic does not attempt.

Our critic gives in three particulars, as follows, all he is able to gather from this argument from violated law, to which he does not allude, and which we have no evidence that he in the least perceived, viz. :

1. "*Exceedingly attenuated remedies cure, and the more attenuated the more potent the cure.*"

2. "*Unmedicated pellets shaken up with the medicated become thereby medicated.*"

3. "*Remedies act with great suddenness; therefore therapeutical agents are forces dissociated from matter.*"

And in this he thinks he has given us "the full benefit" of "our statement and argument." It was his "desire" to do so. A comparison of his statement and our own will show the measure of success which has attended his effort to carry out this intent.

There are those who sympathize with our critic in his views of medical philosophy, and, consequently, dissent from ours, who say in plain terms that he has not "dealt fairly" with our argument. There are those, also, who accord with us and dissent from him, who say in equally plain terms, he did not "intend to deal fairly." We do not agree with these; on the contrary, we think he has done *the best he possibly could*, and that his failure openly and

frankly to overthrow our argument was simply because this could not be so done. Especially would we rebuke the charge of *intended* unfairness. We do this because our critic himself, who ought to know better than others, asserts the contrary. To pretend to fair dealing and then to practice fraud, would be such a disclosure of character as is wholly unlike that shown in the personal intercourse we have had together.

And now, "*What is truth?*" The answer to this question should be the objective of all controversies. The opinions of men, schools, or sects, are of little worth, otherwise than as they embody in themselves this answer. Men change. Science, in all its pride, changes continually, and its votaries are not always the more modest therefor. Opinions and the doctrines of the schools have been as changeable as the drifting sands, but the truth changes never. Hence the importance of this question, before which all others are dwarfed, and before which the efforts of controversialists to maintain opinion or party, without reference to its answer, are less than the least of all the manifestations of pride, and sooner than most others come to nought. Strive as we may, there is no help for this. No efforts at distortion or concealing of facts, however persistent or skillful — no attempts to pervert or ridicule them, however ingenious or witty, will avail to prevent this. Doubted or denied, the truth remains wholly unaffected. The skeptic alone is the sufferer. Denying a truth has never deprived it either of its existence or power. Its eternity, omnipotence, and unchangeableness were stamped upon it by its divine Author when he ordained it. Thus he made it the whole duty of man, in relation to this great power, to discover and obey.

If it be a truth that there is a force pervading the body, preserving it from decay; that this force has had its place in all the living, from the time of the creation of their first representative; that this force was then "breathed into him" by the Almighty, and so "man became a living soul," then, it is admitted, that this, which was then so

imparted, was something more than a "*predicative abstraction*,"* and that it still exists, having from that time to the present been the distinguishing fact between the living and the dead; and if it be a truth that morbid causes first impress this force, and act only through it on the material organism, and that the processes we call disease are but the manifestations of the actions of this force, modified by these causes, than it can no more be set aside by skepticism, criticism, or the errors of science, than the throne of its eternal Author.

This is equally true of the other forces we have considered. If it be a truth that they do not obey the laws of matter as the facts we have given seem fully to prove, and a multitude of others, which might be given, seem to confirm, then we are fully warranted in maintaining that the nature we have ascribed to them is a *truth*, and that it will stand against all opposers. At the same time, it is not forgotten that the results of future observation may furnish such explanations of these facts as will compel a different view of their testimony. This may be conceived of as a possibility. But till these observations are made (which may never be), and these new facts resulting (which are yet to be discovered), are properly considered, we re-affirm the argument for the dynamic nature of these powers, and contend it cannot be set aside by any other authority than that of paramount facts. To effect this, opinions, from sources however learned, or criticism however acute, are wholly inadequate.

* von Grauvogl.

BRYONIA.

BY J. H. P. FROST, M.D., BETHLEHEM, PA.

[Read before the Central New York Homœopathic Medical Society, and published in this Journal at the request of the Society.]

WITHOUT being an antipsoric, *Bryonia* is one of the greatest and oftenest used of all the polychrests. Its provings have been reported, and made exhaustive. Clinical experience has amply verified a large number of its pathogenetic symptoms and conditions. Its characteristics are both numerous and strongly-marked. These are either *objective symptoms*, such as parched lips, and excessive sensitiveness to the touch; or *subjective conditions*, such as the remarkable aggravation on being moved—which alike represent certain morbid and well-understood states of the system. Therefore these characteristics—many of them familiarly known to the profession, and nearly all of them now to be found in Burt's recently published collection—are always present, in greater or less number, where this remedy is indicated. Thus, for example, the dry and parched lips, which so remarkably indicate *Bryonia* in typhoid fever, are due to a certain development of this disorder in the gastro-enteric mucous membrane as its primary and principal seat. While the aggravation from movement and exquisite sensitiveness to touch are, in like manner, due to the morbid state of the nervous filaments which are developed in the subcutaneous cellular tissue, and ultimated in the skin itself. This latter superficial soreness and tenderness is still more strongly marked in *Lachesis* and some other medicines.

The serous and fibrous tissues, and the organs of the digestive system, upon which *Bryonia* so powerfully acts, have already been fully discussed by other writers. And in several remarkable and distinct forms of disease, such as pleurisy, rheumatism and typhoid fever, its use is universal

and salutary, as its prominent medicating symptoms are constantly present. And as it will naturally be the object of each one to present, from his own observation and experience, some additions to, or confirmations of, our previous knowledge; so the following, necessarily very hastily prepared contribution to the practical study of *Bryonia*, will be restricted to brief notices of certain forms of disease in which this remedy is less frequently indicated, and therefore less frequently employed. This restriction will not, however, apply to our subsequent illustrations of the various doses in which this remedy may be exhibited. For, in the numerous and various forms of disease in which *Bryonia* is required, its successful administration will demand a no less varied employment of its higher and lower potencies, according to the nature of the disorder and the constitution of the individual patient.

Jahr ("Clinical Guide," p. 191) recommends *Bryonia* for "suppression of eruptions by cold, or other causes;" and again, especially if the suppression be attended by "distress of breathing and pain in the chest." Raue ("Path. Ther.," p. 466) makes mention of the same remedy for "metastasis to the pericardium and pleura." Some years ago I was called to a man 6 feet 6 inches high, who, a few days previously, had walked seventy miles over the frozen ground in a single day, wearing boots which were several sizes too large for his feet. In consequence, he had suppurating erysipelas of both feet. He had been under the care of another physician, and either through his advice, or the interference of others, some ointment had been applied. The effect was to cause an apparent metastasis of the morbid action of the chest. I found him suffering with *great distress about the heart, and difficulty of breathing*. This was in the evening. I gave him *Bryonia* 3rd, with very prompt and decided relief. He told me the next morning that he did not think he could have lived through the night, had he not obtained relief.

The nearness of *Bryonia* to *Rhus*, not to speak of the

direct and remarkable similarity of symptoms in other respects, would strongly suggest *Bryonia* in cases of erysipelas. Bæhr ("Therapeutics," vol. I., p. 462) advises this remedy, with *Phosphorus*, in cases of erysipelas where "*icterus has supervened.*" And in the typhoid state, into which cases of erysipelas are always liable to fall, this remedy should always be borne in mind; for the accompanying symptoms of aggravation and amelioration may as likely require *Bryonia* as *Rhus*. By its own peculiar and strongly-marked characteristics, *Bryonia* may be called for instead of *Rhus* or *Arsenicum*. But the very grave complication of these morbid conditions with *peritoneal inflammation*, which I have sometimes seen, will at least require the thorough study of *Bryonia*, and such study lead to its successful employment.

In *typhoid pneumonia*, I have always regarded this remedy as holding the very highest rank. And in this direction the results of much personal experience have far out-ran the teachings of the hitherto-accessible works on Homœopathic therapeutics. Especially have I found *Bryonia* indispensable in certain *lingering cases* of this kind in elderly people. In such cases it has proved equally efficient in relieving a distressing dry cough, and in promoting expectoration where the secretion was less scanty. In this latter respect, the action of *Bryonia* is quite similar to that of *Ipecac.*, in the threatened suffocation of advanced cases of catarrhal pneumonia or mucous phthisis.

In his "Clinical Guide," as well as in his still more recently published "Forty Years' Practice," Jahr omits all mention of *Bryonia* in typhoid pneumonia. It may be that, in Europe, the indications for *Bryonia* are less strongly marked in this complaint; but in this country I have found it indispensable in some stages of every case of the kind which has come under my care, either in the North, in the South, or in the Middle States. Bæhr, in his recently published "Therapeutics" (vol. II., p. 270), advises *Bryonia* in typhoid pneumonia; and among the indications which he enumerated for this remedy, may be found all the symptoms

which it has in common with this particular form of typhus, or pneumo-typhus, as it is sometimes termed.

In *diphtheria*, *Bryonia* may be required, being especially indicated by its peculiar characteristics, and its pathogenesis presenting a complete picture of the false membrane in the fauces. In Dr. Neidhard's treatise on diphtheria,* this will be found very fully set forth. This position of our theme is particularly interesting with reference to the effusions and *plastic formations* which may occur in pleurisy, for which disease and pathological state, *Bryonia* is well known to be the most remarkable remedy. These plastic formations may also be traced in the tendinous attachments between the pleura and the lobes of the lung, which are so often seen in the *post-mortem* examination of persons who have had repeated attacks of pleurisy, and who have been subsequently afflicted with a more or less constant pleurodynia which these tendinous adhesions maintained. However unlike diphtheria may be to our preconceived ideas of *Byronia*, this remedy will be found, and indeed has proved, very efficient when indicated by predominant dynamic symptoms.

In a case of spinal neuralgia, in an old man, fleshy and prematurely old from fast living, who was partially paralyzed, I found *Bryonia* remarkably efficacious in relieving an intense pain to which he was subject. The pain was excruciating in the lower part of the sacrum; worse at night, and rendered intolerable by movement. It may have been that this pain was in the meninges of that portion of the spinal cord.

Notwithstanding the well-known and powerful action of *Bryonia* on the serous tissues, and its great usefulness in pleurisy, peritonitis, and pericarditis with effusion, authors seem disposed to deny its corresponding efficacy in *meningitis* or *arachnitis* with serous effusion. But the practitioner need not hesitate to exhibit this remedy in such cases, if it is indicated by its prominent dynamic characteristic symp-

* See also Teste's *Materia Medica*, and Curie's *Jahr*.

toms. If it does not do all that is required in promoting the reabsorption of the effused fluids, it will, no doubt, prepare the way for some other and still more powerful antipsoric, whose special indications will then begin to *crop out*, as the geologists would express it.

Certainly the sharp cries which are extorted from the child suffering with meningitis, with every movement however slight of its head, would suggest *Bryonia*; and we are convinced, that where the closer study of the *Materia Medica* furnished additional and sufficient grounds for employing this remedy, its exhibition will be attended with good results in these cases.

In *cough*, the characteristic of *Bryonia* is dryness; but this remedy does most good in acute cases of pleurisy and pleuro-pneumonia, when, under the influence of *Aconite*, the dryness has given place to some freer secretion. But it is in the chronic *bronchial* and *catarrhal* affections of old people that we have found its action most favorable. And, in these cases, *Bryonia* has very intimate relations with *Stannum*; the different states of the same patient requiring now the one and now the other of these two medicines.

The *bilious headaches* of persons of remarkably irritable disposition and violent temper — headaches whose violence seems to drive the patient crazy, and which are relieved by perfect rest and a recumbent position — in such I have found the lower potencies of *Bryonia* afford prompt and complete relief, where the higher preparations seemed to exert no influence.

Our principal object in introducing this latter theme, is seen in its connection with the question of *dose*. As already intimated, *Bryonia* alone gives an excellent illustration of the various potencies which are required in general practice. Others may differ from us in this respect, and any man is liable to be mistaken, but our belief is, that in certain advanced forms of dropsical effusion, the lower potencies, or even in some instances the mother tinctures, are more efficacious in bringing on that revulsive action which may result in the critical elimination of such collec-

tion of fluid from the system. Such we believe to be the case where the kidneys are primarily at fault; and also in anasarca. In this latter affection, we have seen powerful effects from the action of *Arsen.* 4th, and *Apis* in the tincture; and in still severer cases, the fresh infusion of honey-bees has caused the prompt expulsion of large quantities of effused fluids from the system, when this action of nature had failed to be aroused by smaller doses. In like manner, *Bryonia* low may prove more rapidly efficacious in acute pleurisy of the severest form. We remember one physician who purchases his *Bryonia* tincture *by the pint*, and claims that he cannot otherwise so successfully treat pleurisy in his section of the country, away down East. In promoting the re-absorption of the effused fluid in cases of arachnitis or meningitis, the 3rd, or 6th, or even the 30th would be more efficacious in young children especially.

In coughs, the ordinary, low, the higher and the highest potencies prove equally effectual, according to the susceptibility of the patient to medicine. In rheumatism, the 30th is most highly esteemed by many; while others place more confidence in the lower and lowest preparations. Typhoid fever cases, especially where the nervous system is principally involved, are better treated with the 30th and 200th.

And in conclusion we remark, that in this, as in other forms of disease, and also in the case of *Bryonia* as well as for all other medicines, the determination of the best possible potency in any given case must result from combination of three distinct factors—the particular constitution of the individual patient; the character of the affection under which he is suffering; and the nature of the medicine to be employed. For this reason, no *a priori* decision, no abstract law, no rule absolute can now, or ever, be laid down for the determination in advance, of the *potency* or *dose* in any or every case. Both the quality and degree of the potency, and the quantity and repetition of the dose, must be determined by the exercise of the highest judgment of the physician, aided by his whole experience, and in the very presence of the patient himself.

VARIOUS EXPERIENCES.

BY GEO. W. BOWEN, M.D., FORT WAYNE, IND.

BLACK PILLS FOR SYPHILIS AND CATARRH.

MANY of the above named cases will find their way to a Homœopathic physician's office, and if physician or patient does not relinquish in his efforts, a cure will always be effected, but after so long a time has elapsed that it will be no great credit to either, unless it be to the patient, for his patience and perseverance.

Six years ago I resolved to try the *Merc. Sol. Hah.* in its crude form for an inveterate old sinner, with syphilis. Of course I expected to make him worse, but as any show from the effect of medicine would be to him satisfactory evidence of its ability to affect the system, I was sure to loose nothing by my recklessness.

The third day after the administration, in fourth grain doses, every three hours, improvement was satisfactory to both parties, and a permanent cure was effected much sooner than I had reason to expect.

Since then I have medicated globules with the sixth of *Merc. Sol. Hah.*, and while they are yet moist, coated them with the crude drug of the same, then let them dry, and give for all venereal taints (where *Merc.* is indicated) my black pills.

Knowing the action of *Merc.* in all of its forms on the mucous membrane, I next concluded to try my black pills on an apparently hopeless case of nasal and bronchial catarrh, for a regular *Dead Head*, one for whom I had no interest or much hope. In two weeks he returned for another box of pills, (and, by the by, they should always be put in boxes, not vials, for the light affects them), this time and the first time, so far as ever known of him, bringing *currency* to exchange for pills, so great was the effect on his catarrh. A few boxes effected a perfect, and so far (five years), a lasting cure.

I have used them in many cases of catarrhal secretions, vaginal as well as nasal.

In the above preparation, we have the compound action of two forms of the same remedy, and I am satisfied it acts better than either one would alone. Perhaps a new field may here be opened to *enforce* better action from our remedies in chronic cases. I have used pills saturated with *Carbo. veg.* 6th, and coated with the 3rd, also *Arsenicum* 6th and 3rd same way, and believe a much better effect has been produced.

CHLOROFORM.

For five years I have been in the habit of giving *Chloroform*, internally for the relief of pain, and now have pills medicated with *Chloroform* same as other medicines. (Of course they must be kept tightly corked.)

I gave a drop first, to a poor stiffened-up old dray-horse of a man who was unable to get up without help, and was suffering with excruciating pains, which had made their appearance within an hour.

Several were present, and I was anxious to give relief as quickly as possible. In less than three minutes he assured me he felt better, felt the medicine in his fingers and toes, and begged to know what I had given him. Wishing to impress upon their minds the potency of our medicines, I told him it was one of our mildest medicines. In ten minutes he was up and walking around the room quite limber, and entirely free from pain. To my surprise, the stiffness did not return before six or seven hours had elapsed, and a few more doses of *Chloroform* was all I gave him. He got well.

I have given it many times since, but never with such startling results. The "London Lancet" for July last recommends its administration in oils. Who knows what its curative properties are when given internally? My friend, Dr. Lewis, of this city, also gives it with good results.

MELILOTUS OFFICINALIS (SWEET CLOVER).

In the winter of fifty-one and fifty-two, while in the Cleveland Medical College, I attempted to get some symptoms from this drug. My enthusiasm nearly cost me my life, and sadly marred my prospects for years. I was then "going it" on borrowed capital, and studying from eighteen to twenty hours out of the twenty-four, and imprudently thought, on my spare diet and temperate habits, I could carry on a little proving at the same time. Mistaken idea.

The second and third day, after taking a dose of this remedy, I was almost delirious with headache; the fourth, blood gushed from my nose, and I lost consciousness. I have a dim remembrance of searching my books for medicines, and the marks of blood remains on them to this day. Drs. Myers and Morse, Profs. Dodge and Williams kindly came to my bed-side, and I was again restored to health, but here comes in the joke.

Dr. Clapp, of Farmington, wrote to Dr. Smith, of Chicago, (my honored preceptor) that I was insane, and my friends had better get me home, if possible.

Mrs. Dr. Brown kindly informed a lovely girl in Cleveland that I was insane, and if we were engaged, it had better be broken off.

No further attempt at its proving was made until last spring.

Among its principal features are, violent congestion of blood to the head, frequent and profuse bleeding at the nose, dry cough, palpitation of the heart, extreme nervousness, irritability, forgetfulness, confusion of thought, and relaxation of the bowels.

I have given it in over a hundred cases, for nervous, sick, and congestive headaches, and for neuralgic pains in the limbs, and in no case has it failed to relieve, or cure, in less than five minutes. Its action is almost instant, and seems to be permanent.

I have treated for two weeks, with, so far, excellent results, a poor monomaniac, who stoutly insisted he had a devil in his stomach that was continually disputing and con-



tradicting what he said. He is better and more quiet, and to-day tells me he does not have much trouble with his stomach.

I have only used the pellets medicated with the first cent. dilution. My tincture was prepared six years ago from the plant when in blossom.

Several cases of sick and nervous headaches, which formerly returned every few weeks, have not put in their appearance since last spring, and yet only three or four doses of *Melilotus* were given.

TIN SPLINTS FOR FRACTURES.

I have found nothing so good, convenient, and easily adjusted for wounds or fractures of the fingers as tin. It is light, comfortable and more efficacious than starched bandages, wire or wooden splints. With a pair of shears and an oyster can (always at hand) you can prepare, in five minutes, *exactly* what you want, and something that need not be removed until it can safely be done, or finally. Water dressing will not loosen it or cause it to bind too closely, as in case of wooden splints.

I have used it for the arm, cutting in the edges and turning it out, or serrating the edges so as to hold the bandages. Holes can easily be cut in to make it cooler and facilitate dressing, or to pass straps for its retention in place, and permit discharge of blood or matter. I have used it for years and could hardly be persuaded that anything else could supply its place.

Only a few months ago, I securely bound on a finger that had been completely severed by a cutting box, and did not remove the tin for two weeks, when I found the finger firmly united. The tin was curved over the end, and bent so as to compress the sides, with a piece cut from the centre, giving free access to dress.

I have one little tin splint which does not weigh as much as a penny, that has done duty for two fractured fingers, and will answer for a third, and yet it did not take five minutes to give it shape and smooth the edges.

Several physicians, whose attention I have called to its use, seemed so delighted and surprised at its simplicity and adaptability that I deem it not inappropriate to give it a more public recommendation and endorsement.

CHLORAL.

[We avail ourselves of the following notice of this new remedy, which we find in the "Bull. Gén. de Thér," etc., lxxvii. p. 433, and which is a pretty complete summary of what is at present known about this substance. It is from the pen of Dr. Felix Bricheteau, editor of the Bulletin.]

Chloral was discovered in 1832 by Liebig, and has been since studied by M. Dumas, and more recently by MM. Regnault, Kopp and Wurtz. Recently M. Liebreich, of Berlin, investigated its properties, setting out from the chemical datum that *Chloral* should be considered as a *Trichloric Aldehyde*, which dissolves in an *alkaline* medium, and decomposes to form *Chloroform*. It is known that, in the organism, *Aldehyde* and *Acetic Acid* are subjected to a complete action, the ultimate products of which are *Carbonic Acid* and *Water*.

Hence, it might also be foreseen that, for *Chloral*, there would occur a decomposition in the ultimate products of its *Oxidation*, and the inquiry would arise, if *Chloroform*, an intermediate product of that series, would exert its effect in the organism.

"To decide this question upon men and animals," says M. Liebreich, "I used, as the most convenient preparation, the *Hydrate of Chloral*. I commenced by trying its effects upon animals. Frogs fell asleep first, then followed a period of anæsthesia; fatal doses produced a paralysis of the heart. The effect, then, is quite analogous to that of *Chloroform*, recently established by M. Claude Bernard. In the first place, its influence was exerted upon the ganglionic cells of the brain, then upon the spinal marrow; finally,

in fatal cases, it affected the ganglionic cells of the heart. With the rabbit, I observed quite similar effects. A large sized rabbit received a hypodermic injection of 135 centigrammes of *Hydrate of Chloral*. The animal slept from 7.30 P. M. till the next day at noon; on awaking, he began to eat with avidity.

The complete success of these experiments with animals encouraged me, of course, to repeat them upon man.

Chloral is soluble in water; as, in this solution, it produces no instant effect, it must be readily absorbed. This property determined me at first to use the remedy in subcutaneous injections." * * * * *

From Liebreich's experiments it appeared that the effect of the drug manifested itself with the greatest precision and was not followed by any unpleasant symptoms, as is too often the case with *Morphine*.

[After learning that various writers had experimented with *Chloral*, we come to the communication made by M. Bouchut to the French Academy of Science.]

"M. Bouchut established, at the outset, that, if there had been contradictory opinions expressed regarding the effects of this remedy, it was because the experiments had been made with impure *Chloral*, and the difference in conclusions depends only upon the difference of the article used. With pure *Hydrate of Chloral* the results are rapid, evident and energetic; they are those of hypnotism, the most tranquil, and of an insensibility sometimes absolute."

Nature and Reactions of the Hydrate of Chloral. "I have tried," says M. Bouchut, "with MM. Petit and Grassi, the different *Hydrates of Chloral* which the manufacturers sell to our pharmacutists, and, struck with the difference in the quality of the product, I have not been at all troubled to comprehend the difference of the results."

Chloral should never be employed in a liquid state. It should be procured crystallized in the state of a solid *Hydrate* or the *Hydrate of Chloral*, and then dissolved in a suitable vehicle. Procuring it thus, in needle-like crystals, or in a snowy mass, there is every probability that

it is well prepared; but if we would be certain of its purity we must test it with a concentrated solution of potash, as a reagent.

If the *Hydrate of Chloral* is pure, it scarcely colors the solution of potash a light yellow, giving off an evident odor of *Chloroform*; if it colors the solution brown, giving off vapors of *Chloroform*, mingled with *Chloro-acetic* vapors, it is impure.

Dose and Mode of Employment. Given by the stomach or as an enema to children four years old, and not by subcutaneous injections, which produce frightful scars, as I have seen, one gramme produces sleep and anæsthesia.

Above five years, and up to fifteen, it is necessary to give from two to four grammes, but, at this dose, the sleep is profound, and the insensibility sometimes so absolute that there would be danger in giving more. We cannot thus overwhelm the sensory and motor nervous system without treading on the verge of serious, perhaps irremediable accidents, and we should avoid these mishaps, which, besides the responsibility which they bring with them, would have, moreover, the effect to cast discredit upon a therapeutic agent of the first order.

In case of adults we can go to four, five or even six grammes, perhaps, if the *Chloral* is very pure, but we must not go beyond that dose. I have employed this substance in nearly one hundred and twenty different diseases, and during from ten to twenty-four days successively in the same patient, and, using all proper prudence, I have never had any accidents to regret. I think we shall never have any, if we do not go beyond the doses which I have just laid down, doses quite sufficient to induce the anæsthesia which the physician has occasion to produce so often, and which should never supplant the chloroformic anæsthesia so necessary to the surgeon.

When the patient wakes, the dose of *Chloral* may be repeated, producing a new sleep, so that by the renewed action of the remedy the physician may maintain the somnolent state of his patient, if it is needful, in tic douloureux

or in the pain of a cancer or extensive burns. A patient may thus take from three to five grammes several times in the twenty-four hours, inducing each time a sleep of from three to four hours. However, we should never give more than three to five grammes at once.

Is it better thus to repeat the dose of from three to five grammes at several doses during the day, than to give it all at one dose, of from nine to fifteen grammes, producing an action more violent, more prolonged, almost poisonous? Thus, to put the question, when we have to do, not with experiments of the laboratory, but with clinical observations, is to resolve it. The physician, careful of the interests of his patient, would prefer to begin the use of the narcotic in a moderate dose, than to administer it all at once, in a dose, the effects of which are unknown and, *a priori*, incalculable.

I well know that it may be said that the hypnotic and anæsthetic effects of *Chloral* being due to the formation of *Chloroform* in the sanguineous capillaries under the influence of the alkalies of the blood, as these latter are not very abundant, *Chloroform* can not be given off in great quantity; that it is formed slowly and in proportion to the reproduction of the alkalies; that it is eliminated incessantly by the lungs; that hence the dose of the *Chloral* taken, is of little consequence, for no larger quantity of *Chloroform* will ever be disengaged, than can be set free by the alkaline salts of the blood. That manner of judging of the possible effects of *Chloral* may be exact; but, as its clinical demonstration might be dangerous, I think that, in a therapeutic point of view, it is better to hold to the small doses, frequently repeated.

I should add, finally, that the preparations of the *Hydrate of Chloral* given to patients should be extemporaneous and should be given the day they are made, for they undergo changes and are modified in their composition, to the point of becoming inert or dangerous. Physicians, hence, should distrust syrups previously made, and advertised by pharma-

centists, in quest of fortune, on the fourth page of the daily journals, under the head of pharmaceutic specialty.

Physiological Action of Chloral. After the administration of *Chloral*, we have to wait from twenty to forty-five minutes, when the phenomena, indicated by M. Liebreich, present themselves with sufficient clearness to be studied. These are disturbances in the psychical nervous system, sensory and motor, which may be compared with those produced by *Chloroform*, except that it takes longer to produce them, and, that once produced, they last longer: they manifest themselves by a period of agitation, more or less distinct, sometimes very short, and not at all remarkable; by a progressive period of somnolence, during which the intellect becomes obtuse and is buried in a profound sleep, accompanied with *anæsthesia*, light or complete, according as the remedy is very pure and given in a suitable dose. Finally, with some patients, at the moment of waking, there is a sort of intoxication, similar to real drunkenness.

All the children who have taken the *Chloral* in doses of one, two, three or four grammes, according to their age, have slept in less than an hour. One of them did not sleep the first day, and had nothing but agitation of the limbs, but the next day, having taken a dose, like that of the evening before, was overtaken with sleep and a decided *anæsthesia*. Another child vomited the medicine soon after taking it, and experienced no effect. A third, finally, had only a light sleep, without *anæsthesia*. These cases excepted, all the patients, one hundred and twenty in number, slept soundly, and some, in such an *anæsthesia* that one could prick them to drawing blood, pull their hair and even extract carious molars, which was very painful.

The *Chloral* sleep has this peculiarity, that it leaves half intact the reflex movements, and that, upon a subject sleeping, exciting the skin produces unconscious movements, which might lead one to think that sensibility was preserved. However, on awaking, the patients, who seemed to react against the pain, had felt nothing. Thus, I have drawn two teeth from a child ten years of age, who made motions

with his hands and tongue, which annoyed me; but, awakened, he declared that he did not feel the pain, and it is known how painful are sensations of this kind. In case of one hundred and twenty children who have slept under the influence of *Chloral*, all but three have been in a state of anæsthesia; the anæsthesia appearing incomplete by reason of movements provoked by the pain, or being complete and prolonged, with utter oblivion of all which happened during their sleep. This oblivion is the best proof that can be given to show how profound is the *Chloral* sleep.

This sleep is accompanied by contraction of the pupils as in ordinary sleep. It lasts from one to five hours, according to the dose and the impressibility of the subject. It passes off without leaving any dullness of the head or disturbance of the intellect, and only a little frontal headache remains for an hour or two. With three of my patients, the waking was accompanied with an increased babbling, with bursts of laughter and an agitation which seemed like a real, but passing, fit of intoxication, for these little disorders lasted but an hour. No patient had any hallucinations nor humming in the head, but several of them perceived sparks and sheets of fire for a few moments. Several were weak in the legs, showing a sort of incoördination of the voluntary movements; a kind of staggering which confirms what I have already said upon the existence of a certain degree of *Chloral* drunkenness.

During the *Chloral* sleep, there is a little chilliness of the extremities, with a bluish redness of the face, as in the chilly stage of fever. It is evident that the capillaries are contracted and crowd back the blood from the periphery to the centre. At the same time the pulse is small, compressed, more frequent, shows a strong arterial tension as indicated by the sphygmographic traces, compared with traces obtained from the same children before and after the *Chloral* sleep. Another proof of the tension of the capillaries may be found in examining the fundus of the eye, for the veins are compressed (*étroits*) and black from venous stasis.

The *pulse* is small, compressed, increased in frequency: from eighty it goes up to one hundred and one hundred and twenty, and presents all the characters of an exaggerated arterial tension; after the sleep, it becomes fuller and less frequent, for it falls again to the normal figure.

If the pulse is studied by the sphygmograph, we get traces in which the ascent is very feeble, the descent not well marked, forming a sinuous and almost uniform line. On the contrary, after waking, the tracing is more irregular, but the ascent is much greater and more marked; but that is of no further consequence.

The skin becomes dry upon the extremities where the temperature falls, and it is evident that there is a diminution of cutaneous perspiration. It is clear that *Chloral* is a remedy producing algidity, effects contrary to those of opium, which is, at the same time, calorific, stimulant and diuretic.

The *external temperature* of the body, apparently so low, when tested by the hand upon the extremities of the subject asleep, falls only, however, by some thousandths of a degree. I well know that upon rabbits, chloralized, MM. Krishaber and Dieulafoy have reduced the normal temperature from 40° to $+29$, but the animal died in consequence, and such results could not be obtained in man, but at the peril of life. The loss of one degree of heat in an hour, under the action of *Chloral*, would give me great uneasiness, if it happened in one of my patients, and I may say that, in none of my cases, was there such a difference of temperature. The greatest fall of the temperature has been $\frac{1}{8}$; but generally the thermometer falls but from $\frac{2}{10}$ to $\frac{1}{5}$; sometimes, even during the first moments of the ingestion of the *Chloral*, before sleep was induced, there has been rather an increase of heat of some tenths, as the fact adduced below testifies.

The *digestive functions* are not disturbed by *Chloral*. Although this substance is acrid and disagreeable, it is quite well endured. It excites the appetite. In one hundred and twenty experiments with children but two of the chil-

dren vomited, with the others the tolerance was perfect, and in no case did it produce gastralgia, pyrosis, colic, or diarrhœa. The result has been the same with children who have taken it during twenty-four consecutive days at the dose of three grammes a day, or three grammes morning and evening, making a dose of from eighty to ninety grammes, given during three weeks. In view of these facts, I cannot explain the note of M. Laborde regarding symptoms of intestinal irritation produced by *Chloral*, and observed by this physician. It is clear that this colleague must have used acid, impure and improperly prepared *Chloral*.

However, the *urinary secretion* is profoundly affected, a fact which has not been pointed out by other experimenters: at the moment of waking from the effects of *Chloral*, it is but little changed, but the next day the density of the urine is greater and runs up to 1,032; it reduces the salts of copper with the help of ebullition, it gives a brownish tinge to the sub-azotate of bismuth, and finally colors potassa. One might think that there was here a passing glycosuria, for it marks one degree on the saccharometer of Robiquet. However, if we treat these specimens of wine with the acetate of lead, then by the phosphate of soda, to obtain a neutral liquid, no longer containing organic matter, they no longer reduced the salts of copper. What is their change? Is it in the organic matters of the bile? That is not probable. Is it in the uric acid? But these specimens are scarcely acid. I rather think that this alteration of the urine consists in an addition of *Chloral* passed by the kidneys, and not of glucose, as one might suppose who contented himself with a superficial examination. In fact, *Chloral*, in water, reduces the liquor of Fehling, just as a little glucose would.

Mode of Action of Chloral. Liebreich says that this substance acts only after absorption by the stomach, and passage through the blood, where it becomes decomposed, producing *Chloroform*, under the influence of the alkaline salts of the serum.

This explanation has been disputed by MM. Demarquay,

Krishaber, Dieulafoy and Labbé, who, without proof to the contrary, say No, it is not so.

As for myself, I do not consider myself capable of deciding this question, and I refer to our grand chemist Dumas, who discovered *Chloral* a long time ago, and who thinks that the absorbed *Chloral* is decomposed in the blood under the influence of the alkalies, giving off *Chloroform* with all its narcotic and anæsthetic properties. This is also the opinion of M. Personne, and one must think with MM. Liebreich and Dumas, that the action of *Chloral* upon the economy, is no other than that of *Chloroform*, produced in the blood under the influence of its alkaline reaction.

Therapeutic Action of Chloral. If the *Chloral* is pure and properly employed, it is employed only with advantage, for it reduces the muscles to powerlessness, enfeebling their action and determining a true amyosthenia. It produces a long sleep, the oblivion of pain, an oblivion which may be lengthened by new doses of the drug; finally, by the insensibility which it produces it is likely to be often employed by the physician to facilitate the practice, of a multitude of painful little operations, which do not deserve the honor of *Chloroform*.

[Here follow recommendations of the use of *Chloral* in nephritic colic, chorea — one case of which was cured — tetanus, labor, puerperal convulsions, extensive burns, acute attack of gout; he gives one case also where two molars were taken from a child ten years old under the action of two grammes.]

Counter Indications for Chloral. By reason of the sanguineous stasis and the capillary hyposthenia of the brain which *Chloral* produces, it would be imprudent to give it indiscriminately in all diseases.

Thus, I think, we should avoid giving it to individuals with cerebral affections. In fact, in a young girl with epilepsy, symptomatic of an obscure affection of the brain which had produced an optic neuritis, *Chloral* increased, rather than diminished the frequency of the attacks. Before, she had had them only once in eight days, while the *Chloral*

occasioned them three times in a single day. I set it aside and prescribed the *Bromide of potassium*, which did wonders.

I think, also, that *Chloral* should not be given in the insomnia of those suffering with asthma from disease of the heart. There would be reason to fear a paralysis of the respiration, already much embarrassed.

MEDICAL EDUCATION:

A Thesis written and submitted to the Faculty of Hahnemann Medical College by GILBERT SHEPARD, A.B., 1869-70, and published in this journal at request of the Faculty.

FOR some time past the question has been agitating the minds of men in and out of the profession, What shall we do that we may have better educated physicians? All feel the need, but the trouble is, to agree on some means to attain the desired end. Different plans have been proposed to meet this need of which, I think, the three following are the principal: One would have a higher medical college, where all who wished might go for further study and investigation. Another would require longer study before a candidate should be admitted to graduation; a year or two added to the course of lectures. Another, still, would examine carefully into the previous education of candidates, and admit to graduation only such as could show a good foundation of general knowledge on which to build their professional study.

Without presuming to be wiser than all or any who have had this subject under consideration, I wish to review these plans, show the inexpediency of some, and discuss what to me seems to be a better plan. And first, the plan of a higher medical college, or medical university, is inexpedient for several reasons, of which the two following are chief: It is for the benefit of those who wish to push their studies further after they have entered on their professional work. But the busy practitioner can ill afford to take the time for such an advanced course; and, besides, his daily

practice gives him not only the opportunity, but the necessity to study continually, so that he does not need to avail himself of such a college if he could. The man who had nothing to do would not be aware that he needed to know anything more, and would not avail himself of such a college, even if he were so fortunate as to have the means. So the higher medical college would be of small benefit to those already in the profession; and, what is the greatest objection, it would not prevent the entrance into the profession of such men as, by their ignorance, have given rise to the question, can we not have better educated physicians? So we see that while the idea of a medical university is beautiful in the abstract, it falls far short of meeting the end proposed.

Second, as to adding one or two years to the course of lectures. This is more practicable than the plan first considered, and one year might be added to the lecture course with advantage, making three years the prescribed course of medical study. But while theological schools require only three years, and law schools let their students through with one year's study, it would seem unfair that medical schools should require four years before a candidate can come up for graduation. While this plan of adding a year to the medical course is far preferable to the first, at likely to give us educated physicians, yet it comes short of the end, in that it makes no selection of the men of whom to make physicians, While it takes the young man from the plow, or the carpenter's bench, or any other place where educational advantages have been meagre, and proposes to turn him out a Doctor of Medicine in the same time that is required of a man from the classical or normal schools, there is evidently no choice of material, and while such a man can learn more of medicine in three years than in two, he can never stand before the world as an educated man, much less as an educated physician, if years more were added to his professional study.

The plan adopted by the Hahnemann Medical College, and proposed to be carried out in future, comes nearer to

my ideal of what is required, but does not quite reach it. The plan of requiring of candidates for the degree of Doctor of Medicine a certain amount of preliminary education is the right one; the question to be decided is, what shall be the standard. Here I take my stand, by it to live and die, that the standard should be a diploma from some respectable classical college. I am aware that many, perhaps a majority, of the profession will raise their hands in holy horror at such a proposition, and meet it with argument, ridicule and abuse; but yet I believe it the true standard, and one which the best minds in the profession will sustain. Let us look at some objections to this standard, and first, that it is unnecessary. Many men have become noted in medicine, as writers or practitioners, who had not a classical education, and others may become so; consequently, to require this is useless. This objection proves nothing, unless it is that if men have become famous, who have had no knowledge of the classics, they might have attained higher eminence had they had, in addition, the drilling of the schools.

Another and better objection is, that this requirement will keep out of the profession worthy men, who, at a comparatively late period in life, conclude to study medicine. This may be true, and let it be so. We want, not as good men as are now in the profession, but better; and if a man, worthy in himself, but who has neglected or never enjoyed opportunities to obtain an education sufficient to meet this standard; or who has trifled away his time without knowing what he wanted to do; or, having failed in every thing else, has concluded as a last resort, to try medicine; if such a man is kept out, it may be his individual misfortune, but can hardly be a loss to the profession, and will most likely be a gain.

Again, this standard may turn young men from medicine to some other profession or pursuit where this requirement does not exist. To this I would say, that if a young man lacked ambition or ability to meet this requirement when once established, he had better take some pursuit nearer

his level; he will be no great honor to any profession, where mental labor is requisite for success.

Other objections may be made, and perhaps better, but none can be raised which will overturn the advantages to the profession of the adoption of this standard.

And now, let us look at some of the advantages of requiring a classical education of candidates for the degree of Doctor of Medicine. The first advantage is to decrease the number of those entering the profession. It is a notorious fact that all the professions are overcrowded, and any check which will relieve this pressure can but have a healthy influence. As the number of applicants decrease the honor of belonging to the profession will increase, and more will be found willing to come up to the required standard in order to come in; and, in consequence, the ranks will be filled with a better class of men. There may be a great decrease in quantity, but there will be more than a corresponding improvement in quality; if there are fewer doctors, there will be better ones.

Another advantage is, that this standard will bring men into the profession; men in years; men in discipline and culture of mind; men who are prepared to look on all sides of a question, and are not inclined to run in grooves.

But the greatest advantage of this standard would be that it would bring into the profession men who have just the foundation on which to build a medical education. Men will say that it is not necessary to know this, or to know that, but the man never was found who knew too much. The possession of a classical diploma is not always a guarantee that a man will not become a fool, but it is evidence that he has pursued a course of study through a course of years, which, in turn, is evidence of that tenacity of purpose and love of study, so requisite in a man who hopes to attain any eminence in his profession. The fact that a man has had patience and perseverance to conquer the classical course, is a good guarantee that he will not be a laggard in his profession.

Aside from the discipline of the classical course, which no

one can deny; aside from the habits of study, which such a student brings with him, and which enable him to master his professional studies to better advantage; aside from these, let us look at the foundation given by the classical course for professional study, and especially for the study of medicine. What constitutes the classical course? First, the Natural sciences, chemistry, botany, geology, mineralogy, etc., are pursued to some extent; not sufficiently to make a man perfect in these studies. to be sure, but sufficiently to give him an insight into them, so that in future he can pursue them to his own satisfaction. The importance of the Natural sciences to the medical man no one will presume to deny. Then come Mathematics, which, for mental discipline, by many are considered to be without an equal. After these come Histories, Mental and Moral Science, and other studies so essential for giving general information, and fitting a man for intercourse with the world around him. And last, but by no means least, come the poor, neglected, despised languages, the Latin and Greek. Some will consent that a knowledge of Latin may be of some use to a physician, if for nothing else, to keep his knowledge away from the vulgar herd when he writes prescriptions, but say the Greek ought to be buried beyond resurrection. Others say both are useless, but I put in my plea for both. The fact is open to the eyes of any one who knows enough to recognize it, that our medical literature is full of words not derived, but transferred bodily, from the Latin and Greek, and in about equal proportions. How these words came to be thus transferred, whether it was because the plain Anglo-Saxon was too rough to be spoken to ears polite, or because it had not the terms to express what must be named, matters not. Here are these words in formidable array, resurrected from the dead past, and doing duty in the living present, and they can not be displaced. Now, I claim that the man who comes to the study of medicine with a knowledge of the dead Latin and Greek, is prepared to begin the study with an advantage, and to pursue it with an understanding, which a man without this knowledge

cannot attain in years of study. To make it short, a man, to study medicine to the best advantage, should know the languages, as well as the men who introduced them so extensively into medical literature.

Another plea for the Latin and Greek is, that in those Natural sciences which are so important to the physician, the nomenclature has the same ancestry in the dead languages, and what has been said in regard to medical literature proper, will apply as well to these. So we see that the foundation of scientific study, and medicine comes here, is best laid by understanding those languages which have contributed so much to science.

If it was required of every student coming to a medical college that he be a classical graduate, it is fair to suppose that he would do more and better work in the same time than one who was not. And more than this, in some branches he could begin in advance of where he now does, and, of course, end with greater attainments than are now possible.

The question now comes as to the practicability of adopting this standard. Can it be done? To this I say, most emphatically, Yes. There is no probability that every medical college will adopt this standard for a long time, and some, perhaps, never will. But let one college take this stand, and all students who are able to meet the requirement will attend its lectures, because her graduates will go forth to the world, not only as graduates in medicine, but as educated men. The honor attendant on being a graduate of such a college would lead young men to fit themselves to enter it; and other colleges must come to the same standard, or have their graduates stand below par in the profession. Medical colleges should be an advance on the classical, instead of sending out men as graduates that the classical would not admit to their lowest seats.

Finally, whether the medical course shall be two, three or four years, let each year have its own studies and examinations, a plan better calculated to make thorough,

practical students, and thoughtful men, than the cramming process at present in vogue. Let a classical diploma be required of each student, and a yearly course of studies and examinations be adopted, and the degree of Doctor of Medicine will gain in honor; physician will be a name to be respected; and the profession will not be filled with men for whose ignorance an educated man need blush and hang his head in shame.

HOMŒOPATHY IN CONSTANTINOPLE.—We are indebted to the *Rivista Omiopatica* for the following extract from *La Turquie*, a paper published in Constantinople:

“The practitioners of the school of the celebrated Hahnemann have been very few in our city; and it was for the purpose of supplying this want, that His Excellency Halil Bey induced the Cavalier Arnulfi, a physician already favorably known in Europe by his marvellous cures, to come here from Nice. This zealous disciple of Homœopathy has been with us, and though he passed but four months in Constantinople, we may assert, without fear of contradiction, that he has effected a complete revolution in medicine.

“An active propagandism and remarkable cures speedily justified the initiative of Halil Bey. The greater part of the Ministers and of the high functionaries of the government have submitted to the treatment of Dr. Arnulfi, and have had the satisfaction of verifying the salutary effects of Homœopathy. His Highness the Grand Vizier, Fazil Mustapha Pacha, Kiritly Mustapha Pacha, and the Ministers of Public Works and Public Instruction have successively sought the assistance of the distinguished Homœopathist.

“The Cavalier Dr. Arnulfi, who leaves our city next Wednesday, bears with him the most pleasant and flattering remembrances. His Imperial Majesty the Sultan has condescended to confer upon him the Imperial Order of the Medjid, and the ladies of Buyukdere have presented this disciple of Hahnemann with a rich and magnificent standard, with the arms and devices of his illustrious master.

“Dr. Arnulfi proposes to return soon and take up his permanent residence in our midst.”

REVIEWS OF BOOKS.

BELLEVUE AND CHARITY HOSPITAL REPORTS. 1870. New York: D. Appleton & Co. S. C. Griggs & Co., Chicago.

A valuable volume, creditable to the writers as to matter, and, to the publishers, as to manner. We have room only for the titles of the papers, which are as follows, in brief: I. Procidencia Uteri Amputation of Cervix, by Isaac E. Taylor, M.D. II. On the Analytical Study of the Pulmonary Physical Signs Furnished by Auscultation and Percussion, by Austin Flint, M.D. III. On Entire Excision of the Os Calcis, by F. A. Burrall, Jr., M.D. IV. Sprained Ankle, by L. A. Sayre, M.D. V. Fractured Clavicle, by same. VI. The Mitral Direct and the Tricuspid Direct Cardiac Murmur, by Austin Flint, M.D. VII. On the Venous Hum, by the same. VIII. Abdominal Hernia, by Frank H. Hamilton, M.D., giving seventy cases. IX. Bright's Diseases, by Austin Flint, M.D. X. Amputations Performed at Bellevue Hospital, by F. J. Metcalfe. XI. Cases of Anæsthesia, by D. H. Goodwillie, M.D., D.D.S. XII. Pathological Report, by J. W. Southack, Jr., M.D. XIII. Effects of Excessive Intellectual Exertion, by Wm. A. Hammond, M.D., and XIV. Eight cases of Ovariectomy, by T. Gaillard Thomas, M. D.

Regarding this last paper we are favored by the following notes by Dr. Beebe:

Professor Thomas has here contributed the history of eight cases of operation for the removal of the different forms of ovarian tumors. Four cases recovered and four died.

So general is the interest felt in the success of this operation, by the profession, that any contributions to its history

are valuable, and it is important so to study this history as to profit by the failures as well as the successes reported.

The one question above all others upon which success depends is that of the treatment of the pedicle, other things being equal.

In the number of this journal for January, 1869, p. 244, reference is made to some interesting experiments by Profs. Spiegelberg and Waldeyer on the effects produced by small foreign substances or eschars in the peritoneal cavity of animals, which experiments go far to establish the fact that not only do wounds of the peritoneum heal, with remarkable rapidity in the lower animals, but that ligatures, returned within the cavity, produce no unpleasant effects, and that disorganization did not follow the application of the hot iron to portions of the uterus in such animals. In the human subjects, however, the experience of many observers seems to indicate a greater proneness of the peritoneum to take on inflammatory action, and, in several cases recorded, the silk ligature, having been returned within the abdomen, suppuration followed, ending in death, or the perforation of the intestinal wall, or producing mischief in other tissues. At the present time, the use of the clamp, by which the pedicle is held outside of the abdomen between the lips of the incision, seems to be regarded much the safer mode of treatment, and receives, pretty generally, the endorsement of the profession.

Of the four successful cases reported by Prof. Thomas, the pedicle was held outside the abdominal cavity in three, and, in the fourth, the pedicle was ligated with silk, and returned within the abdomen. This patient, on the sixteenth day after the operation, suffered a violent attack of peritonitis, which, for two or three days, threatened a fatal termination, but the final issue was favorable.

Of the four fatal cases, one died of shock, forty hours after the operation. One died of septicæmia on the eighth day. In this case a ligature of hemp was used, and this was returned within the abdomen. The death may, very likely, be traced to that as its cause. In the third the pedicle

was treated with the hot iron, and returned within the cavity, and death occurred on the fourth day from peritonitis.

In the fourth case, the operator, finding firm adhesions, became it would seem a little demoralized, and left one-fifth of the sac in the abdomen, cutting an opening through into the vagina, and dragging the pedicle into that opening by a hemp ligature. Peritonitis followed, and death on the third day.

There must yet occur important modifications in the treatment of the pedicle in ovariectomy. The cases are numerous in which the clamp cannot be applied, in consequence of the brevity of the pedicle, and, at best, it is far from satisfactory, to thus drag the stump without the abdominal cavity, and retain it in the wound until its extremity shall slough.

Since the discovery, by Prof. Lister, of the antiseptic ligature of carbolyzed cat-gut I have entertained the belief that we should find in that ligature the desideratum sought, for the treatment of the pedicle in ovariectomy, and, accordingly, on the 24th of September, 1869, I employed this ligature, for the first time, to the short, thick pedicle of a cystic cancer of the right ovary, which I had diagnosticated multilocular cyst. No untoward symptoms followed the operation, the fluid and solids removed weighing about 40 pounds, but the cancerous disease attacked the abdominal viscera, and, a month after the operation, the patient gradually sank and died.

October 19, 1869, I was induced, though very reluctantly, to operate for the removal of what I regarded cystic cancer of the right ovary, in a patient at LaCrosse, Wis., and found, on exposing the tumor, very extensive and firm adhesions. These were, with caution and persistence, all detached, and the pedicle, which was very broad, severed without ligature. The bleeding vessels were all treated by torsion, and, with the loss of but a small quantity of blood, all hæmorrhage was controlled. The tumor, in this instance, with the contained fluid, weighed 45 pounds, and the

incision for its removal was, by degrees, extended to 13 inches before the solid mass could be turned out. The patient reacted well, and very promptly recovered from the operation, but, at the end of four weeks, the rectum and bladder became involved in the redevelopment of the cancer, and the patient succumbed.

Neither of these were, perhaps, proper cases for operation, unless the first, by reason of the doubt in which the diagnosis was involved, but they serve to illustrate two classes of cases, and the application thereto of new methods of treating the pedicle — methods which I sincerely trust may be thoroughly tested, and which, I feel sanguine, will take precedence of the clamp and of the other less esteemed methods.

Since operating in October, I have noticed in Braithwaite, part sixty, p. 208, that Dr. J. F. Miner has also employed the method of torsion, and, with a success which is highly gratifying. I yield to Dr. Miner's priority in the use of this method, though I was not, at the time I operated, aware that it had ever been employed.

It seems highly probable, that, in the last mentioned case of Prof. Thomas (Case vii.), the cyst might have been wholly removed, had the operator been aware of the value of torsion in controlling hæmorrhage, and, in using torsion, he might at least have avoided the necessity for opening through into the vagina, and thus have given a strong probability of a successful result.

Viewed from the stand point of experience in the use of Homœopathic remedies in wounds, and operations into the abdominal cavity, I am persuaded that the mortality from peritonitis in these cases may be almost wholly avoided by the use of the properly selected homœopathic remedies, and may add, that, in no instance, has a fatal peritonitis followed such operations, in cases where I have been enabled to bring the homœopathic remedies to bear. G. D. B.

GOOD HEALTH. A Journal of Physical and Mental Culture.
Alex. Moore, Boston, Mass.

This is a monthly, the professed aim of which is "the improvement in human health; the lengthening out of human life." Most of the papers are written by physicians of experience and standing, and contains much useful information, though a paper on vaccination in a recent number might be read with a good many grains of salt.

We wish the journal success, as we desire to see human health improved and human life lengthened, but we doubt whether any journal can accomplish much in this direction. Men know more upon these subjects already than they put into operation; judging from their actions we might safely conclude that they did not want to be healthy or long lived. To be genteel (!) seems much more desirable, and for this no cost is too great, not even that of life itself. While this is the case, such instruction as "Good Health" offers is all but thrown away. However, we wish it numerous readers inclined to practice its precepts.

THE AMERICAN EXCHANGE AND REVIEW. A Miscellany of Useful Knowledge and General Literature, especially devoted to Finance, Mining and Metallurgy, Insurance, Railways and Transportation, Manufactures, Patents, Trade, Commerce, Art, Joint Stock Operation, Interests, Physics, Social and Economic Science.

Utility, Profit and Progress is the motto of this journal, and if any one can lay out a larger field for one journal he must be a man of extensive views. The number before us tells of "a grain of salt," and a good many of them — of the Past, seen in the light of the Present, Habit and Intelligence — the Central Caucasus, Sherman's Campaign in Georgia, Mining and Metallurgy, Our National Finances, Insurance Companies, besides many other topics of interest. If one could not get the worth of his money out of some of these papers he must be very dull indeed.

THE HOMŒOPATHIC MEDICAL DIRECTORY OF GREAT BRITAIN AND IRELAND, AND ANNUAL ABSTRACT OF BRITISH HOMŒOPATHIC SERIAL LITERATURE. 1870. Henry Turner & Co., London.

This Directory contains a Homœopathic Calendar of great value, giving dates of many events in the history of Homœopathy, which it is well to bear in mind, and to which coming events will add new interest. In addition to this, we have a List of legally qualified practitioners, with the diplomas (when and where) received from various colleges; a Provincial List, giving names of practitioners out of London, and giving a brief note regarding each place, showing climate, opportunities for sea-bathing, rate of mortality, etc.; a List of Homœopathic Veterinary Surgeons, of Homœopathic Hospitals and Dispensaries, besides many other items too numerous to mention, making, in all, a volume which reflects great credit upon our British brethren, and to which every Homœopath may refer with pleasure and profit.

IN BOTH WORLDS. By W. W. HOLCOMBE, M.D. Philadelphia: J. B. Lippincott & Co. 1870.

The scope of our Journal allows us little more than to acknowledge the receipt of this work, which is written in Dr. Holcombe's usual pleasing style. To discuss the topics therein contained, would carry us farther from our *last* than any *cobbler* with good credit would dare to stray. It is a theological novel, based upon the life and death of that Lazarus, who was raised from the dead by our Lord, and purports to narrate what Lazarus saw and learned during his sojourn of four days in the world above. There is room here for a considerable play of the imagination, and the doctor seems to have occupied it quite fully, but whether that is the best source of information regarding existence there, is a question which we must leave the readers of the book to decide.

DISEASES OF THE EYE. Their Medical and Surgical Treatment. By GEORGE LAWSON, F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital, etc. Philadelphia: Lindsay & Blakiston. 1870.

This work, alike concise and complete, fills a vacancy which has long been felt by the profession. If it will not entirely occupy the place of larger works upon the subject, it will occupy many places for which they are too cumbersome. The author speaks as master of his subject, and this he confessedly has been for years. The work will be welcome to the libraries of all who have diseases of the eye to treat.

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES, vol. L. 1870. Philadelphia: Henry C. Lea.

Full and valuable and interesting as ever. Every Homœopathist should take it, if it were only for the purpose of noting the tendency of so-called Regular medicine to Homœopathic means and methods. A hasty glance at this number shows us that the tincture of *Cavtharis* has value in the treatment of some forms of *pyelitis* — that corrosive sublimate, in the dose of the $\frac{1}{16}$ part of a grain (!) once or twice a day, is a valuable remedy, while we have a proving — though a fragmentary one — of *Podophyllin*, by a Venitian physician, Dr. Pietro. A more thorough search would, no doubt, develop many more points of interest. We recommend the task to our readers.

THE INAUGURAL AND ANNUAL ADDRESSES BEFORE THE HOMŒOPATHY MEDICAL SOCIETY OF THE STATE OF NEW YORK, February 9, 1869.

Our acknowledgments are due to the author, Dr. W. H. Watson, of Utica, N. Y., for copies of these interesting and valuable addresses.

WE are indebted to Dr. C. T. WILBUR, Superintendent of the Institute for Feeble-Minded Children at Jacksonville, in this State, for the Report of the Institute for the past year, from which we learn that :

During the past year ending December 1, 1869, there have been under instruction seventy-seven pupils.

At the date of the last report there were fifty-two pupils in the school. During the past year, twenty-five have been added and fifteen removed, leaving sixty-three pupils now present. Of this number thirty-seven are males and twenty-six females. Of the fifteen removed, one, a little girl from Kane County, died of Pyogenic fever, the first and only death at the Institution, during its almost five years of existence. One was removed because of insanity. One was removed, because of a serious heart disease, rendering her liable to sudden death. Two were removed, that their places might be filled by more teachable cases.

At the close of the regular school term in June, in accordance with the action of the Board of Directors at their quarterly meeting in March, the pupils from Iowa and Michigan — four in number — were sent to their homes, in order that we might accommodate as many as possible from our own State; the applications for admission having become so numerous, as to necessitate this action.

The application for the admission of pupils, now on file at the Institution, number two hundred and sixty-eight.

In receiving pupils into the Institution — sixty being the number the buildings used for the purposes were designed to accommodate — the effort has been to have each Senatorial District of the State fairly represented, when the applicants from the District were proper cases for the school.

The object and aim of the Institution, has been the improvement of the general health of the feeble minded and imbecile children of the State intrusted to its care, by physical training, exercisæ, bathing and such other sanitary surroundings as to them might be beneficial; the awakening, regulation and development of their mental faculties by means peculiarly adapted to them, which have been found so effectual in similar Institutions, with such modification and extension as has been found necessary to reach the peculiarities of the pupils. In the cases of the best class of pupils, the providing of suitable occupation, as far as circumstances would permit, giving healthy employment to all their powers, especially keeping in view such occupations as would most likely fit them for future usefulness and intercourse with society.

By instruction and training, nearly all the idiots of the State, can be greatly benefitted; the physical condition of the lowest grade can be improved, and those possessing more mind, cannot not only be more or less educated in common school studies, but be trained to usefulness.

This Institution has been performing a needful work, which could not have been performed without its existence. The experiment of teaching and training this class of children, though long ago proved beyond a doubt, in the schools of other States and of Europe, has been patiently and carefully tried at this Institution, and has proved successful, and has done all that its real friends expected, or that its originators promised.

We are happy to add that the parents of the children in this Institution bear very full testimony to its success and good management.

DES FRAUDES DANS L'ACCOMPLISSEMENT DES FONCTIONS GÉNÉRATRICES ; dangers et inconvénients pour les individuals, la famille et la société, par L. F. E. BERGERET, médecin en chef de l'hospital d' Arbois (Jura). Troisième édition, etc. Paris : J. B. Bailliére et fils., etc. 1870.

The Fraudulent Accomplishment of the Generative Functions, and the consequences thereof to individuals, to the family, and to society, by L. F. E. Bergeret, etc. Third edition. Paris : Bailliére & Sons. 1870. Pp. 225.

Although written in the French language, this volume sets forth "in plain English" some of the disastrous consequences of certain sexual habits which are well nigh universal. The influence of practices which tend to prevent conception is illustrated by clinical details of one hundred and twenty-eight cases of disease, which were attributable to this cause alone. The effects upon individuals of both sexes, upon the family, and upon society at large, are the theme of a very interesting and exceedingly suggestive work.

At page 14 we read, "Of the diseases of the female genital organs which I have treated, more than three-fourths have coincided with fraudulent practices in the exercise of the generative function, and, in the majority of cases, were legitimately attributable to them." On the part of the woman it is shown that this class of causes is very apt to produce either acute or chronic metritis, menorrhagia, metrorrhagia, hæmatocele, fibroids, polypi, hysteralgia, uterine cancer, ovarian or mammary disease, or sterility. On the part of the male, they may result in urethritis, diseases of the prostate gland, or impotence. In consequence of such unnatural habits, both sexes are liable to diseases of the nervous, the circulatory, the respiratory, and the digestive systems,

This is indeed a frightful array of disorders which are contingent upon the practice of fraudulent or incomplete intercourse. But the list is not perfect. Thousands of women suffer from hysteria in its various forms, from

menstrual and mental derangements, uterine deviations, leucorrhœa, diseases of the bladder and rectum, that have been caused, and are perpetuated, in a similar manner. The author would have needed two thousand, instead of two hundred pages to do full justice to his subject. We have space only for a few practical clippings :

Acute metritis resulting from fraudulent intercourse is very liable to be accompanied or followed by fatal peritonitis. If repeated at short intervals this species of coitus is really apt to be followed by impregnation. Young women have a kind of vital tolerance of these practices which older ones have not ; hence a middle-aged or elderly woman is more liable to metritis and other diseases from this cause than a younger one. Sometimes the uterine mucous membrane is the exclusive seat of the lesion and an intractable leucorrhœa results. Uterine catarrh arising from this cause is troublesome in proportion with the age of the patient. "I have treated a large number of lascivious women who have paid this penalty for having intercourse with men who were younger and whose sexual energy was no longer in ratio with their years." P. 37. The afflux of blood to the generative organs, under the influence of repeated frauds, may occasion frightful hæmorrhage, and sometimes hæmatocele. The majority of women, treated by the author for uterine fibroids and polypi, were victims of some species of sexual sin. Case 31 is peculiar in that every approach of the husband, who was *salace* and drunken, caused the woman to have nausea and retching. We must record that at page 53 Dr. B. says: "In reviewing my observations, I cannot recall a single case, of all the numerous examples of uterine cancer confided to my care, which did not follow the indulgence of genital frauds." Case 38 is in point: "A woman, æt. 36, blonde and delicate, was married at seventeen. She had three children in rapid succession ; then incomplete intercourse, which was so frequently repeated that she told me that, for the husband it had become a need and a habit, *comme celle de sa pipe*. She had

cancer of the womb, the neck of which was expanded and developed into a fungoid excrescence." According to our author, these practices are more likely to result in cancerous formations when indulged after the climacteric than before, and several cases are cited in which a disparity of age between husband and wife brought about this result. Ovarian diseases are comparatively rare among women who menstruate regularly and who are suffered to become mothers, while they are very common with those who submit to such manœuvres as are contrary to nature. This form of ovarian disease, which may develop slowly and without being suspected, may affect the generative organs so profoundly that conception will be no longer possible, and barrenness is therefore a common result of the practices condemned by the writer. Professional men, who are driven to brain-work, suffer the evil consequences of sexual frauds in the form of intolerable headaches which may be followed by alarming and fatal disease of the brain and spinal cord. A simple and singular depression of the nervous system is also a frequent result of this habit. It is not always safe to rely upon the affirmation of the husband with respect to the practice of these conjugal frauds. They are disposed to deny such indulgence, because, generally, they are the most guilty.

"A woman of 50 years had scirrhus of the vulva, but would not consent to its extirpation. It finally extended to the bladder and rectum, and she suffered an agonizing death. In the moments of her most severe suffering, and before strangers, she did not fear or hesitate to cast the most severe imprecations upon her husband, as the author of her illness."

The second and third parts of the work discuss the ill effects of this vice upon the family and upon society. These pages present the most startling and suggestive facts. Hatred of progeny, demoralization of the women, and of whole families and communities, jealousy, distrust, wretchedness, improvidence, prostitution and infamy are among the evils that follow in its train. "The majority of women

whom I have known to be guilty of adultery have had husbands who were guilty at home of the frauds of which I have treated." Another of the ruinous consequences thereof is the worse than martyrdom to which innocent and confiding young women are often subjected by their husbands in the early portion of their married life, and which results in a shipwreck of their morals, their refinement, their taste, and their enjoyment of health and of life. And still another fruit of this horrible fraud is the notable decrease in the growth of the population, more especially in cities and larger towns.

We cannot enlarge upon the text at present. If this work, plain and unpretending as it is, could be read and reflected upon by every husband and wife in this and other communities, it would accomplish more good than all the engines of reform that are puffing over and playing upon the evil practices and propensities of mankind. The two remedies which Dr. B. suggests are the more complete education of physicians in the recognition and removal of the causes and effects of these fraudulent habits, and the employment of the press as a means of enlightenment upon this very important subject.

R. L.

MANUAL OF CLINICAL EXAMINATION OF THE URINE IN DISEASES. By AUSTIN FLINT, JR., M.D. 1870. New York: Appleton & Co. S. C. Griggs & Co., Chicago.

This little work is designed to aid the physician, oppressed by professional labor, to examine the urine of his patients, both qualitatively and quantitatively. It gives the necessary apparatus, re-agent, tests, etc., for this purpose as well as many valuable tables. We should be glad to see physicians, especially those given to drug-provings, becoming masters of all that pertains to examinations of the urine, as it opens a wide field, not only as regards the diagnosis of diseases, but the diagnosis of remedies.

THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT, in the Various Derangements Incident to her Sex, with a Chapter on the Management of Infants. By E. H. Ruddock, M.D., (Exam.), etc., etc. Third Edition. London. For sale by C. S. Halsey, 66 Lake Street, Chicago, Ill. Price, \$2.00.

We do not hesitate to say that this is the best book of its kind we have ever examined. The author knows what to say, how to say it, and how to stop when it is said. Consequently, though not large, the book contains an unusual amount of valuable information, and much not ordinarily found in similar works, to which, however, women especially have an undoubted right. The author's style is as entertaining as the mechanical execution is simple, beautiful. Altogether, we know of nothing in the "domestic" line so attractive and useful. The work must become a great favorite with the ladies, wherever known.

THE STEPPING-STONE TO HOMŒOPATHY AND HEALTH, is the name of another work, by the same author as the above, which has already reached its sixth edition and fiftieth thousand. Price, only \$1.00. It contains all that is essential to a domestic work, in an easily accessible form, and in more explicit and satisfactory language, to the non-professional, than many a larger and more pretentious work. Not the least useful part is the "Clinical Directory," added, for the first time, to this edition. For sale by Halsey.

F. A. L.

EPITHELIUM OR EPITELIUM. — Our learned friend, Dr. E. Tietze, of Philadelphia, writes epitellium, and cites as authority Hyrtl's *Anatomy*, which we have not within reach, and the *Allg. Hom. Zeitung* Band, 77, S. 208, where we find the following :

Epitellium. — Physicians, at the present day, very generally write this word with th, thus — epithelium ; but in the Greek we have only *επιτελεως* (epiteles), expressing a thing completed, finished — as epidermis and epitellium. Hence, let us write epitellium, since there is no similar word spelt with a th.

G.

BOOKS RECEIVED.

British Journal of Homœopathy. Monthly Homœopathic Review. Buffalo Medical and Surgical Journal. Rivista Omiopatica. The American Exchange and Review. Pacific Medical and Surgical Journal. Calcutta Journal of Medicine. The (British) Homœopathic Directory for 1870—Turner & Co. Public Ledger Almanac for 1870; Philadelphia. The Boston Medical and Surgical Journal. New York Journal of Medicine. The Medical Gazette. The Manufacturer and Builder. The Dental Cosmos. Hitchcock's New Monthly Magazine. The Pharmacist and Chemical Record (Chicago). Report of the Committee on the Result of Consanguineous Marriages—by Robert Newman, M.D., New York; Weed, Parsons & Co., Albany, N. Y. Good Health. The Manufacturer and Builder. American Exchange and Review. The New York Citizen and Round Table. The Dental Register. California Medical Gazette. American Journal of Homœopathic Materia Medica. The Technologist, devoted to Engineering, Manufacturing and Building. Bibliothèque Homœopathique. L' Hahnemannisme. Bulletin de la soc. Med. Hom. de France. La Reforma Medica. The Journal of Mat. Medica (Bates & Tilden). Journal du dispensaire Hahnemann de Bruxelles. Wood's Magazine, Newburgh, N. Y. Canada Health Journal, by Cl. T. Campbell, Toronto, Ont. *Received too late for notice in this number:* Physiology of Man, by Austin Flint, Jr., M.D.; D. Appleton & Co., New York, 1870; S. C. Griggs & Co., Chicago. Huxley's Physical Basis of Life. Yale Courant. Homœopathic Vade Mecum Medical and Surgical, by E. Harris Ruddock, M.D.; S. Compston, 2, Finsbury Circus, London, E. C.

THE NINETEENTH ANNUAL MEETING of the State Homœopathic Medical Society of New York, was held at Albany, February 8th and 9th. We are under obligations to the Secretary, Dr. H. M. Paine, of Albany, for a full account of the meeting. We desire to direct special attention to the following call from the Secretaries:

The seventh volume of the Transactions of the Society will soon be ready for distribution. If the material for the next volume could be obtained early in the season, the Report would be issued without the usual delay. The Secretaries, therefore, desire to urge members of the profession to furnish their reports and communications, if possible, prior to the first of July.

An annual contribution of a single clinical case, and a single proving of a drug, by every Homœopathic physician residing in this State, would render the volume of Transactions of the State Medical Society of great practical value and increasingly useful to the profession. The chairmen of the several Bureaus will arrange and classify all such communications, however fragmentary, and prepare them for publication. A suitable appreciation, on the part of the Homœopathic profession, of so great a favor as the annual publication of the volume of Transactions, ought surely to prove a powerful incentive to labor earnestly and perseveringly for the advancement of medical science. As members of the regular medical profession, let us show, by the published results of our labors, that we are disposed to contribute our quota toward the accomplishment of this desirable end. Ample opportunity is afforded for the publication of all suitable articles, and for placing on permanent record all the proceedings of the several county medical societies in the State; the Secretaries would, therefore, respectfully request the profession to furnish written communications for presentation at the meetings, and publication in the Transactions of the Society.

E. DARWIN JONES, *Corresponding Secretary.*
H. M. PAINE, *Recording Secretary.*

THE PERINEAL SECTION IN LITHOTOMY.*

BY DR. TILLAUX SURGEON OF THE HOSPITAL OF ST. ANTHONY, ETC.,
IN PARIS.

Translated from the French for the U. S. MEDICAL AND SURGICAL JOURNAL.

WHEN Dupuytren thought of proposing a new method of lithotomy the lateral operation was, generally, almost exclusively, practiced. This surgeon having sought the causes of mortality from operations for stone, thought the cause lay in the large incisions employed. In fact, he said in his treatise that the large incisions excited inflammation, because they went beyond the limits of the neck of the bladder and of the prostate gland, that they forced the urine in contact with the cellular tissue of the pelvis. We find in the following passage the whole thought of Dupuytren: "Since the dangers of the lateral operation for stone arise either from the inflammation resulting from the narrowness of the incision made in the neck of the bladder, and from the straining which it necessitates, or from the hæmorrhage arising from the too great extent given to these openings, it seems that in dividing the incision between the two sides of the perineum of the neck of the bladder and of the prostate gland, and in reducing the incision on either side to the half of the total extent, one could obtain, with much less danger of hæmorrhage, a larger opening more suitable to the extraction of the stone, and avoiding the causes of inflammation, than could be obtained by the lateral incision." It seemed, in fact, that the combination of two incisions, limited to parts that can be acted upon without danger, would meet the two great indications of all well-made operations, viz., to give a large opening, and to spare the vessels. In the same way that the lateral cut had superseded the two ancient methods, so the bilateral cut of Dupuytren has, in a great measure, superseded the first.

* This article came to hand too late for insertion in the proper department.

Thanks to the successive modifications attained in the instrumental armamentarium, lithotomy, still remaining a very grave operation, has been freed from some of the accidents which increase the mortality therefrom. However, it is to be noticed that the surgeons had in view the appliances rather than the different organs of the perineal region. When the valuable works of the present day were published upon phlebitis and purulent infection, surgeons were soon able to ascertain that one of the most to be dreaded accidents attending lithotomy was precisely this purulent infection. The purulent infection had for its starting point the inflammation of the veins cut during the operation.

The lithotome, with the hidden blade of "frère Côme," the double lithotome of Dupuytren, had accomplished so decided an improvement in this respect, that they were enabled to measure exactly the incisions of the neck of the bladder and of the prostate gland, and not to go beyond the limits of the gland, and thus to spare the prostatic venous plexus. The lateral aponeurosis of the prostate gland, often severed by these same methods, presented also a barrier to the urinary infiltration, but that was not sufficient. Until now we have not pronounced the name of the bulb of the urethra. No surgeon had yet thought, in fact, to spare that organ; if the incision was not carried through the bulb, that was due entirely to chance, to a happy chance, to the anatomical formation, and not to the will of the operator. It is, however, very evident that the section of the bulb, besides giving rise to an immediate and abundant hæmorrhage, placed the patient in a position most favorable to the purulent infection, since a great number of veins had been widely opened. These few considerations make us understand the method of Prof. Nélaton. The pre-rectal incision is not, as many surgeons have thought, a modification more or less insignificant of the lateral cut. That which made the pre-rectal cut a true method is: 1st. Never to interfere with the rectum, since the anterior wall of that organ serves as a guide to the bistoury of the operator, to

reach the summit of the recto-urethral triangle. 2nd. To avoid the section of the bulb. It is always possible in fact by this method to carry the incision above whatever level the bulb may occupy. M. Nélaton, taking advantage of all the labors of his predecessors, has, by this modification, greatly diminished the gravity of that operation. The section of the soft tissues of the perineum, made transversely, particularly in the bi-lateral cut, is apt to encounter under the bistoury the hæmorrhoidal arteries and the bulbous arteries. The vertical incision upon the mesial line ought to avoid this danger if practiced between the bulb and the anus. This is what Buchanan had done in adopting the mesial sub-bulbus cut. The mesial incision has been again extolled by M. Bouisson, who, after the manner of Jean des Romains, practiced it on the side of the raphé. This surgeon has besides recommended the section of the inferior instead of the oblique rays of the prostate gland, a modification in which I see several inconveniences without distinctly recognizing its advantages. Civiale had also returned to the section of the soft parts on the mesial line, though dividing the prostate gland after the manner of Dupuytren, and this cut he calls the medio-bilateral. Lithotomy has within a few years (since 1863) assumed a phase entirely new, thanks to the labors of M. Dolbeau. The young professor has taken up and improved the very ingenious idea of Jean des Romains, but he has so completely transformed that old method which had fallen into disuse that he has made it his own. The cut of the skillful surgeon of Beaujon differs so much from those practiced till then that it is proper to indicate here the principal stages of the procedure. These stages are three in number:

1st. Sub-bulbus mesial section.

2nd. Dilatation of the neck of the bladder.

3rd. Perineal lithotrity.

1st. Sub-bulbus mesial section. The patient should be placed in the position for lithotomy; when this is done a grooved sound is slowly introduced up to the bladder.

This is then given to an assistant with instructions to keep it in the mesial line. With a bistoury the surgeon then makes an incision in the perineal raphé two centimeters in length, and terminating at the union of the integumentary and mucus margins of the anus. This incision extends through the integument and subjacent cellular tissue, and should be made slowly. The circular fibres of the sphincter of the anus now appear in the wound. This muscular ring should be preserved intact, but it is necessary to determine its presence as a point of departure. It is, in fact, at this point, that is, where the fibres of the sphincter and bulbo-cavernous muscles interlace, that one must penetrate to reach the urethra. When the muscular fibres appear in the wound the operator places his left forefinger in the posterior angle of the incision, and by depressing the tissues he is enabled readily to recognize the sound. He then makes an incision into the urethra of one centimeter in length, which is sufficient for the introduction of the dilator.*

2nd. Dilatation of the vesical neck. Without leaving the groove of the sound, the surgeon substitutes the dilator for the bistoury; he first ascertains that the two instruments are well in contact. At that moment the dilator is about perpendicular to the direction of the sound, and of the membranous portion of the urethra. He then distends the urethral wound; this done, he allows the instrument to return to its original calibre, and then introduces its point into the membranous portion itself, which is to be equally dilated. The branches of the dilator are again closed, and the instrument is thrust forward into the bladder, just as is done with the lithotome. The sound being removed from the bladder, the distension of the vesical neck is effected, and the instrument taken away still open. There exists then, through the périneum, a channel which, extending in front of the anus, terminates at the neck of the bladder; this channel, which results from the distension of the tissues, allows the introduction of the finger.

* M. Dolbeau has constructed special instruments for his operation, which are illustrated in his work.

3rd. Perineal lithotrity. The passage having been made, it only remains to reduce the stone to small fragments, and to cause the debris to escape. Along the left forefinger, which serves as a guide, the large lithoclaste is now introduced into the bladder. The manipulation by which the stone is seized, differs but little from that used in ordinary lithotrity, it is, perhaps, a little more difficult, and requires a certain amount of practice. When the lithoclaste is in the bladder one must direct its beak with the point upwards towards the left lateral wall of the viscus when the instrument is widely opened. Carrying the female blade toward the posterior wall, it now only requires a movement of rotation from left to right to get hold of the calculus.

The stone being seized, it is measured and fixed, and the attempt is then made to crush it. If it resists, percussion may be employed slowly, and by repeated strokes. As soon as the calculus has been reduced the stone crusher is abandoned, and an instrument is substituted with flattened jaws, by means of which the different particles of the stone are taken away.

The extraction of the fragments is effected without any precise rules; the operator employing successively the forceps, the scoup and copious injections of water. Such are the great periods through which lithotomy has passed. Let us now inquire what is the value of the principal methods of perineal section.

The superiority of one method over another can only be shown by the accidents to which one or the other is liable. What are these accidents, and to what are they attributable?

Among the causes of death some are rare — some are frequent. The former, such as nervous shock, uræmia, pernicious accidents, do not depend upon the method employed. The bulk of the stone, the difficulty of its extraction, and pains in the loins, are the occasional cause of death.

The frequent causes are, hæmorrhage, inflammation of the veins, purulent infection, infiltration of urine in the pelvic cellular tissue and the consequent gangrene, inflammation of the bladder and peritonitis. We may note as secondary accidents the occurrence of urinary fistula. The best method of cutting will be that which will protect the patient from these accidents. Let us mention as a matter of record the cut of Celse. The cut of the great apparatus of Jean des Romains has realized at one stride an immense improvement. One remembers that this cut consists in the section of the urethra upon a conductor, and the forced distension of the neck of the bladder, that method must be abandoned for several reasons :

1. Jean des Romains fatally cut the bulb of the urethra throughout its entire extent, and thereby exposed the patient to chances of death by immediate hæmorrhage ; but particularly by inflammation of the veins and purulent infection.

2. He extracted the calculus by the distended neck of the bladder. He could, therefore, only extract calculi of small bulk.

3. He advised, it is true, to crush by the perineum the stones, too large to pass through the neck, but that crushing was only attempted when the stone had resisted energetic traction, and invariably the neck was extensively lacerated, which was proved by autopsy. Let us add that the instruments were defective.

The lateral cut of Jacques was detestable at the start, since that operator used a bad conductor, bad instruments, and blindly cut the bulb, the neck, the prostate, and sometimes the body of the bladder, and also the rectum. The patient was then exposed to all the accidents we have enumerated, from whence come the disastrous results of frère Jacques. The lateral cut, modified by frère Côme, put the patient in a much better state, so that the surgeons have for a long time employed it. What is censurable in them is :

1. To divide the bulb, or at least not to have preserved it as a rule, to go beyond the limits of the prostate gland, and thus cut the prostatic venous plexus.

2. To expose to hæmorrhage by cutting the arteries of the perineum, and particularly the transversalis of the bulb, and not to give sufficient room.

The bilateral cut of Dupuytren showed an improvement on the preceding method, in fact the hæmorrhage was less to be feared since the bulbous artery was more carefully preserved, the prostatic venous plexus was more sheltered by a double than by the single incision. The cut of Dupuytren is liable to a serious objection, the section of the urethral bulb.

It was then very important to find a method which, taking advantage of all the previous discoveries, would realize besides the following advantages:

1st. To spare the bulb of the urethra.

2nd. To spare the prostatic venous plexus.

3rd. To avoid the principal arteries of the perineum.

4th. To furnish a free passage for the urine.

5th. To give the greatest possible space for the extraction of the stone. Hæmorrhage will thus be more rare, as well as the inflammation of the veins, and purulent infection, which are the most frequent causes of death after the cutting operations. These improvements have been realized in part by M. Nélaton in the pre-rectal cut. Thus we give a decided preference to this method over those that preceded it. But is it not evident that all the conditions necessary to avoid accidents are marvelously met by the perineal lithotripsy of Prof. Dolbeau? For a long time at least his method has passed from the domain of theory to that of facts.

This surgeon performed perineal lithotripsy upon twenty-two different subjects of 71, 67, 66, 65, 63 down to 18 years of age, and one of two-and-a-half years old. His last case operated upon died, he was an old man of sixty-eight years, who hanged himself when already convalescent. That circumstance allowed M. Dolbeau to show the parts to the

Society of Surgery, which could thus determine the true state of the rectum, the bulb, the neck and body of the bladder. These results are of a nature to strike vividly the minds of surgeons. The cure has always been effected rapidly and without obstacles, not one single hæmorrhage, never any fever, and not a single consecutive fistula.

After the extraction of the fragments of the calculus, the neck of the bladder contracting allows the patient to retain his urine, so that he is not wet as with the other cuts. It is necessary to observe, however, that the third stage of the operation, the crushing and the extraction of the calculus, is a very protracted one, often painful and difficult. When the stone is large it is necessary to introduce the instrument into the bladder a great number of times, but experience has shown that the results are not unfavorable,

We think we faithfully sum up the actual state of science upon the important question of lithotomy in saying that there are but two great methods worthy of consideration :

1. Whatever may be the direction of the external incision, the surgeon makes a passage more or less wide by cutting the neck of the bladder and the prostate gland, so as to extract the stone entire. This general method is represented by the pre-rectal cut of M. Nélaton.

2. The neck of the bladder and the prostate gland are never cut, but distended without being lacerated or torn, and the stone is taken away in fragments. This is the perineal lithotripsy of M. Dolbeau. The question to solve is this, Does the gravity of the operation depend upon the cervical incision of the bladder? and must we renounce it forever? It is from facts and from the future that we must expect an answer.

G. D. BEEBE.

EDITORIAL.

MEDICAL EDUCATION.

As this seems to be the theme of very general discussion at present, we trust that we may be excused for referring to it again. An advance in this direction has been *talked* of for many years, but little has been hitherto accomplished. The colleges which have favored us with their annual announcements — only two, by the way — *propose* to adopt the following plan, if they are sustained in it by the profession.

The Hahnemann Medical College, of Philadelphia, proposes to adopt a three-year course: The first year, or Philosophical Class, devoted to Anatomy, general and descriptive, Natural Philosophy and Chemistry, Physiology and Microscopic Anatomy, Pharmacy and Botany.

The second year, or Theoretical Class, takes up Comparative Anatomy, Topographical and Surgical Anatomy, including Dissecting, Institutes of Homœopathy, General Pathology, First Part of Practice of Medicines, etc., First Part of Materia Medica, Clinical Medicine, Clinical Surgery.

In the third year, or Practical Class, we have Second Part of Practice of Medicine, Special Pathology and Diagnosis, Second Part of Materia Medica, Surgery, Clinical Surgery, Clinical Medicine, Midwifery and Diseases of Women and Children, Toxicology and Medical Jurisprudence.

Under this arrangement, students are required to pass examination on going from one class to another, and on graduating; but it does not appear that they are required to pass any examination on entering. It is not quite clear, from the announcement, that these several courses cannot be gone through with in one winter; but we are informed, by competent authority, that they cannot. Hence, three winters will be occupied with the entire course. The intermediate months are supposed to be occupied in study, thus making a three years' course.

The Cleveland College also proposes three courses of lectures, each occupying twelve weeks; but these three courses follow each other, *seriatim*, so a student may have his three courses in nine months. At the same time the College requires three years of study. Where these are to begin or end, does not appear.

This College requires "a satisfactory matriculant examination in the general principles of English education," before entering upon the first, or Freshman Course. This is well, and we trust it will be rigidly carried out; but why not require an elementary knowledge, at least, of anatomy, chemistry and physiology, if not of botany, also? If it be objected that these branches can be learned nowhere but at a medical school, let them be learned, then, at a medical school, but let those who are learning them be

in a preparatory course, and not admitted as matriculants to the college proper. A three years' course will be none too long, after such a preparation, to learn the many sciences and arts comprised under the term of Medicine.

Since writing the above, the Tenth Annual Announcement of the Hahnemann Medical College, of this city, has been received. This College has adopted the following Rule :

"9. During the week preceding the holidays, in each year, the Faculty shall hold an examination, at which all students desiring to become candidates for graduation shall present themselves, there to be examined as regards preliminary education and qualifications for the degree, other than medical ; and such only as satisfactorily pass this examination shall be admitted to the final examination."

This is well enough, so far as it goes ; but it does not go far enough, as we insist upon it, again, that a student should not be admitted to a medical college on easier terms than to an academical college ; and we hope that the announcements of another year will show that there is at least one college which feels strong enough to insist upon this preliminary examination, which, coupled with such a thorough course as the Hahnemann College, of Philadelphia, promises, and which pleases us better than anything we have as yet seen, will be all that we need ask for at present.

We cannot help suggesting some of the advantages of elevating the standard of education. I. It will kill off the poor colleges, the result of which will be, II, that the surviving colleges will be better ; III, there will be fewer doctors, and, IV, as a consequence thereof, better doctors ; as a result of this, V, there will be less sickness ; for with the grade of doctors we have now, especially from Allopathic schools, there is more suffering made than cured. This has been acknowledged, in so many words, by the very best of the Allopathists. There are twice or three times as many doctors as there is any need of ; twice or three times as many as can make an honest living at the practice, and this brings us to our *Finally* : Reducing the number of doctors would do much to suppress a growing evil, viz., abortion, as it would do much to take away the temptation. It is chiefly practiced now by the scum and dregs of the profession, who cannot make an honest living in the practice, and who think they *must* live, though nobody else can see the least necessity for it. Here, surely, are reasons enough, and solid and substantial reasons, withal, for making the way to the doctorate as *strait* as possible.

The above was written for the October number of this journal, but was crowded out. We publish it now, as it is not quite out of date, and regret to say that the promises which were so large in the bud, never enjoyed any further development, as regards two of the colleges. Of the other — the Cleveland — we have not heard. The Philadelphia College had but three students (out of 120) who wished the complete course ; so the matter was dropped. And as for the college in this city, the Faculty resolved that they would not do what the Trustees resolved they should, at least, not for the present, which is saying, in effect, that they will not at all. So here we are, at the close of another year, with nothing but blighted hopes and

broken promises. A report is to be made, on this subject, to the American Institute of Homœopathy, at its next meeting. What effect it will have on our Colleges is yet to be seen. We shall be happy to record some advance.

P.S. — Since writing the above we learn that the Hahnemann Medical College, in Philadelphia, has introduced a new feature into its Summer Course, which is to begin April 1, and continue during the months of April, May, June and September. Drs. Koch and Macfarlan are to give the students a Quiz on the various branches of medical science, for two hours every day, in connection with demonstrations and the practical use of the various instruments and methods of diagnosis now in vogue.

NOTES FROM OUR CANADA CORRESPONDENT.

QUEBEC, *March*, 1870.

SINCE the date of my last letter the events of importance in the Homœopathic world have not been numerous.

Those of most interest for my present purpose have occurred in connection with a Medical Bill introduced into the Ontario Legislature at its last session. It was framed on behalf of the Homœopaths and Eclectics, who considered the previous Act unfavorable to them, in some respects, and liable to be turned to their disadvantage. My able friend, Dr. Campbell, of Toronto, had an active hand in the business, and was powerfully assisted by the Hon. Mr. McMurrich, the promoter of the bill in the Assembly. Its object was to secure the representation of the Homœopathic and Eclectic systems in the "Ontario Medical Council," through the decision of majorities of their own bodies respectively; and the appointment of members, on the same principle, to the executive committee; and also two members of each body to the Board of Examiners. Furthermore, it was provided that the examinations should be conducted in a way to conceal the identity of the different candidates so as to avoid injustice to any; and *oral* examinations were fixed upon the subjects of *Materia Medica* and *Therapeutics*, *Pathology* and the *Diagnosis of disease*, *Theory and Practice of Medicine*, *Surgery* and *Midwifery*, each school testing its own candidates, in all except the operative or practical parts. This bill was determinedly opposed by the medical members of the Legislature, who are Allopaths. The bill, notwithstanding the great opposition, received its second reading and was referred to a select committee; but, as the session was far advanced, it was shelved till next year. It excited a good deal of discussion in Ontario; liberal men and reformers advocating its passage with unanswerable logic. Its opponents were the old school men, of the strictest sect, who are naturally opposed to all progress in medicine, as in any other science of which their grandfathers were more or less ignorant. *The Toronto Globe* was among the influential journals which exposed the personal and other motives of its opponents, and vindicated the justice and reasonableness of the measure.

Some of the privileges asked by the bill were lately granted at a meeting of the Council of the College of Physicians and Surgeons, held in Toronto

on the 31st January. Their effect will be to throw the examination of candidates on the special subjects or different systems of medical science, into the hands of the schools most interested therein, and competent therefor; the written examinations to be conducted with that secrecy asked for from the Legislature. This, at any rate, is a concession to the wishes and needs of the weaker branches of the profession, and an evidence that they are influential enough to obtain their rights from the Allopaths of the sister Province.

Here, as elsewhere throughout the Dominion, this proper acceptance of the principles of the act by the Ontario profession has given rise to hot words, and angry controversies and recriminations. Dr. Marsden, of this city, the advocate of a new system of quarantine against cholera, wrote an article in *The Canada Medical Journal*, strongly approving of the act, which he characterized as not only the best that could have been obtained (the Ontario Medical Act of last year), but superior, in some respects, to the Lower Canada act. He adds: "Let these exclusives or specialists first qualify up to the highest medical standard (as some whose names it would be invidious and improper to mention, have done), and then let them adopt any system their taste and judgment dictate, and their patients prefer." He goes on to say that he considers the act, "which some were so ready to condemn, rather a boon to Ontario than otherwise."

This moderate and fair appreciation of the Ontario Act excited the ire of that tottering and unimportant organization, the Quebec Medical Society, which, if not able itself to originate anything useful, or to conceive an unprejudiced opinion, can be always stimulated to raise its puny voice against those who are capable of such a feat. So, at the instance of a member — Dr. Russell — who, if calculated for nothing else, is notorious for professional bigotry, and personal bitterness, a little meeting was gotten up to condemn Dr. Marsden's article. Little more than a corporal's guard were there, the paucity of members present being highly suggestive of the paucity of intellect represented on the occasion; therefore there was no difficulty in getting votes of censure and repudiation. The effect of the corporate action was the amusement of the town's-folk, next day, and the excitement of sympathy on behalf of the condemned critic. Needless to say, Dr. Marsden survived the infliction, nor was the St. Lawrence turned out of its course. The Q. M. S., under the manipulation of a few contracted, waspish minds, acts the part of a janitor at the hall of science — a creature muscular and menial enough to perform the duty of watch-dog, without being considered gifted or worthy enough to enter within the edifice, he is supposed to guard. If unable themselves to add a pebble to the structure of medical thought and learning, they possess the ignorance and envy found most efficient in retarding the efforts of those who have the capacity for the worthy work. If they cannot construct, they can embarrass and persecute, for they are equally unable to destroy. However, there is no danger of true science being retarded or defeated by the imbecile yet malignant efforts of such intellectual pigmies.

I will now relate you a few cases which may prove of some interest to the profession.

An old friend of mine, a country practitioner, informs me that lately, whilst chewing peas, two of them glided from his mouth into the larynx, thence to the air-tubes, producing, immediately, a distressing spasmodic cough, lasting several minutes. He failed to expel the intruders, and in the course of time, suffering no inconvenience therefrom, forgot all about the accident. Two weeks afterward he was seized with pneumonia, preceded by chills and fever. He blamed a severe northeast wind, at a time of active perspiration, for this infliction. Three days subsequently, an unusually severe paroxysm of coughing, with expectoration of nearly a gill of mucus, blood-streaked, occurred, in which the peas were found, unchanged. Only a taste of peas in the mouth made him examine minutely the expectoration. He thereafter gradually recovered, and was soon well. The question thereby suggested is, did the cold or peas produce the pneumonia? The sufferer himself does not undertake to pronounce one way or the other.

I have under my care a case of idiosyncrasy in regard to lead, worth noticing. The lady has passed the climacteric period, and has been peculiarly susceptible to this metallic influence from childhood. Passing near paint, she is invariably affected by the lead; indeed, entering a house several months painted, brings on painful symptoms. The first is a hoarseness, sometimes amounting to complete aphonia, dryness of mouth, fauces and throat, loss of smell. The attack is instantaneous, and, after these symptoms, come rigidity of the fingers, with swelling in the neighborhood of the joints; *arthralgia saturnina* of the flexor muscles of the forearm and leg; dry cough, and afterwards moist, with expectoration of a greenish color, with metallic taste; dull pains, with occasional chills, in the scapular, infra-scapular and dorsal regions; constipation, with characteristic (*crottes de mouton*) stools, general languor, etc., etc. Along the alveolar margin of the gums, a bluish or slate-colored line is plainly visible. I apprehend, in this particular case, disorganization of the lung tissue, as that seems to be her weak organ. Antidotes have relieved this patient, but as yet I have not found a prophylactic. The oleaginous articles of diet, acid drinks, etc., were tried in vain. Acid drinks, *Stramontium* and *Ethusa cynup.* always benefit her, particularly the last, which she finds more useful than anything previously taken. If any in the profession can suggest anything better, I shall be thankful to them for the information.

A patient, a child six years old, of strumous habit, was left perfectly deaf after an attack of scarlet fever, with profuse discharge of purulent matter from both ears. An aurist pronounced her incurable, saying both drums were completely destroyed. In proof, he injected water through each ear, which escaped through the nearest nostril. Eighteen months afterward — last fall — she was seized with a "slow fever," from which she recovered slowly, surprising her parents, however, by the reacquisition of her hearing. I shortly intend examining her with the *speculum*. Valsalva and later physiologists and surgeons have demonstrated, by personal experiments upon animals, that the tympanum, like any other part of the body, can be healed through the effusion of plastic material, and some few cases are recorded of cures, after partial destruction of the drum, of recent occurrence, but none of such long standing, without any previous attempt at

repair. I look upon this case as *unique*, and well worth future investigation.

Small-pox is dying out in these parts. Since the enforcement of the vaccination act this scourge has been gradually disappearing. I obtained good results from the Isopathic remedy, vaccinin. I think it ought to be more generally tried.

Yours truly, P. BENDER, M.D.

MATERIA MEDICA.

A WEAK SPOT IN OUR MATERIA MEDICA.

BY C. DUNHAM, M.D.

THE Homœopathic *Materia Medica* is constructed upon the results of provings on the healthy subjects. Every day's experience, in its application at the bedside, shows us that the more accurate the prover's observation of the symptoms which the drug produces in him, the more certainly can we determine whether the drug is appropriate for our case.

We call certain drugs "well proved" because the statements of symptoms are so clear, the discriminations, especially of subjective symptoms, are so sharp and well defined, as regards character, locality, direction and conditions, that we get, by study of the proving, a vivid realization of the pathogenesis, and can be sure whether a similarity exists between it and our patient's array of symptoms. And, moreover, the symptomatology of some of our "well proved" drugs is so full and precise that we are able, particularly if we borrow a little from the toxicologist, to construct a very complete pathological theory of the drug action, with which we may compare our theory of the pathology of the patient's disease; and thus we may have the double satisfaction of a pathological and a symptomatological correspondence between patient and drug.

A reference to our *Materia Medica*, in so far as the symptoms of the respiratory organs are concerned, will illustrate this point. How sharply defined, for example, are the indications for *Aconite*, *Bryonia*, *Squilla*, *Phosphorus*, *Sulphur*, *Chelidonium*, *Ant. tart.*, *Spongia*, *Veratrum*, *Bromine*, and many other drugs! In other words, how clearly do the symptoms reveal to us what part of the apparatus is affected, and *how* it is affected, down to the finest shades of difference! And with what remarkable precision and certainty, as compared with former medical experience, are we enabled to prescribe in affections of the respiratory organs!

A strong contrast with this precision and certainty is presented by the indefinite indications we possess for prescriptions in diseases of the sexual organs of women. Even our "best proved" drugs furnish comparatively few symptoms referable to these organs; and, of these few, the language is generally so vague that we are at a loss to determine what part of the apparatus may have been the seat of the sensation described. Even the descriptions of objective symptoms are often most unsatisfactory and indefinite. Compared, in evidence of this, the relative clearness and fullness with which

discharges, for instance, from the respiratory and from the female sexual organs have been described by provers.

Here, then, is a weak spot in our *Materia Medica*; and, practically, it is one that we must greatly deplore. Women's diseases constitute a large majority of our cases. For, at least half of the community are women; and, what with the enforced illnesses contingent upon maternity; upon evolution and involution, which are often attended with serious diseases, because of our modes of living, which bear so hardly upon women; upon the unequal struggle which, as yet, women are forced to maintain, who wage alone the hard battle of life, — this half of the community, as the records of all of us must show, call for professional aid at least twice as often as the other. And yet, in reference to their peculiar diseases, our *Materia Medica* is *weakest*.

The reason and the remedy are not far to seek.

We have comparatively few symptoms of drug-action upon women, because comparatively few women have been provers of drugs. And the symptoms we have are lacking in precision, because our women provers, as a rule, have been deficient in definite knowledge of the structure and physiology of the organs distinctive of their sex, and have, therefore, been, to some extent, incompetent observers. They have often better described the symptoms of the respiratory organs which they possess in common with men, than of their own characteristic sexual organs; a fact not surprising, perhaps, but certainly, from the stand-point of the *Materia Medica*, deplorable.

This want in our *Materia Medica* can be supplied only by the voluntary labors of women as provers of drugs. And that their provings may possess the requisite definiteness and precision, the provers must have acquired such a degree, at least, of professional knowledge as to understand the anatomy, physiology and relations of the apparatus peculiar to their sex. In other words, they must be, for this object, at least, and to this extent, physicians. More especially is this necessary as regards the symptoms produced upon the sexual apparatus of women, since, in the work of defining and comprehending these symptoms, at least, they can receive no aid from professional *men*.

None but women can do this work. None but women educated in medical science can do it worthily and well, so that our *Materia Medica* may be an efficient means for the treatment of women's diseases. If this fact furnish an argument for the medical education of women, the fault lies in nature! And if, engaged in the execution of such a work as is here indicated — so sorely needed, and which they alone can perform — women physicians should seek admission to the privileges of our profession, I, for one, could not imagine a more complete, nor a more beneficent vindication of their right, than such a contribution to human knowledge would be.

C. D.

IODIDE OF POTASSIUM.

BEAUFORT (Deux applications peu connues de l'iodure de potassium, *Bulletin Gén. de Thérap.*, Jan. 20, 1869, p. 78,) recommends *Iodide of potassium* for affections of the tear passages, on the ground that that substance, as is well known, is quickly eliminated in the tears, and is thus brought into contact with, and can act locally upon the diseased parts. He cites cases of chronic inflammation of the tear-passages speedily cured by *Iodide of potassium* alone. Even in complete obstruction, and in fistula lachrymalis, he has seen good results; so that he always uses this drug before resorting to surgical procedures. He has seen good effects, also, in Metritis interna, and ascribes them to the elimination of the drug in the uterus.

These clinical observations are of interest, though the reasoning which seeks to explain them may come short of the truth. Why not simply ascribe the cure to the *specific affinity* of the drug to those particular organs when diseased, as they chanced to be in the cases treated?

POISONING BY CYANIDE OF POTASH.

BY DR. CARRIÈRE, OF STRASBURG.

ON the evening of August 20th, I was called, in haste, to a young woman said to be in the greatest extremity. Happily, she lived near by, and I was soon there. I entered a room used as a kitchen, where many of her friends and neighbors had gathered. In their midst I found the young woman, stretched out, unconscious and motionless, her face pale, her head drawn backward, her eyes fixed and turned upward, the commissure of the lips covered with a light, white foam, her limbs rigid and convulsed, and the jaws violently closed. The pulse was scarcely perceptible, slow and irregular, and the hands were cold; respiration was nearly suspended, but the thorax was convulsively raised, at irregular intervals, far enough apart.

The first idea which occurred to me was that of hysteria; but the husband of the young woman took me aside and told me that I had a case of poisoning on hand. I then requested the friends to retire, when I gathered the following facts: After a violent passion, she resolved to put an end to her days, and, for this purpose, it occurred to her to use a preparation which her husband had for external application, and which she knew was a violent poison. This preparation, which I had myself prescribed a few days before, was a solution of *Cyanide of potash*, in the proportion of 1 to 100. There was a full dose, the vial having taken the place of another similar one, which had been emptied. But whether her courage had failed the poor woman, at the moment of putting her design into execution, or whether she had some repugnance for swallowing the poisonous solution, she concluded to take it by way of injection, and poured it into her syringe, which I found on the floor near her, while the vial, nearly empty, and uncorked, but still having its label, was left upon the table near by.

It seemed that the effect of the poison was like a lightning stroke, for it had hardly penetrated the intestine, when Madame X. fell senseless, without a single complaint. Her husband, and a little girl, twelve years of age, who was in an adjoining room, ran at the sound of her fall, and found her stretched upon the floor, unconscious. At this juncture I was called. Happily, I was in the street, and very near to the house; thus I was able to act to advantage — *i. e.*, promptly.

The enema had not yet been discharged, consequently the greater part of the poison was still in the intestine. I at once administered an injection, containing 5 grammes of a solution of *perchloriâs of Iron*, in 120 grammes of cold water. At the same time I applied large sinapisms to the legs, the thighs, the arms, and I caused a sponge to be passed over her face, neck and chest, which contained a fluid, consisting of one part of *Chlorine water* and three parts of water.

The trismus was so violent that it was impossible to separate the jaws for the purpose of introducing a liquid into the mouth. A strong iron spoon, introduced between the teeth, and used as a lever, effected a slight opening, through which I passed two spoonfuls of sugar-water, strongly charged with *Sulphuric ether*, and then, in succession, several spoonfuls of a solution of *Ammonia*.

I was almost certain that none of the poison had entered the stomach; hence it was not as antidotes, properly speaking, that I gave these remedies. In recurring to energetic excitants, my only object was to awaken the vitality well nigh extinguished, and to assist the organism to react against the deleterious influence under which it was ready to succumb.

* * * * *

For more than half an hour there was no sensible improvement; the trismus, the bending the head backwards, the rigidity of the limbs persisted to the same degree, and the tetanic jerks of the body were repeated at intervals sufficiently brief. I was about to give up all hopes, when I observed that the respiration was returning — at first, suspirious, irregular and spasmodic (*saccadée*), then deeper and more regular. At the same time the circulation was re-established, the pulse began to be felt in the radial arteries, the limbs began to relax, warmth appeared again in the extremities, and the trismus was less intense. From this time the tetanic jerks occurred only at intervals longer and longer, and finally disappeared entirely. Deglutition having become easier, and the jaws being less firmly set, I gave her a warm infusion of peppermint, with the ammoniacal solutions, and continued active friction. The skin soon became moist, color returned to the face, the features resumed their natural aspect, and the patient was saved.

When I left her, about 10 P.M. — a little more than two hours after she took the poison — she was in full consciousness, and complained only of headache and violent pains in her legs. This was the effect of the sinapisms. I had her legs rubbed with olive oil and wrapped in cotton batting. Her forehead was covered with a compress, wet with cold water, and frequently renewed. The rest of the night was passed without any other

symptoms, and the patient had several hours of good sleep. The next morning she had only headache, and a vague pain in the jaws and the *nucha*. She was perfectly lucid, but she had no recollection of anything which occurred after she took the injection. I was anxious to learn something of the *subjective* phenomena of this curious poisoning; but all that I could gather was that the solution had hardly penetrated the intestine when Madam X. felt herself seized with a violent vertigo, accompanied with a sort of swooning, then she fell and lost her consciousness at once. — *Bull. Gén. de Thér.*, LXXVII., 458.

THEORY AND PRACTICE.

RACLE ON DIAGNOSIS OF DISEASE OF THE HEART.

[We present our readers, herewith, a mere fragment of an extract from Racle, a recent writer on diagnosis, touching two points in the diagnosis of these diseases, which, we think, will be of general interest:]

§ III. SIGNS FURNISHED BY PERCUSSION.

Percussion furnishes but one single sign — that of *dullness*. At the same time, however, a *resistance to the finger* is observed, varying in character, and aiding in the diagnosis.

XII. ON DULLNESS AND RESISTANCE TO THE FINGER.

Characters. — In the normal state we perceive, on percussion, a sub-dullness, rather than a well-marked dullness, in the præcordial region. Its inferior limit is at the point of the heart; its superior limit two finger's width above that point: it begins at the left edge of the sternum, and extends two or three fingers' width outwards, and to the left; so that it measures from 3 to 4 centimetres square (from an inch to an inch and a half square — a trifle more), within and below the nipple.

On percussion, the sound is not absolutely dull; there is always a slight degree of resonance, and, moreover, the resistance to the finger is not very marked.

In a pathological state, this dullness varies. It may extend over 15 or 20 centimetres of breadth and height, and sometimes offers a resistance as great as that of a body absolutely solid.

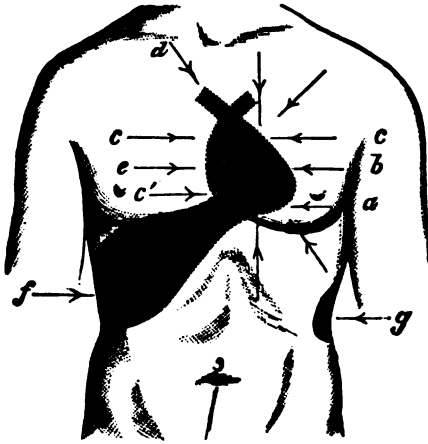
Mode of Exploration. — To study this dullness, we must proceed in a peculiar manner, recommended by M. Bouillaud, but, unhappily, but little practiced. The most external limits of the dullness present a less obscure sound than the centre; so that, if we explore from the centre to the circumference, the decrease in the dullness of the sound is so gradual that we cannot say precisely where to establish its limit. In proceeding in an inverse manner, we find that limit very clearly marked. Hence, we should percuss not the heart, but the sonorous regions adjacent to the heart, and cease percussing when we have arrived at the points which give a dull sound. These points we mark, and when we have percussed this way, in all direc-

tions, we shall find that we have formed, upon the thorax, the exact figure of the heart.

One may see that this manner of percussing differs much from the gross method too generally used, which consists in percussing the præcordial region from above, downwards, and from right to left, and marking out, with right lines, the four extreme points of the dullness.

The following cut is intended to show the results obtained by aid of percussion, practiced methodically, upon the præcordial region.

FIG. 2. RESULT OF PERCUSSION OF THE PRÆCORDIAL REGIONS.



a, Point of the heart. *b*, Region of the ventricles. *c*, Left auricle and origin of the large arteries. *c'*, Right auricle. *d*, Aorta ascendens. *e*, Limit of the dullness towards the right border of the sternum. *f*, Liver. *g*, Spleen.

The parts quite black present an absolute, the shaded parts a relative dullness. All the lines, and even those which correspond to the letters, are the rays, according to which we must practice the converging percussion, to determine exactly the boundaries of the heart.

M. Bouillaud first percusses from above, downwards, till he reaches the superior boundary of the heart, and draws a line there with ink. Sometimes he draws two lines; one an upper line, to indicate the beginning of the slight dullness, and the other a lower line, for the absolute dullness. It may be readily seen that the presence of a thin portion of the lung, between the heart and the thoracic wall, must render this dullness less marked, less absolute towards the base of the heart than toward its centre. Percussion is then renewed from below, upwards, from the abdomen towards the heart. We perceive, at first, the stomachal sonorousness; then, on reaching the heart, we find the dullness; there, again, we find an absolute and a relative dullness, for the point of the heart rests upon the stomach, and through its slight thickness we observe the sonorousness of the stomach; here we find, also, two lines. Then we seek the limits of the dullness on the right side, and those on the left, always setting out from the sonorous parts.

Then, percussing on oblique diameters, we establish the limits of the dullness, above and below, from right to left, and even for the point; so that, in the last analysis, we obtain a series of indicative points, which, united by a continuous line, give an exact figure of the form and dimensions of the heart. We may, almost always, by means of the two lines established by the absolute and the relative dullness, have two concentric figures, of which one — the more exterior — represents the entire volume and the general form of the organ, while the other, more interior, represents especially the extent to which the heart comes in direct contact with the thoracic wall.

It is proper to remark, that, in explorations of this kind, it is impossible to fix the limits of the heart below, and to the right, as the dullness of the heart is always confounded with that of the liver.

In practicing percussion, we must consider the degree of resistance of the præcordial region. At the same time, we must not forget to fix the position of the point of the heart, and to study its relations with the inferior limits of dullness.

The investigation of this dullness should be made, above all things, when the patient is fasting. If the stomach is full of food, one is liable to find a dullness which far surpasses that which is proper to the heart. We think that one can determine the dullness of the heart better with the aid of the finger than with a pleximeter. M. Bouillaud uses this instrument sometimes, but rarely.

[M. Racle's notes on the diseases in which dullness occurs, we are obliged to omit, and must close this extract with the following suggestions upon the]

§ IV. SIGNS FURNISHED BY AUSCULTATION.

It is customary to regard these signs as the most precious of all those to be furnished by the various modes of physical exploration known at the present day. We do not deny this, but cannot help remarking that all the characters laid down in the previous pages are of great value, and those drawn from general phenomena have no less; so that, without auscultation, a diagnosis may be established with a certain precision, and one may even say that, often, it can do nothing more than confirm that which has already been gathered from the totality of the other phenomena.

Thus, for example, when we find, in a patient, the point of the heart lower and more to the outside than is normal, with an energetic impulse, and a vibratory purring (*frémissement*), nothing more is needed to establish the certainty of an hypertrophy, and probably of a narrowing of the orifice. If this purring is seated at the point; if the respiration is oppressed, and there is cyanosis and œdema of the legs, there can be no question that we have an auriculo-ventricular narrowing. If the pulse is contracted (*étroit*), almost imperceptible, while the pulsations of the heart are energetic, it is the left orifice which is affected. Now, we ask, what has auscultation done here to establish the diagnosis? Nothing; absolutely nothing. What could it do? Nothing, but confirm the diagnosis already made; and it is so certain that auscultation will confirm the diagnosis, that, if there are any abnormal sounds, one may declare, in advance, that they will be found at the point; while, on the other hand, if nothing special is brought to light,

we may, none the less, adhere to the diagnosis. How often, in fact, does it happen that we recognize the existence, the nature, the seat of a disease of the heart, in absence of any hint from auscultation! Moreover, Morgagni, Sénac, Corvisart, did they not make out diagnoses of diseases of the heart—correct diagnoses, too, and that without the help of auscultation?

Moreover, we cannot refrain from saying that auscultation does not suffice, by itself, for the diagnosis of diseases of the heart, even when they present the most marked symptoms. The most of the time, in fact, when we examine the heart with the ear, we get but incomplete notions; we can only set up probabilities as to the existence of such and such an affection, and these can only be advanced to certainties by the examination of other local and, especially, general phenomena. Thus we always blame those observers who, in a given case of disease of the heart, begin their examination by auscultation, and then wish to deduce their diagnosis from the results thus obtained. In the great majority of cases, they arrive at inexact conclusions, so true is it that, in medicine, there is no symptom truly pathognomonic, and that diagnosis can only be the fruit of the reunion of the signs furnished by all possible modes of examination.

M. Beau calls attention to the fact that auscultation may lead one to suspect many diseases which do not exist, or leave him ignorant of those which really do exist. *Asystolie*, a group of phenomena which result from enervation of the heart, has, according to this author, and we quite agree with him, a very great importance in diagnosis.

SURGERY.

BY E. C. FRANKLIN, M.D., ST. LOUIS, Mo.

OVARIAN TUMORS. — Dr. John Ramsey, of Clarksburg, West Virginia, President of the Medical Society of West Virginia, recently performed the operation of ovariectomy, removing a tumor of seventeen and a half pounds weight. The incision, from the hypergaster to a few inches above the umbilicus, along the linea alba, measured eighteen inches. At last accounts the patient was doing well.

ORGANIC STRICTURE OF THE URETHRA, OF OVER TWENTY YEARS STANDING, TREATED BY DILATATION. — Dr. A. O. Ameden, of Ticonderoga, New York, reports a case of organic stricture of the urethra, of over twenty years standing, successfully treated by the use of Dr. Gauley's instruments for dilating this passage, so highly recommended to the profession by Prof. Lewis A. Sayre, of New York. These instruments are made of whalebone, and the set is composed of various sizes, from the filiform dilator to that of the largest diameter required. In this case "perineal section," performed by Dr. Carnochan, of New York, had completely failed, and "forcible dilatation," by Prof. D. S. Conant, of the University of Vermont, proved worse than useless. We have in our mind's eye a case of this

kind which, no doubt, could have been cured by gradual dilatation with the instruments above named, but which was placed *hors de combat* by the rashness of one of our city surgeons, who preferred the knife to this more successful mode of practice.

CANCROID CURED BY ARSENIC. — M. Kuhn, in the *Medical and Surgical Reporter*, of January 1, 1870, gives several cases of cancrioid growths cured by applying arsenical pastes to the substance of the growth. He advises first, an application of caustic potash, so as to produce a raw or abraded surface, after which the arsenical preparation is applied. He claims that the *Arsenic* fails to exert a salutary influence without being applied upon an abraded surface, and attributes the mal-success of many cases to a neglect of this most important procedure.

If Mr. Kuhn will take a little trouble to post himself in the treatment of this disease, *homœopathically*, he will observe that his suggestion (an exceedingly valuable one to the old school) is part and parcel of the Homœopathic therapeutics of this disease — has cured its scores of cases.

ANÆSTHESIA ON A NEW PRINCIPLE. — At a late meeting of the British Medical Association, Dr. B. W. Richardson exhibited a knife, consisting of a revolving blade, which divided the tissues with such rapidity that superficial incisions could be made with it without pain. The revolutions were twenty-five per second, but could be greatly increased. By means of an instrument of this kind, abscesses may be opened, and other minor operations performed, without having recourse to general or local anæsthesia.

DISCOVERER OF VACCINATION. — A tablet, with the following interesting inscription, may be seen in the church-yard of the quiet village of Worth, Dorsetshire, England: "Benjamin Jetsey, of Downshay; died April 16, 1816; aged 79. He was born at Yetminster, in this county, and was an honest, upright man, particularly noted for having been the first person known that introduced the cow-pox by inoculation, and who, for his great strength of mind, made the experiment from the cow on the wife and two sons, in the year 1774."

STRANGULATION OF BOWELS CAUSED BY TYING OF THE ILEUM. — Dr. P. C. Remondino, of Wabashaw, Minnesota, reports an interesting case of this disease, in the *Philadelphia Medical and Surgical Reporter*, terminating fatally. The *post-mortem* examination revealed the strange and anomalous condition of the ileo-coecal valve having been twisted upon itself and tied into "a hard and tight knot, with a loop of the ileum beyond the knot, distended to its utmost by the incarcerated gases, the peritoneum over this, and about the knot being completely mortified."

DISLOCATION OF THE LATISSIMUS MUSCLE. — An interesting case of this dislocation, or, rather, rupture of the scapular attachment of this muscle, is reported by W. H. H. Green, M.D., of Philadelphia, in the *Medical and Surgical Observer* of that city. The treatment consisted in securing the scapula in its proper position until it could be retained there by adhesion. The apparatus comprised a steel spring, padded, and encircling the body

just below the crest of the ilium. To this, an upright piece of sheet-iron, with a padded head, is riveted, and straps attached, and passing over the shoulders, and buckled to a sling, to support the arm and shoulder.

CONSERVATIVE SURGERY. — Dr. W. Griswold, of Circleville, Ohio, relates a case, where “the end of the thumb, with the entire nail, about one-third of the first phalanx, and the entire ball of the thumb,” were completely severed from its connection. After “one hour and three minutes” exposure to the cold, the amputated piece was reapplied, carefully adjusted, and in a few days became firmly adherent to the stump, with as perfect vitality as if nothing had occurred.

HOUSEMAID'S KNEE. — A writer, says the *Philadelphia Medical and Surgical Journal*, in speaking of swelling of the knee, which so frequently occurs among servants who “kneel to scrub and perform other domestic duties, has denominated this affection the ‘ritualistic knee,’ as a sly hit at the high churchmen, who are always making genuflections.” We opine, from the extreme infrequency of the disease among “*high churchmen*,” that this change of nomenclature is “more honored in the breach than in the observance” of religious rites.

CHLORAL. — This agent has recently been made the subject of numerous investigations, and different experimenters have arrived at quite different conclusions. Demarquay, who is already known for his researches, both upon the animal and human, upon the effects of this remedy thus concludes:

“1. That *Chloral* is a powerful hypnotic, especially for weak and debilitated persons.

“2. The amount and continuance of its effect is in direct ratio to the debility of the patient.

“3. The sleep is calm, except in cases of severe pain, and is indicated in want of sleep from mental or muscular exhaustion.

“4. It can be given in large doses, as 1-5 grammes produced no alarming symptoms.”

Recent papers, however, read before the Academie des Sciences, in Paris, arrive at far different conclusions according to the quantity given, as follows, viz.:

1. *Chloral*, in small doses, excites sensibility; in large doses, it diminishes it gradually until full anæsthesia is produced.

2. The anæsthesia is preceded by a stage of excitement.

3. Animals in which the anæsthesia is complete, remain a number of hours in this condition, and afterwards, in most cases, die.

4. Sleep accompanies the hyperæsthesia as well as the anæsthesia; in the latter case the relaxation is complete.”

DISSECTION LEGALIZED. — The Legislature of the State of Missouri, in session at this writing, has passed a bill legalizing dissection, and providing that the bodies of unclaimed paupers, dying in the various hospital charities of the State, shall be given over for the purposes therein set forth, to any medical institution engaged in teaching the profession of medicine and surgery.

ALLOPATHY SNUBBED. — A bill recently brought before the Missouri State Legislature, for the suppression of quackery, etc., etc., by Dr. Hart, of this city, and for the appointment, by the Governor, of *qualified* physicians (*Allopathic*), who shall constitute a Medical Board for admitting or rejecting practitioners of medicine within the State, was largely defeated by the friends of Homœopathy in that body. It is time that this honored, but fast failing practice, saw the hand-writing of *reform* on the wall, and the irrepressible spirit of medical progress permeating every nook and corner of society.

AQUAPUNCTURE. — This is the name of a new and ingenious method of revulsion. The idea and the invention belong to M. Mathieu. To a force-pump a leaden tube is attached, and, at the extremity of this latter, is a sili-form extension, which is held about a centimetre distant from the part to be aquapunctured. A pressure, exerted by the lever of the pump, suffices to pass through a minute capillary puncture in the skin, a few grammes (?) of water, by which the sub-cutaneous cellular tissue is raised up, and forms a little whitish elevation, which sometimes allows a drop of blood to flow through its centre.

The first pain caused by the entrance of the water, is rather severe, but it soon ceases, and 15 or 20 minutes after the water is injected, it disappears, leaving only a mere trace of a simple puncture, and relief of the pain.

Dr. Malley has used the aquapuncture, in his clinic, in twenty cases, a few of which we give :

B. ; sixty-five years old ; muscular pains of the sacro-lumbar mass, accompanying, as it often does, a vesical atony of ancient date, and a prostatic hypertrophy. 28 points of aquapuncture upon the seat of the pain, produced immediate relief, which continued four days.

V. ; affected with rachialgia, with prostatorrhœa, found the pain to disappear immediately after 8 points of aquapuncture were applied upon the perineal, and 4 upon the lumbar region. The pain had not returned in eight days.

Mme. B. ; metritis, accompanying a slight cystitis and pains in the side, on a level with the false ribs. 15 points of aquapuncture caused this peri-abdominal inflammation to cease entirely. The effect was instantaneous. The patient was not seen again.

F. ; has been a long time under treatment, having a contraction of the external sphincter of the urethra, with persistent pains in all the perineal region. These had been treated, already, with various means, irritating frictions, cold sitz baths, narcotics, suppositories in the rectum. He received, in two sittings, 8 punctures in the perineum, and, although very pusillanimous, he returned, of his own accord, saying that he was almost cured by the first application, and felt no pain for six days after the second. — *Gaz. des Hospitaux*, 1869, No. 127, and *Bull. Gén de Thér.*, lxxvii, 429.

LEFT POPLITEAL ANEURISM. DIGITAL COMPRESSION. — X., a tinner, entered the Hospital, St. Louis, June 26, 1869.

About six months before, this man experienced lassitude in his limbs, and two months after, he observed a tumor, as large as a pigeon's egg, in the pop-

liteal space. It has increased till the present time, having attained the size of a hen's egg. It was the readiness with which the limb swelled, at each step, that induced the patient to enter the hospital.

The tumor occupied the space between the gemelli muscles, presented strong pulsations, isochronous with the pulse, with movements of expansion, and a souffle isochronous with the arterial diastole. It is completely reducible by direct pressure, and disappeared upon compressing the crural artery at the groin. There were varices, but old ones, and without any connection with the disease in hand.

The patient could give no sort of cause, neither fall, nor a blow, nor special motions, nor position while at work.

July 1, at 10 A.M., pressure was commenced upon the crural artery, at the fold of the groin, and kept up as continuously as possible. Till 4 o'clock P.M., the pressure was rather imperfect, and there was no change apparent in the tumor. At about 9 P.M., the tumor seemed to have assumed more consistence. For the next six hours, the pressure was better kept up. At nine o'clock, whether because more skill was used, or whether because the course of the blood was already changed, the pressure became perfect — exact — scarcely a drop of blood passed. The tumor became more and more consistent, and at 5 A.M., the pulsations became insensible — disappeared. The compression was suspended for a few moments. As the pulsations returned, the compression was resumed, with the greatest care, till the time of the visit, when they had absolutely ceased.

During the night of the 1st and 2nd, the patient suffered cramps in the calf and the foot. They were very violent, and nearly intolerable, at about 4 A.M., the moment when the aneurism seemed to

July 3, the pulsations reappeared. The artery was compressed, at this time, with the compressor of Luer, which did not arrest the course of the blood. Digital compression for three quarters of an hour. The 4th there were a few pulsations again. New digital compression for three quarters of an hour. Since that time there has been no recurrence of the pulsations; the tumor became more and more consistent, and slowly diminished in volume. — *Société de Chirurgie and Bull. Gén. de Thér.*, lxxvii, 478.

On this subject we have this further statement, from Francesco Rizzoli, an Italian surgeon:

In 25 cases of aneurism, of the arteries alone, observed and treated by me, 10 were of the temporal artery, 4 of the humeral, 2 of the radial, one of the radial recurrent, 2 of the anterior tibial, 6 of the popliteal, one of the femoral, and 4 inguinal aneurisms. Of aneurisms, which were at the same time inguinal and venous, there was one of the brachial, which was cured most completely, an inguinal aneurism, which was reduced to conditions so favorable as to assure us of the result. In 23 cases, in which the lesion was limited to the artery, in 5 pressure was of no avail; in two the artery, which seemed cured, reappeared; in another, the tumor decreased in size, and remained stationary for two years. The 15 remaining cases were cured in different spaces of time, and among the aneurisms cured, there were three in which the artery affected with aneurism remained opened; the course of the blood through it remained free and easy. — *Bulletin delle Science Médicale and Gén. de Thér.*, lxxvii, 566.

MISCELLANEOUS.

AMERICAN INSTITUTE OF HOMŒOPATHY.

BEFORE our next issue, this Medical Society, one of the oldest in the country, if not the very oldest, will convene in this city. Chicago has been noted, for a great many years — considering its age — for being a place of great gatherings; hence, has acquired conveniences and facilities for accommodating great numbers, and we hope none of our colleagues will stay at home for fear there will not be room enough and good cheer enough for all.

Some have raised the question, latterly, whether such gatherings are worth the candle. As far as any gain in a scientific point of view is in question, it is pretty clear that they are not. The time is too short to read or discuss any but the briefest paper, and, for some cause or other, the papers presented on such occasions do not compare favorably with those which we find in the various journals. This is true of all large medical meetings, as far as we have opportunity to observe.

In a social point of view, however, such gatherings are worth all they cost, and their place cannot be supplied by anything else. We get an idea of a man by a grasp of his hand, a look into his eye, and the sound of his voice, which we can never get by reading his works; and those who have magnetism to spare, which may incite, or encourage, or elevate a professional brother, can find no better place to diffuse it than at such a meeting.

But there is another and more important end than this, to be gained by such gatherings. Though we advocate the largest liberty possible for everybody, in every respect, so long as it does not run into license, we have a great admiration for authority and power, in their proper places. Our Allopathic brethren have, too, but they carry it too far. The American Medical Association makes its influence felt in every nook and corner of the land — thus far we admire it — but it makes this power felt mostly for petty and partisan purposes, and for this we abhor it.

The American Institute of Homœopathy, on the other hand, has no influence, anywhere, on anybody, as far as we can judge, and it is high time that it had. An opinion put forth by such a body ought to carry some weight with it; but whose practice has ever been influenced, in the least particle, by this Institute? What college, what journal, what medical society, what single physician, has ever done or said anything differently on account of its existence? Who has ever felt any pressure, this way or that, coming from this body?

Now, this state of things shows something radically wrong. Between unrestrained liberty, or, in other words, anarchy, and menial submission, there is, in every well organized community, a middle ground, whose metes and bounds are distinct, and within which a man may walk at liberty, but to transgress which will cost him too much to make it worth his while. Such metes and bounds have never been thrown about the Homœopathic profession. Any one and every one who could profess to be Homœopathic,

has been taken in. To denounce Allopathy, so called, has been the only requirement; and every one, once dubbed a Homœopathist, may practice all sorts of abominations unrebuked. Who can tell, in fact, what Homœopathy is; or who can tell, indeed, whether there is any such thing? *Living* organisms, when any thing foreign is thrust upon them, throw them off, or try to, and thus demonstrate the fact that they are living. When they fail to do this, we consider them as living no longer.

If this is a fair test to apply to medical societies, it will be a pretty severe one for our Institute. Fifteen years ago (June 7, 1855,) it passed the following resolution:

“Resolved, That the Institute cannot view the advertising of remedies as nostrums, or the combining of several medicines in one prescription, in any other light than as irregular practice; and that we will not tolerate, in our membership, one guilty of such practice.”

That is plain enough; but when was it ever enforced; or when will it ever be? It is a notorious fact that many who call themselves Homœopaths, give more medicine, and more mixed medicine, than the Allopathists. If it should be said that a majority of Homœopathists indulged in such a practice, every day, we should not dare deny it; we certainly could not prove the contrary; and if this is true, or any where near true, then the conclusion is just, that either Homœopathy is false, or many who practice it. This is a matter worthy of the consideration of the Institute at its next session, and if it cannot make its disapprobation felt by those who outstrip the Allopathists themselves in their motley mixtures; if it has not vitality enough left to bear the lopping off of such excrescences, its existence — if such a state can be called existence — is rather to be lamented than desired. It is worse than childish to seek to settle this question with a pshaw and an indignant twist of the head. If the title Homœopathist means anything, and is worth anything, it is time that we avow what it means, and what it is worth, and high time to strip it from those who have no more right to it than the ass had to the lion's skin.

PETERS AND PALMER AGAINST HOMŒOPATHY.

THE *Medical Gazette* of July 24th, 1869, has a paper by Dr. Jno. C. Peters, on cholera, in which he makes some remarks about Homœopathic treatment of cholera which deserve a brief notice. With whom the Doctor studied allopathic strategy we cannot tell, but he has learned the trick very thoroughly of suppressing the truth, or presenting it in such a dismembered state as to produce the effect of untruth. Thus, he says, “Dr. Chargé, of Marseilles, was so successful in the Homœopathic treatment of diarrhœa, cholera morbus, and common cholera — all of which he doubtless mistook for true Asiatic cholera — that he was decorated by the French government, and by Pope Pius IX.”

How does Dr. P. know that he “mistook” his cases? or that he “doubtless” mistook them? Dr. P. has a notion that there is some great skill in diag-

nosis required to detect cholera; but he does not agree with Grauvogl, (Lehrbuch. Theil, I. § 276), who says any layman can tell it after having seen it once. It may puzzle an allopathic doctor, but if we may venture to express an opinion, after Peters and Grauvogl, we should say that any one who could tell a whale from a cat-fish could discriminate between cholera and any other disease, after having once seen case of cholera. As for the Pope's skill in diagnosis, we cannot answer, but the French government, we are inclined to think, acts advisedly upon such matters; and the opinions of men whose advice it would take are likely to be worth as much as Dr. Peters'. But the Doctor proceeds:

"Then he undertook the care of two cholera wards in the Hotel Dieu, and lost twenty-one cases, out of twenty-six, in three days."

That is all very true; but why does not Dr. P. give the reason why, or is he sure that Dr. Chargé, who "doubtless mistook" before, made no mistake in his diagnosis this time. How remarkable that Dr. P. should admit his skill in diagnosis when he loses his cases, and deny it when he cures them!

We gave Dr. P. credit once for knowing more than he did know, and felt bound to make an apology; so we shall not venture to say now that Dr. P. knew the state of the case in this matter and suppressed it; but we shall herewith give him the information, remarking, in passing, that if Dr. P. did *not* know it, he should not write upon matters of which he is ignorant; if he *did* know it —!

The facts are these, and they may be found in the *British Journal of Homœopathy*, XV. 173:

"In 1854 the cholera was committing frightly ravages among the population of Marseilles, and all the resources of the allopathic school seemed to be fruitless to stay its progress, or cure the patients when once attacked. Now, in a previous epidemic, the success of the Homœopathic practitioners had greatly exceeded that of the allopathists, and as the facts were pretty generally known, public opinion compelled the authorities to apply to the Homœopathic practitioners for their aid in the public hospital against a disease that seemed to defy all the powers of the established system. Dr. Chargé, as being the practitioner most distinguished on the former occasion for his success (in acknowledgment of which he was decorated), was applied to by the mayor to take charge of a couple of wards in the Hotel Dieu hospital. To this appeal, Dr. C. responded by undertaking the duty imposed on him, stipulating of course that he was to have an abundant supply of nurses, dressers, flannels and other necessaries; all of which were readily promised to him. All the patients brought to the hospital were to be sent on alternate days to the Homœopathic and Allopathic wards. The mayor's request was dated the 31st of August, and, on September 2, Dr. C. began his labors. It is true that Dr. C. resigned his trust after three reception days; it is also true that during those three days 26 patients were received, and 21 died, as Dr. Bouquet stated; but his letter gave no explanation of the reason of Dr. C.'s retirement, nor of the cause of the excessive mortality in his wards. According to Dr. C.'s account, the promises given by the administration of the hospital, in reference to nurses and necessaries,

were not fulfilled. In the male ward there was but one attendant allowed, and he was soon laid up and useless, so that the Homœopathic physicians had to do the duty of nurses as well as doctors, which of course they did not long continue to do. There was a great want of bed-clothing, flannel, etc. Only one pupil was provided to assist the medical men, and he was soon laid up by sickness. The admission of patients on alternate days to the allopathic and homœopathic wards, which seemed to remove all possibility of a selection by either party, had not that effect, for, as patients in the other wards when they took cholera, as they often did, were transferred to the cholera wards, and as this process of transfer was entirely in the hands of the Allopathic medical officers, an opportunity was thereby afforded them of retaining, in their own wards, patients attacked by cholera on the day of the Allopathic admission until the following day, when they might be thrust, in a dying state, into the Homœopathic wards. *And this, Dr. Chargé asserts, was frequently done.*"

Why did not Dr. P. publish this statement? It could not have escaped the notice of such a diligent reader, having appeared in 1857, when Dr. P. was a professed Homœopathist. Will the next Allopathist who publishes Dr. Chargé's lack of success in cholera state these facts?

While we are on the subject of cholera, we wish to add to this, which was written many months ago, a notice of an assertion made by the extinguished A. B. Palmer, M.D., to his class at the University of Ann Arbor, Mich. He informs his class, as we are credibly told, that the Homœopathists in Chicago, during an epidemic of cholera, ran away from the disease, would not attend cholera patients, and lost all they did attend. Rather an inconsistent statement; but it sounds so like Dr. Palmer, that I can readily believe he said it. Probably he referred to the epidemic of 1854, when he used to go the Tremont House of an evening and *whisper* so that he could be heard all over the hall, "I have seen 40 cases of cholera to-day!" which was about as true, most likely, as his above cited charge against the Homœopathic physicians of the city.

During that memorable summer there were practicing in this city, Drs. Beach, Boardman, Colton, Graves, R. Ludlam, Pitney, D. S. Smith, and myself; and none of them were absent from the city for any length of time. I was absent just one week; so was Dr. Boardman. I do not know that the others were absent at all. Dr. Graves died like a hero with his harness on. Of the last fourteen days of his practice, he labored nine days and nights without any rest; the very same summer when Dr. Brainard, Dr. P.'s brother Allopath, refused to see a cholera patient because cholera was *contagious!*

As for refusing to attend cholera patients, I do not hesitate to say it was never done. It certainly never was done to my knowledge, except perhaps as others might have pursued the course which I adopted. I refused patients, of whatever kind, when I had all under my charge to whom I could do justice. The weather was intensely hot for six weeks; the wind blew from the south like the breath of a furnace; neither day nor night did the thermometer fall below 80, and it often ran up to 100. In such weather there must be some limit to human endurance, and it was the privilege of

each one to fix it for himself. I rose every morning at five, and labored every day till one or two the next morning, when I went to bed and would not get up till five A.M. to see any body.

As for the per-centage cured, unhappily I have no records. It could not have been any worse than the Allopathic treatment of eighteen cases which were landed here at an early day from a steamboat (as the city chronicles say) — the nine who were set aside as hopeless, and received no treatment, all got well, and the nine who were treated all died. My impression is that the great majority of cases seen before collapse occurred were cured, and this was certainly the fact as regards cases which came to my knowledge. I know of some which were cured after collapse; one case especially occurs to me now in which the patient was pulseless and cold as ice twenty-four hours before having Homœopathic treatment. This man is still living, as is another patient, the last I saw, who was given up by five Allopathists — all of the first standing here; they said she could not live till morning, and one of them sent in the morning to see when the funeral was to be! He was told that the funeral was postponed *sine die!*

It would be a pity to nip such *frail* things in the bud, were it not that the Allopathic faculty for producing them is inexhaustible. There is no danger of extirpating the species. We are quite ready for another. S.

A NEW ALLOPATHIC SPECIFIC AGAINST CROUP. — Dr. Mercier, struck, no doubt, with the inutility and danger of divers Allopathic methods of treatment of diphtheritic anginae, has *composed* a new and entirely original treatment for this formidable disease. "As soon," he says, "as the spots appear, and the diphtheritic ulcerations, taking a bit of dry sponge, fastened to a handle, I remove the whitish pellicle which distinguishes this disease, and then at once blow upon the seat of the disease the following powder:

Sublimed Sulphur, 25 centigrammes.
Chlorate of Potash, 20 centigrammes.
Prepared (linden) Charcoal, 10 centigrammes.

The same powder is to be given internally.

The ingestion and insufflation of the remedy should be repeated from three to five times in twenty-four hours, according to the age of the patient and the gravity of the symptoms."

That looks very simple, does it not? It is attended, however, with certain difficulties.

First, the false membranes will not always come off so readily. Second, the children will not always submit to the process. And finally, Dr. Mercier's powder cannot be used except at great risk.

In fact, this powder is QUITE INFLAMMABLE AND DETONATING. "To prevent *any explosion*," the inventor advises "the substances should not be mixed till the time for using them." If the mixture is made too soon, the Doctor runs the risk of blowing his patient's head off. Does it not seem to be about time to cease applying pyrotechnics to the treatment of diseases? — *Journal du Dispensaire, Huhn. de Bruxelles*, Vol. 8, p. 181.

CINCINNATI HOMŒOPATHIC DISPENSARY.

The following is the annual report of the Homœopathic Dispensary of this city for the year ending December 31, 1869 :

Number of patients on hand January 1, 1869,	51
Number of patients received during year,	1,707
Number of patients recovered during year,	1,680
Number of patients sent to hospital during year,	44
Number of patients died during year,	19
Number of patients remaining January 1, 1870,	73
Number of visits made during the year,	1,825
Number of prescriptions made during the year,	4,888

At the annual meeting of the members, held on Monday evening, the following directors were elected for the ensuing year : John P. Epply, Dr. E. B. Thomas, Gazzam Gano, Howell Gano, Wesley Taylor, Dr. J. H. Pulte, J. H. Cheever, F. Eckstein, J. Webb, Jr., A. H. Hinkle, P. W. Strader, Hugh McBurnie, Dr. T. C. Bradford, E. H. Carter, E. P. Bradstreet, Coleman Hitchcock, Albert Fontaine, Rev. E. P. Wright, R. Allison, C. F. Bradley.

At a subsequent meeting of the board, the following officers were elected: John P. Epply, *President*; Wesley Taylor, *Vice-President*; Gazzam Gano, *Treasurer*; and Dr. J. A. Cloud, *Secretary*.

After the business of the annual meeting was over, those present enjoyed an elegant repast, provided by the Superintendent of the Dispensary.

HOMŒOPATHIC INSANE ASYLUM. — "This institution, the medical treatment of which is to be under the auspices of the Homœopathic profession, is finely located at Middletown, Orange county, N. Y. It being the first of the kind under this treatment, great interest is manifested by those favorable to this practice. The plans, prepared by Dr. Foote, show ample accommodations for 200 patients, with all the modern improvements for heating, ventilation, bathing, etc. The grounds contain some 250 acres, 100 of which are to be laid out as a park, with lawns, groves, walks, drives, fountains, swimming and skating ponds, and the balance is to be used for farming purposes. The village of Middletown is to contribute \$50,000 to the general fund for building purposes; and the balance, out of some \$400,000 required to complete the plans and furnish the building ready for use, are to be raised by donations from the friends of Homœopathy. Dr. George F. Foote, well known to the profession, is the general agent having this matter in charge. All communications, subscriptions and donations, should be sent to him at Middletown, Orange county, N. Y. It is to be hoped that this work will make rapid progress, as the demand for more asylums is very urgent. No more worthy object can enlist the sympathies of our people.

"Homœopaths claim that their system is specially adapted to the treatment of the insane. Let them have an opportunity to prove it."

OUR COLLEGES have all had their Commencements, and sent out their graduates in greater or less number. The College in Philadelphia only has favored us with particulars of its Commencement, which we are happy to present our readers. It will be seen that the occasion was characterized in a peculiar manner — the presentation of a gold watch. Whether the gift reflected more credit upon the donor or the donee, we are not very clear. We wish all our colleagues could afford to give their students gold watches at Commencements, and all our students deserved to receive one. The latter *may* be true — the former we *know* is not.

For the following account we are indebted to the *Philadelphia Sentinel* :

The Annual Commencement Exercises of the Hahnemann Medical College, this morning, (March 9,) formed one of the memorable events in the history of pilules. It was sufficiently brilliant to carry sunshine to the bosom of either Hahnemann or any other man who places due estimate upon the theory *similia similibus curantur*. The extent to which the tenets of this school are gaining ground, is something most pleasantly illustrated in the Commencement at the Academy to-day. The Faculty of this College proudly point to the names of many illustrious physicians who, relinquishing the old school doctrines, have openly gone over to their ranks.

The success of the Hahnemann Medical College of Philadelphia is due to the unflagging persistence of but a handful of gentlemen. The laity came handsomely to their support. The satisfaction they enjoy is that at this moment their diplomas are recognized by corresponding institutions in Germany and France. The force of the compliment will be better understood when we remember that not very long ago the only medical school in Philadelphia, recognized in England, was the medical school of the University of Pennsylvania.

The audience at the Academy, this morning, included a large representation of the *élite* of the city. Every arrangement made by the faculty was in perfect keeping. The graduating class, as will be seen elsewhere, represents all quarters of the country. Its high respectability was evinced in numerous respects. The young gentlemen received their parchments and bouquets as reverently as if Hahnemann had personally presented them. They entered the building without titles; they emerged from it so many full-fledged M.D.'s. Success to 'em!

The exercises opened with prayer by Rev. Edward W. Appleton.

Prof. C. G. Raue, M.D., then delivered the valedictory address. He said:

With many it seems to be considered a fortune to gain money, and with some this object seems to be the pre-eminent motive of all their exertions. Gentlemen, I do not propose to make use of the word "fortune" in this vulgar sense, especially to-day, when it is my pleasant duty to say a few parting words to you.

There is a higher aim in a physician's life than money-making, and there is a greater fortune to which a man may attain than gold; and I shall try, on this occasion, to inspire you with loftier ideas of your profession — and of what you have been successfully striving for in the past years by hard and arduous work — than merely as means of accumulating wealth.

* * * * *

But let us consider these things which most nearly concern us. About fifty years ago there arose in the East Indies a dreadful malady which mowed down a human crop with merciless rapidity. This was the Asiatic cholera. It appeared some twelve years later in Europe. The science of therapeutics of that day was entirely destitute of means to stay this fearful plague. Then Homœopathy was yet in its infancy; and although its founder had already proclaimed the three main remedies to be used against it — *Camphora*, *Veratrum* and *Cuprum* — yet but few took heed of this new discovery. Now look at the results which are proclaimed by the statistics of later epidemics, when the law of *similia similibus* had gained a stronger foothold, and you will observe a most striking change. Or, read the accounts of the ravages which yellow fever has made in the South, and how helpless, nay, even injurious, has the old school treatment proved itself to be, from the first to the last of these epidemics; and then compare the results of Homœopathy in the same epidemics, and you will surely say with me, *that knowledge is power!* Do you know what still fills the mother's heart with fear and trembling when one of her darlings is taken with sore throat, fever, headache and vomiting? It is the dread of scarlet fever. Aye, and a fearful visitor it has been in many a family, and a destroyer of health for life, or of life itself! I hope, gentlemen, you will help to lessen this fear from year to year, by the successful application of the knowledge you have acquired, by demonstrating in your practice that only exceptional cases prove fatal — cases which seem doomed from the first start. But let me break off here, lest it might seem as though I were boasting of Homœopathy; it needs no boasting. My object is merely to show that we have gained a power over disease heretofore unknown, and that this power is — *knowledge!* But we are not at the top of the ladder yet; we have just fairly commenced climbing. * * * * *

I think, gentlemen, your teachers have done what they could, to prepare and incline your minds for such self-growing action. They do not expect that you have learned by heart everything which medical science has already brought to light; they have not intended to stuff you with facts and theories, either their own, or others; but they have tried to make you *understand* facts and theories; to set you thinking of the why and wherefore of things; to inspire you with a love of our glorious science; in short, they have tried to put you on the right track, upon which, they hope, you will move by your own steam; and become men of independent thought and judgment, self-thinking, self-producing! Climb on, then! It will give you more delight, more satisfaction, and more internal hold, than all the other things you can obtain. And this is the kind of fortune, on to which, I hope, the tide of your lives may carry you. * * *

The Professor said that in the year 1838 Homœopathy was born in this country, in this very city, and in 1834, at Allentown, the first attempt in the world was made to found a Homœopathic school. In 1844 the American Institute of Homœopathy was founded, and Dr. C. Hering was, by acclamation, elected first President. The speaker remarked: "But, speaking without figure, we may indeed be proud of the progress which Homœopathy has made. From a few pioneers and a few adherents in this coun-

try, it has increased to four or five thousand physicians who at least *sail* under its flag, and to millions of adherents. By what means? By hard work! by having disseminated its truths; by having made people the personal friends of these truths; by having made them feel its beneficial influence upon their own welfare; by having thus made people become identified with our cause."

The ladies' fair in the interest of the Homœopathic Hospital was alluded to. The institution has thus gained a start, and before many years pass by it will be an accomplished fact.

Dr. Raue concluded his address as follows :

"Gentlemen, you are going from us, and soon you will be scattered near and far. Do not expect to gather fruit where you have not sown seed; you will succeed only in the degree in which you work for the cause. Take this illustration along with you, and wherever you go, prepare the soil, and it cannot fail, that by your earnest and zealous endeavors Homœopathy will come out triumphantly over all the country."

The President of the Board of Trustees then conferred the degree of the College upon the following graduates :

Y. F. Alexander, Md.	Henry M. Lewis, Nevada.
Myron H. Adams, N. Y.	Chas. A. E. Moore, Va.
John P. Birch, Pa.	Robt L. McIntire, Pa.
Henry Baethling, Jr., N. Y.	Joseph A. Moke, Prussia.
James H. Blake, Texas.	Harry P. Mera, M.D., N. Y.
Freeman Berry, Jr., R. I.	John Nottingham, N. J.
T. R. Blackwood, N. J.	Trimbale Pratt, Pa.
Jedediah M. Barton, Mass.	Nelson A. Pennoyer, Wis.
William H. Crow, Del.	Geo. W. Parker, Pa.
A. P. Chalker, N. J.	Chas. W. Perkins, N. J.
Sam'l H. Colburn, Va.	Amos A. Roth, Pa.
Thos. S. Dunning, Del.	Joseph M. Rotszell, Pa.
Olin M. Drake, Mass.	Wm. Benj. Reynolds, Pa.
Silas B. Dickerman, N. H.	Benj. F. Reich, M.D., Pa.
E. H. Eisenbrey, Pa.	Hyland W. Bloe, Ill.
Moses M. Frye, N. Y.	Geo. M. Romig, Pa.
Geo. Tyler Flanders, Vt.	Richard Schulz, Germany.
Richard Gardiner, Jr., N. J.	Ethanan Z. Schmucker, Pa.
Wm. C. Goodno, Pa.	Chas. M. Savage, Ohio.
Asa S. Gaskill, N. J.	Geo. R. Spooner, Mass.
Alfred K. Hills, Mass.	John C. Slay, Del.
Eugene F. Hoyt, N. Y.	Wm. G. Taylor, Pa.
Jacob Iszard, N. J.	Eugene C. Thompson, Ohio.
Samuel Kennedy, Pa.	Jeptha W. Tatem, N. J.
Randal M. Lytle, M.D., Tenn.	Total,.....49
<i>Special Degrees</i> — James H. Patton, Richmond, Va.	
<i>Honorary Degrees</i> — Carroll Dunham, M.D., New York; T. F. Allen, M.D., New York.	

Bouquets, which had been sent by their friends, were then presented to the graduates.

After a benediction, the audience separated.

A pleasant interlude occurred in the exercises at the Academy, this morning. Among the graduates was Mr. Henry M. Lewis, a young gentleman from the Territory of Montana. He studied with Doctor Henry Minton, of Brooklyn. Accompanying a package containing a splendid gold watch, bearing upon the inside of its case an appropriate inscription, the annexed note was last evening received by Professor Henry Noah Martin, of the Faculty of this College :

"188 REMSEN STREET, BROOKLYN, March 6, 1870.

"MY DEAR DOCTOR: Owing to an unusual press of business, I shall be unable to accept your kind invitation for the 9th inst. Though not in body, I will be with you in spirit. May you have a good time.

"Wednesday morning I shall express to you a *gold watch*, which you will oblige me by presenting to my student, Henry M. Lewis. Wind it up, hand it running. Have it a complete surprise to him, presented with the bouquet and other presents, *upon the stage*.

"Yours, most truly, HENRY MINTON."

In brief, but touching terms, upon the Academy stage, in the presence of the dense multitude that filled the stately structure, Dr. Martin made the presentation. To the recipient it was a surprise that almost deprived him of the power of speech. Other presentations were made. Various young gentlemen received from their preceptors sets of valuable medical works. In an *aria* and chorus, given with immense effect, the exercises of the auspicious occasion were brought to a close."

In connection herewith, we present the following Report of Surgical Operations, etc., by M. McFarlan, M.D., Prof. of Surgery in Hahnemann Medical College, of Philadelphia:

Resection of ramus and part of body of lower jaw,.....	1
Amputation of thigh, middle third,.....	1
" " forearm, double flap operations,.....	2
" " the arm near shoulder,.....	1
" " fingers,.....	2
Operation for the radical cure of inguinal hernia,.....	1
" " relief of inguinal hernia,.....	1
" " relief of femoral hernia,.....	1
Removal of fatty tumor from the side, (weight three pounds,)...	1
Operation for stricture of urethra by internal division,.....	1
Phymosis,.....	2
Fistula in perineo,.....	1
" " ano,.....	1
Hypospadias,.....	1
Operation for stricture of the rectum,.....	1
Fracture of the clavicle,.....	1
" " humerus,.....	1
" " radius,.....	1
" " condyles of the humerus,.....	1
" " tibia,.....	1
Removal of necrosed bone from the tibia,.....	1
Dislocation of the shoulder,.....	1
" " wrist,.....	1
Tenotomy,.....	1
Ganglion of the wrist,.....	1
Paronychia,.....	1
Removal of cancerous breast,.....	1
" " tumors of the scalp,.....	2
" " foreign bodies from the eyes,.....	2
Tumors of the eyelids,.....	2
Operation for ptosis,.....	2
Blepharoplasty, operation for,.....	1
Entropion, operation for,.....	1
Ectropion, " ".....	2
Operations for obstruction of lachrymal passages,.....	2
Pterygium, operations for,.....	2
Staphyloma, operations for,.....	2
Strabismus, " ".....	2

Extirpation of the eyeball,.....	1
Removal of tumor from orbit, . . .	1
Von Graefe's operation for hard cataract,.....	5
Secondary needle operation on capsule,.....	1
Formation of artificial pupil,.....	8
Removal of septum of nose from tumor,.....	1
Simple hare-lip operation,.....	1
Complicated hare-lip operation,.....	1
Division of foramen of tongue,.....	1
Excision of diseased uvula,.....	1
Operation for cleft palate,.....	1
Otoplasty,.....	1
Extirpation of a large fibrous tumor of the neck,.....	1
Total,.....	77

In addition, many cases of a minor character were treated medicinally and otherwise.

THREE CASES OF POISONING BY STRYCHNINE.

BY PROF. MASCHKA, OF PRAGUE.

ON the 14th of April, 1867, at about 10½ A.M., news was brought to the Hospital that three persons—a man and his two children—had been poisoned. The boy was about six years old, the girl about four, both, when found, poorly clad, lying on the ground, the skin of a cyanotic hue, their mouths covered with foam, their whole bodies the subjects of violent tetanic spasms. Near by sat a man (formerly an apothecary, as was afterwards learned,) with a distressed countenance, poorly clad, about forty-five or fifty years old, who was pointed out by the bystanders as the father and murderer of the children. The children were brought into the Hospital at once, while the man, who did not present any indication of poisoning, was loth to follow.

On the way to the Hospital the child was taken with a violent convulsive attack, so that suspicion was aroused in the mind of the doctor that this was a case of poisoning by *Strychnina*. At the same time a piece of a roll was given him, from which the children had eaten; but in this he could discover nothing peculiar. Arrived at the Hospital, he gave the children two successive tablespoonfuls of *Aqua emetica*, (3 gr. *Tart. emet.*, and 2 dr. distilled water,) having forced open the mouth, which was convulsively closed, and held the nose. *Olive oil* and emetic emulsion were also given, alternately, by the tablespoonful, and sinapisms applied to the pit of the stomach. The children did not speak after this, made no complaint, and permitted any thing to be done to them without resistance. Their look was always expressive of anxiety, their faces pale, covered with cold sweat, respiration accelerated, the pulse very small and frequent, the stroke of the heart throbbing, the abdomen not distended. The girl was suddenly taken again with violent tetanic spasms; the body was extended and rigid, the head drawn backward, a violent shaking and trembling seized the whole

body, the countenance was distorted, the eyes closed, the mouth tightly closed, the respiration panting and whistling, the extremities violently extended and stiff, the pulse hardly perceptible. Within a quarter of an hour the girl had two similar attacks, increasing in severity, and lasting about three or four minutes, when, suddenly, in the second attack in the ward, the patient sensibly collapsed; the face underwent a marked change, the eyes were set, the pupils no longer sensitive, the facial muscles twitched once more violently, then a few heavy respirations, and the child was dead. There was no vomiting.

The boy, who was lying near by, had just the same attacks of tetanus, only he had *three* after entering the ward. In the third he died, without vomiting, with symptoms of asphyxia, an anxious look, cyanotic face, foam before the mouth, and panting respiration.

The death struggle of the little girl had lasted about a quarter of an hour. The boy also died in a few minutes after; so that by 11.15 both of the children were lying dead, at which time the father was brought in on the shoulders of some men.

The man had the same attacks of tetanus and asphyxia as the children, only they were of a more fearful intensity. The body was entirely extended and rigid; violent convulsions had control of the whole body, the face was of a deathly pallor, the mouth tightly shut, the eyes closed, rattling respiration, foam before the mouth; the chest panted laboriously for breath; the stroke of the heart was throbbing; the pulse imperceptible. The dying man said nothing. *Aqua emetica* was given him, and *Olive oil* and emetic emulsion, and a sinapism was applied to the pit of the stomach. This attack, which lasted five minutes, was hardly over when another followed close upon it, and was more violent and longer, and during it the patient died, with a rattling in the throat, at 11.30 A.M., a few minutes after the death of the children.

The doctor caused the body to be searched for papers, writings, etc., and for any remnants of the poison. In the pockets were found a bundle of letters, which, together with the roll, was given to the courts. On none of the bodies was any trace of injury or violence to be found. Among the papers found on the father, was a letter, in which he took leave of his relatives, and announced his intention to destroy himself and his children on account of great destitution. There was also found a packet full of a whitish grey powder, on which was written, *Mur. morph.*

Post mortem of the father.—The body was of great muscular development, the skin cyanotic, the *rigor mortis* well marked. The back was covered with widespread death-marks; there was white foam before the mouth. No marks of violence on the whole body. The brain was quite normal, moderately full of blood; both lungs sprinkled with numerous tubercles in the upper lobes; the heart firmly contracted, with fluid blood in its right half. The stomach was moderately distended, the outer coating pale, the inner of normal firmness. In its cavity were about four ounces of a coffee-brown fluid. The mucous membrane, covered with a transparent slime, was pale, of normal firmness—not at all red, nor presenting any other sign of reaction. No peculiar substance was found in the contents of the stom

ach. The other abdominal organs appeared normal, a slight fatty degeneration of the liver excepted. The blood generally dark and fluid.

Examination of the bodies of the children. — The bodies of the children were well formed and well nourished; the skin was pale; the rigor mortis not so marked as with the father.

In the boy the brain appeared quite normal; but, in the girl, over the left hemisphere of the cerebrum, there was extravasation of blood, between the meninges, of the size of a silver dollar. The lungs of both children were normal, except being slightly œdematous, moderately full of blood. The heart was firmly contracted, with dark fluid blood in the right half. The stomachs of the children presented the same contents as that of the father, viz., a coffee-brown, fluid mass, in which no foreign body was to be seen except a few poppy seeds. The mucous membrane was covered with a tough, transparent mucus, and otherwise was pale and firm, presenting no trace of any marked redness or reaction of any kind. The other abdominal organs appeared quite normal. The blood was dark and fluid.

The stomachs, and their contents, the livers, spleens, and kidneys, as well as the blood, were submitted to Prof. Lerch for chemical investigation. From these all he obtained a third of a grain of strychnine.

A minute portion of the contents of the stomach was injected into the skin on the back of a frog. At first there was no reaction, and not till the lapse of ten hours was there a well marked hyperæsthesia, slight convulsions, distension of the abdomen. Death followed in twenty-four hours.—*Prag Vrtl.jahrschrift*, 1867, IV. and *A. H. Z.*, 375 *Monatsblatt*, p. 55

CHANGES IN STRUCTURE OF THE BONES CAUSED BY DISEASES OF THE BRAIN.

RECENT cases of fractures of the ribs, and other bones, occurring in English lunatic asylums, which have excited much comment upon the alleged brutality with which insane patients are treated, and even induced the offer of a reward for the conviction of officials charged with "walking on their knees" over the chests of prostrate victims, have elicited a remarkable article from Dr. T. S. Clouston, Medical Superintendent of the Cumberland and Westmoreland Asylum, whose observations, if they be verified by subsequent investigation, point to a most interesting pathological phenomenon in connection with disease of the nervous centres. Dr. Clouston writes (*Lancet*):

"My attention was arrested, a short time ago, while making a *post-mortem* examination, in the case of a woman who had for many years labored under partial hemiplegia, with aphasia and insanity, by the extreme softness and friability of the bones. The ribs could be broken quite easily between the finger and thumb, and could be cut through readily with an ordinary knife. The long bones were quite easily broken, also, and most of them could be cut. In this case I did not examine at all into the chemical or structural changes that had taken place in the bone. The woman was 62 years of age. A short time afterwards I found the same condition of the bones in a woman of fifty, who had labored under general paralysis

for two years. On reading the recent shocking accidents to patients in asylums, from fractures of the ribs and sternum, my attention was directed afresh to the state of the bones in general paralysis. It will have been observed, by medical men, that every patient in whom such injuries were found after death, had labored under general paralysis. I have only had two deaths from that disease since those accidents have occurred, and in both I have carefully examined the state of the ribs.

"M. B —, aged forty-six. Had labored under general paralysis for three years. On testing the fifth rib, I found that when it was suspended by a piece of wire, one end of which was fixed at its sternal extremity, and the other at a distance of three and three-quarter inches along the rib, and a graduated weight hung between those two points, it broke with nine pounds twelve ounces. On applying the same test to the fifth rib of a healthy man, who died in the Carlisle Infirmary, it broke with a weight of thirty pounds thirteen ounces. The latter was just twice the size of the former (as tested by weighing equal lengths of both), and it bore a weight more than three times as much. I find the quantity of calcareous salts to be about 10 per cent. more in the general paralytic's rib. I have not yet had time to examine its microscopic structure. In the second case, the strength of the ribs was, in proportion to their size, as great as the healthy rib.

"The above observations are, as yet, very incomplete; but if the conclusions to which they point be true, namely, that in general paralysis there is a tendency, in some cases, to extreme brittleness of the bones, it shows that in such cases, extra care and special precaution should be taken by those who have the charge of them in asylums, that no injury is done to them. It seems to me almost impossible that such injuries as those found in Nistri's case, in Hanwell Asylum, could have been caused by even a strong and merciless attendant, except the ribs and sternum had undergone some morbid change."

We would urge upon the medical officers of hospitals for the insane, the importance of further investigation of this interesting subject. — *Medical (N. Y.) Gazette, IV, 178.*

NEW SANITARIUM.

We are confident that we shall do our invalid friends a service by calling their attention to the following. If any one desires a pleasanter location, or a more agreeable host, we do not know where they are to be found:

"It is proposed to place at the disposal of the profession the advantages of a well-appointed private hospital, in which a certain class of patients may, it is believed, be treated advantageously. This class suffers from a wide range of chronic diseases; but the facilities offered are rather intended for the limited few for whom the physician desires more rigid hygienic surveillance and care than is usually practicable at home, or for whom he wishes to secure the benefits resulting from change of surroundings, associations and usual mode of life.

The advantages offered at Ione Place are, briefly, as follows:

The building is a commodious, well-arranged and thoroughly constructed private residence, containing large and well-ventilated chambers (single and *en suite*), spacious and cheerful parlors, drawing and reception rooms, library, billiard room, gymnasium, bath-rooms, etc., etc. Open fire-places and *l'esperance* ventilators secure abundant and equable supplies of fresh air, whilst a generous supply of water furnishes proper bathing facilities.

The grounds embrace twenty acres, of which those immediately about the house are in a high state of improvement, affording pleasant, shady walks and drives, agreeably diversified with large evergreen and forest trees, shrubbery, flower-gardens, swings, croquet grounds, summer-houses, rustic retreats, a miniature lake and island, rustic bridge, and other attractions.

The neighborhood is the choicest residence locality in the vicinity of Chicago, and the society is intelligent and refined. It is only five miles from the centre of Chicago, yet entirely suburban; and though sufficiently remote from Lake Michigan to escape the *desagremens* of east winds, yet has charming vistas of its waters through Egandale and Kenwood. The South Park Boulevard bounds the west side of the grounds, and the South Park lies adjacent. The drives and walks in the vicinity are attractive and varied.

Carriages for the Hyde Park (dummy) railway (running on the next street east of Ione Place), and for the Illinois Central railway station, at Kenwood, will be at the service of patients and visitors, as well, of course, as of physicians wishing to visit patients or to inspect the establishment.

Physicians sending patients to Ione Place may retain exclusive medical charge of them, visiting and prescribing as fully as if at their own homes, and modifying, supplementing, or advising with relation to their general hygienic care and nursing. In cases where this is inconvenient, or where the medical charge is transferred to the physicians at Ione Place, it is still desirable that the experience of the family physician should accrue to the benefit of the patient by the communication of such experience to those in charge.

Enough has probably been said to indicate the character and scope of the establishment; but a few words as to the class of patients especially desired may not be out of place:

Physicians in Chicago having patients visit them from abroad, either for medical or surgical treatment, could avail themselves of the advantages of Ione Place, as an escape from hotels or city boarding-houses.

Physicians in other places, as well as those in Chicago, having patients needing a change of air and surroundings — the *mental* treatment, in short, which pleasant scenery, new associations, etc., furnish — would find this at Ione Place.

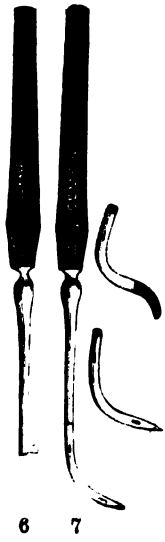
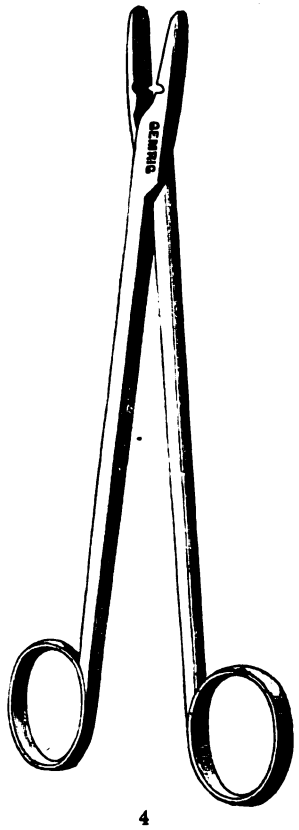
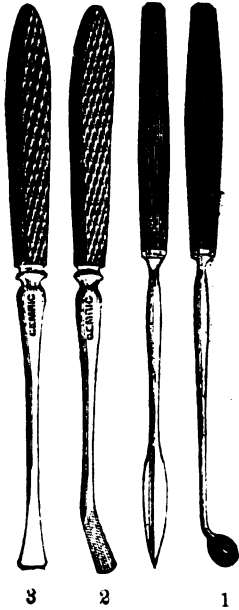
Patients suffering from chronic nervous diseases — that class of ailments directly produced by excessive application to business, and by the sedentary life of cities — would, it is believed, be especially benefited by a few months' sojourn here.

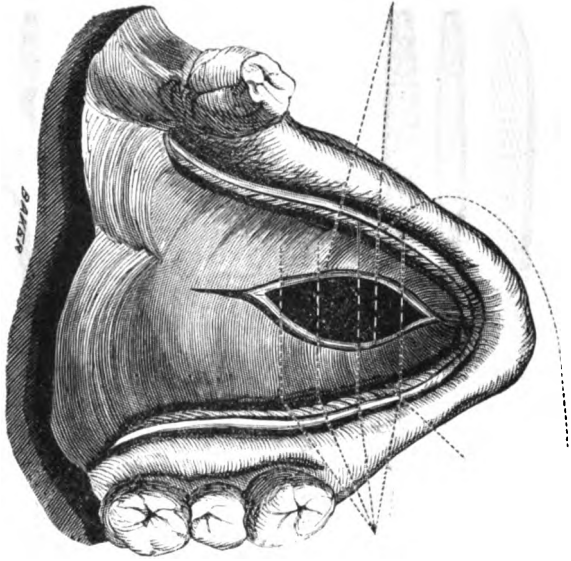
In brief, the daily experience of almost every practitioner will furnish patients of the class for whom Ione Place would prove a true Mecca of Health.

It is needless to say that no specialties or medical hobbies will find a place in the conduct of the establishment; and though an enlightened eclecticism will avail itself of all proved auxiliaries and adjuvants in the treatment and care of patients, Ione Place will not attempt to compete with "Water-Cures," "Thermal Institutes," etc.

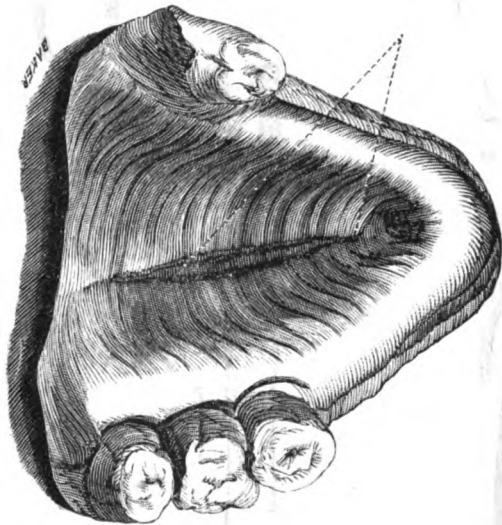
Further information may be obtained by communicating, either personally, or by letter, with

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B.

See page 429.

UNITED STATES

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FORCE:

AND SOME OF ITS RELATIONS TO LIFE, HEALTH, DISEASE AND
MEDICATION.

No. VI.

I HAVE treated with such degree of clearness and precision as I could command, the subject of the medium through which remedies act, concluding that it is not mediate but immediate. I have also discussed the mode of action of remedies, with reference to the various modes recognized, concluding that it is catalytic and catalytic only. I have pointed out the opposite tendencies of large and small doses, and the therapeutical principle involved. I come now to the more difficult task of attempting to determine *the specific action* of remedies on the organism. This undoubtedly, like the action by which they cause disease, will need to be stated hypothetically. But of at least one point we may be quite certain. Since drugs are physical agents, since the system is composed of elements common also to inorganic matter, and since vital phenomena depend on the molecular, otherwise the physical

actions of the system, we shall be likely to find close analogues of both actions in the inorganic world.

In all diffidence and with due consciousness of my deficiency in the physical sciences, I propose to apply some few facts derived from those sciences, to an attempt at solving the therapeusis of coinciding remedies.

And though I may not be able to afford a satisfactory solution, yet I trust that the hypothesis which I shall offer may be found to be in the true line of research, and that some other, abler and more learned than myself, may, prosecuting the search in the same direction, at length attain to a theory which shall meet all the demands of the problem.

Physicists teach that all atoms and molecules are in a state of incessant vibration,* each kind of atom and molecule having its own definite motions.

This vibration is so intense in the sun as to produce undulations in the ether, that, propagated throughout the solar system, contribute to all atomic and molecular movements therein.

Atoms in a gaseous state, have scarcely any capacity for being affected by the undulations of ether. But molecules, whether constituting gases, liquids or solids, possess such susceptibility in a high degree, with a corresponding capacity for exciting movements in ether, and through it, of affecting other molecules.

The capacity of a molecule for receiving and transmitting

*In the apparent stability of the solid bodies around us, we overlook their actual mobility.

Iodide of mercury crystalizes in a crust composed of minute rhombic scales, of a yellow color. With a slight scratch at any point on the crust, the rhombs are converted into octohedrons of a scarlet color.

To take a more familiar example. It is well known that sound, which travels through the air at the rate of about 1100 feet to the second, may travel along solids three or four times as fast, as well as more distinctly. One can easily test the latter by placing his ear at one end of a log, while some one scratches with a pin at the other. Now in this case, every molecule in that log vibrates to the scratch of the pin, with, of course, a corresponding change in the thermal and electrical condition.

motion, depends on its atomic constitution, and, probably, in some degree, on its complexity.

The susceptibility of a molecule to the influence of the undulations of ether, is in the ratio of the coincidence of those undulations with its own vibrations. A volume of movement that would so increase the vibrations of the atoms of a molecule as to prove fatal to its integrity, in case of coincidence of the undulations, might be quite inefficient in the absence of coincidence. For this reason, a considerable portion of the solar spectrum makes no sensible impression on the retina. In order to affect the sense of vision, the rate of undulation must reach four hundred and eighty-two billions, and must not exceed seven hundred and seven billions to the second. The visible spectrum may be increased by diminishing the rate of the more rapid and increasing that of the less rapid undulations, and thus bringing them into coincidence with the vibrations of the retinal molecules.

But while the retinal molecules are sensitive only to those movements that coincide* more or less nearly with their own, and in proportion to their coincidence, they are not absolutely insensible to non-coinciding motions. The quantity of such movement may be so great as to modify or to entirely overpower that proper to the molecules. Thus the thermal movement, which tends to mutual repulsion among atoms, may be so great as to quite overcome the retina and effect disorganization. But the retina will bear, without appreciable effect, a quantity of thermal motion, one-half of which, if photic, would prove fatal.

And yet, a small quantity of the thermal movement is essential to functional action. Without warmth there could be no vision. In like manner, the coinciding photic motion,

* It is probable that emanations proceed from all bodies, and not merely from those known as odorous. Is it not probable that the reason why some bodies are inodorous is, that their molecular emanations do not vibrate in coincidence with the molecules of the olfactory nerve? The same suggestion very naturally occurs in regard to insipid bodies and the gustatory nerves.

though a slight excess may prove destructive, by exalting beyond normal limits the molecular vibrations, is in due degree, a necessary stimulus to maintain the action and structure of the retina, an indispensable tonic, without which it becomes paralyzed and atrophied.

Now the retina is not peculiar in being compounded of very complex molecules of loosely united elements, responding readily to all coinciding motions, and not difficult to disturb by non-coinciding. The same is true, in a greater or less degree, of all organic molecules. They all have, also, their own definite and specific motions, any departure from which tends more or less to a pathological state.* Nor does it matter whether this departure is directly produced by a movement of ether or of foreign molecules or atoms. The introduction of a foreign atom into the composition of the organic molecule must necessarily tend to render the motions abnormal. So also must the mere presence of a foreign agent, and that in proportion to the energy of its motions and their coincidence with those of the tissue. If the quantity is sufficiently small, it may serve by its stimulus, to develop increased organic force, at least, if intervals of relief from its action are afforded. If the quantity is too large for the system to resist, it communicates its own molecular motions. But this cannot be fully accomplished without paralysis or disorganization. So long as the organic molecules maintain, in any degree, their proper atomic relations and movements, their motion must result in part, from their own forces, and in part from the

*It is surprising that as respectable an author as Pereira should, as in the passage previously quoted, write about "pathogenetic effects." One might as well qualify state as effects or symptoms, by the term pathogenetic. Pathogenetic is not synonymous with pathological, and its use as a synonym originates in and tends to confusion. What does any one mean by pathogenetic, that is to say, disease-producing, symptoms? Why evidently, he does not know what he means. Symptoms are indices and not causes of disease.

If we regard symptoms as effects of disease, the phrase "pathogenetic symptoms," appears still worse. It is bad enough when we regard all morbid phenomena as parts of the disease.

impression made by the foreign agent; and it must be modified accordingly as one or the other predominates. The quantity of the foreign agent required in order to effect derangement of the normal motion, must be less in proportion to its coincidence. Some particular tissues will therefore be more readily affected than others, by any particular agent, because their motions will be more nearly coincident. Or in the absence of constitutional susceptibility, disease may have brought about coincidence of motions. Or it may have produced opposing motions, rendering a greater quantity of the foreign agent necessary to modify the existing motions.

Whatever the character of the motion produced by any hostile force, the restoration of the normal one must evidently be accomplished by arresting that produced by the pathogenetic agent. The *specific action* by which the arrest is effected, can alone be in question. My aim is to approximate as nearly as I can, to an explanation of the mode in which the arrest is produced by coinciding remedies.

Physicists teach that undulations of equal or multiple length, coincide so as to augment the wave and increase the effect. If, on the other hand, two undulations differ by half a length, or, being equal in length, differ by half an interval in time, they neutralize one another and destroy the effect. Complete coincidence heightens the effect, partial coincidence annuls it.

Now, while the law of vibration may not be identical with that of undulation, I cannot but think that the explanation of the action of coinciding remedies is to be found in the interference of analogous but different motions. Let us see what are the elements of similarity and what there is of difference.

In the first place, the morbid motions are such as a large dose of the remedy itself would tend to produce. The actual motion, then, is composed of that proper to the tissue and that proper to the drug itself. It is the former modified by the latter. While, then, the motion of the remedy has something in common with that of the diseased

tissue, it has also something different, and I infer that the difference is sufficient, as in the case of interfering undulations, to neutralize and arrest, leaving the systemic forces to undisturbed control.

It is to be remembered that those motions of the system which are not impaired are constantly contributing to restoration of normal motion of those that are. This conclusion is inevitable from the fact that the organism is so constituted that the various parts render mutual aid.

Besides, the original structure of the molecule is such as to tend to the maintenance of a definite motion, the normal. And this tendency remains, in a greater or less degree, so long as the structure of the molecule is unimpaired. We know that mere hygienic agency often serves to cure serious and intractable chronic diseases.

Impart motion to water at 32 degrees F., and it immediately crystallizes. Allow it to remain at rest, and it may fall several degrees before the force of crystalization can overcome that of cohesion. So the motion, though not specific, imparted by hygienic measures, may place the system in a favorable condition for the removal of disease by the systemic forces. Morbid cohesions, so to speak, are broken up, and the organic molecules resume control.

Whether we reason from physical analogies or from physiological facts, it is no violent inference that remedies of different degrees of departure from coincidence may suffice to arrest morbid motions. The range of undulations capable of impressing the sense of vision, extends from 482 to 407 billions to the second, the latter being nearly fifty per cent. more rapid than the former. The auditory nerve finds atmospheric undulations ranging from 16 to 2048 in a second, (the latter 128 times as rapid as the former,) coinciding closely enough with its motions, to be audible.

So the conditions of interference are not absolute, especially with the systemic molecules present to aid. They admit of variation through a considerable range.

And I conclude that the motion of the molecules of the drug resists the morbid motion of the molecules of the

tissue when the vibrations differ just enough, and that whether in length or time.

It is quite as consistent and quite as credible that interfering molecular vibrations should cause arrest of motion, as that interfering luminiferous waves should produce darkness, or that interfering soniferous undulations should result in silence.

CONCLUSION.

IN writing this concluding article of the series that I undertook, I am fully aware of the obscurity pertaining to some of the points on which I have touched. Probably, in the course of the efforts which I have made after clear and satisfactory views, I have been made more fully aware of attendant difficulties than any of my readers will be. At the same time, did I not suppose that I may have contributed some rays of light, I would not have had the impertinence to offer these articles to *THE JOURNAL*.

But I well know, however much or however little this series may contribute towards correct ideas of vital processes, that it contributes nothing toward an explanation of the origin of life. And, until we have learned what combination of forces first differentiated organic matter, and, more especially, what conditions are now wanting, so that it no longer, or at most doubtfully originates, and, if originating at all, remains at the lowest plane of organic existence, our knowledge must be regarded as seriously defective.

All differentiation implies, of necessity, difference of force in kind or degree. This must be true of crystalline as of organic formation. But the community of the crystalline forces is seen in the fact that crystals originate whenever solution is followed by evaporation or melting by slow cooling. But, in regard to the organic, we have not yet sufficient evidence to justify abandoning the maxim that organization proceeds only from organization. That thermal and electric movements were more abundant and energetic in the early history of our globe than at the present time, seems evident as a consequence of the numerous actions and reactions caused by its then existing high temperature and the unstable condition of its constituents. And that, in the heat of its youth, it may have possessed a productive capacity denied to its age, is a reasonable hypothesis. But, at present, it must be regarded as a hypothesis only. In common with others, I have felt the difficulties attendant on our imperfect knowledge of the history of organic beings on the globe. And, like others, I have felt the disposition (and have sometimes acted on it) to assume some special existing cause of organization, instead of looking for that speciality in the antecedent existence of a parental organization only.

But I have thought best, in this series of articles, to indicate, so far as my limited knowledge will permit, that which is common to the living and to the lifeless, and to point out why, on grounds of composition and structure, the living should differ from the lifeless, without attempting the impossible, to tell why composition and structure differ. I beg that I may be tried by what I have attempted, and not by what I have not attempted.

There is a prevailing disposition to depreciate attempts at rendering deeper or clearer our views of life and its relations, and to criticise the failure to answer all questions upon this subject, as though it were a failure to answer any. Sometimes this is done in a censorious spirit, and sometimes it is pure shallowness.

There is not a science in the whole circle but has its obscurities; nay, not one, at least of the physical sciences, when we consider how short the time during which their cultivation has been systematically prosecuted, but is in its infancy.

When writers grow eloquent over the elusive nature of life—how we discover no traces of it in the dead body, though aided by scalpel and microscope—it is all very well, if designed to teach the short-comings of science and to stimulate to further exertion. But, if designed to contrast vital with chemical and physical science, it is mere twaddle.

Life implies peculiar action, and we must not expect to discover vital action in a dead body when the very terms of its description imply the absence of such action. On the other hand, the microscope does disclose traces of life in the living tissues. It gives us to behold some of those processes that are especially vital.

In the products of chemical force we see but fixed matter; in the living tissues we see life in operation. And, if we cannot discern the finest processes, neither can we in any department of nature. Nor, outside of the vital, do we complain that we do not see forces in action when they have ceased to act. Forces are necessarily invisible; and they appear only in relation, and especially manifest themselves in action. What would be thought of the chemist who, having analyzed gypsum, should run about with the sulphuric acid and lime, exclaiming that he could not discover the chemical force; that it had left no traces? Why, simply that he is ignorant of the principles of all science. Let him bring the acid and alkali together, and he will discover traces of the force. In witnessing the *operations* of a force, he sees all that ever will be seen of force of any kind. Would one complain that he could not discover traces of mechanical force in the disintegrated remains of a piece of ivory? Children may find out the secret of their toys by breaking them open: nature does not respond to such rude questioning, either in biotic or abiotic science. In fine, we can no more discover the secret of chemical or mechanical, than of vital force, by dissection and analysis. If one wishes to moralize on the imperfectness of human vision, by pointing out that observation affords us a knowledge of phenomena, and not of essentials—that we thus attain only to the *existere*, and do not lay hold on the *esse*—I see no objection to it. But when I find one asserting this of life only, as though peculiar to it, I only conclude that he is in the alphabet as yet.

If it should appear that, in this series, there are some things apparently inconsistent as well as vague, I beg the reader to consider the difficulties attending the cultivation of a field in a great measure new. It is there that one finds it difficult to obtain an exact idea, and to give felicitous expression. To do so, when a subject has been discussed for scores of years, and by scores of writers, whom we only need to repeat in a kaleidoscopic sort of way, makes no very severe drafts on the faculties. To swallow an author

slightly masticated, and to bring him up out of the mental ingluvies, undigested and soggy, is no great feat.

If I have stated some propositions that are quite untenable, I shall not be surprised. But I think that such will, for the most part, have been advanced as mere hypotheses.

In several instances it has happened that I sought to correct statements that flashed on me in the heat of composition, the untenableness of which escaped in proof-reading directed rather to errors of form than fact. And when, on subsequent reading of a duplicate proof, I discovered them and sought to have them changed, it was too late. THE JOURNAL was stereotyped.

If, in the preceding article, it shall appear to Homœopathic readers that some things very commonplace might as well have been omitted, or that more appropriate terms might have been selected, I would say, by way of explanation, that I hope to publish these articles, revised and improved, in another form, in which they may meet the eyes of some old school physicians. For the same reason, I have avoided the term Homœopathy, in the hope to reach some benighted souls otherwise inaccessible, even though they should, in case my little stratagem should prove successful, say, as did some of Paul's converts, that they were caught with guile. In that other form of publication, I intend also to show, by the introduction of notes of lectures delivered at least seventeen years ago, that I am but little more than repeating what I then taught. I do not mean to say that I am so dull as not to have learned, and consequently not to have changed, anything since that time.

If, in this series, I have not thought it necessary to define force by the term material, it is because I have been discussing not spiritual but material things only. I do not wish a writer to be constantly thrusting his creed in my face. Science remains the same, whatever the writer's creed. A writer on physics would be doing a work of supererogation who should take pains to declare that, in using the word power in reference to machinery, he did not mean to deny the existence of mental power. Such disclaimers imply weakness, if they do not betray a disposition to cant, a vice from which this age is not wholly free.

If I have confined the discussion of therapeutical action to that effected by the introduction of material substances, it is not because I ignore, as a means, the propagation of motion, thermal, electrical or other. The latter, like the former, may cure as well as cause disease. I would also suggest that minute quantities of coinciding may exert a more decided effect than similar or greater quantities of non coinciding remedies, because of coming, through affinity, into more intimate local or ordinal relation. It is to be remembered that there are two relations which are conditions of affinity—the heterogeneous, or chemical the homogeneous, or physical, the latter being that of coinciding remedies.

Completed as this article has been, under a burden of sickness, I fear that the discussion of the action of coinciding remedies will prove not sufficiently sharp-lined or methodical. It is a discussion that demands greater vigor than that of a brain enfeebled by disease. But time and the printer will not tarry.

REMARKS UPON PULSATILLA.

BY CARROLL DUNHAM, M. D.

Sensorium.—*Pulsatilla* produces *vertigo* or dizziness, which occurs while sitting, but is relieved while walking or sitting in the open air; dizziness when directing the eyes upward, and especially when stooping, when it seems as though the head were too heavy; a drunken dizziness, the head feeling hot inwardly, and the face pale. The *vertigo* occurs or is worse in the evening or after eating. We here meet conditions which we shall find to pervade the *Pulsatilla* proving, and to be characteristic of the drug, viz.: occurrence or aggravation of the symptoms in the evening, after eating, during repose, and amelioration from motion and from being in the open air; also paleness of the face, even with sensation of internal heat.

Head.—The headache is chiefly in the forehead and supra-orbital region, and in the temples. The pains are a heaviness, a bursting sensation in the temples, and throbbing. These sensations are aggravated by stooping, by mental exertion, and in the evening, and by rolling the eyes upwards. Occasional stitching pains in different parts of the head, frequently confined to one half of the head. Indeed, this is a peculiarity of *Pulsatilla* pains generally, that they are often confined to one half of the body, like those of *Ignatia*, *Thuja*, *Spigelia*, *Valeriana* and *Silicea*.

[*Helonias dioica* has a pressing pain in one or both temples (in a small spot), a "burning sensation" in top and front of head, which is *entirely dispelled* by motion and any mental exertion. It comes on immediately when either the motion or mental exercise is desisted from.—S. A. JONES, M.D.]

It may be added that a *Pulsatilla* headache is generally coincident with disturbances in other regions of the body,

as, for example, the digestive tract, or the genito-urinary organs, especially the latter in females.

Eyes, Eyelids.—Margins are inflamed; hordeola form upon them. Further, the lids are dry and scurfy—in the morning they are agglutinated. In the eyes themselves the pains are: stitching, and especially itching and severe aching, with a sensation as if a foreign body were in the eye, or a veil before it which could be winked away. There is great lacrymation in the open air, and considerable photophobia.

Vision is *obscured*, but it is to be noted that this obscuration is conjoined with vertigo and nausea, whence we may infer that it is functional and not dependent upon organic lesions of the eye. The same may be said of the other symptoms of vision; fiery circles, and starry apparitions, and double vision. Nevertheless, these symptoms are not to be ignored, for they individualize and characterize the disturbance in other organs and systems with which they coincide in occurrence.

Ears.—*Internally*, itching, stitching and tearing sensations; also, violent pain like a distending or outward-pressing ache. The external ear is hot, red and swollen. Discharge of pus from the ear.

Deafness as though the ear were stopped. Murmur and rushing noise, isochronous with the pulse.

In front of the ear an eczematoid eruption, with a burning-biting pain, and swelling of the cervical glands. Stitching pain in the parotid.

In ordinary catarrhal otitis, *Pulsatilla* is our best remedy; *i. e.*, the symptoms of such cases most frequently indicate *Pulsatilla*. *Silicea* resembles it closely.

In deeper-seated inflammation of the cellular tissue, *Merc.* or *Silicea* or *Rhus* is called for. *Tellurium* corresponds to a peculiar affection of the meatus aud. ext. and the external ear.

Chamomilla indications differ from those of *Pulsatilla* in the symptoms of the disposition, and especially in the great intolerance and impatience of pain.

The same may be said of the *Arsenicum* ear-indications.

Nose.—Superiorly near the inner canthus of the eye, an abscess like a lacrymal abscess. The alae nasi are ulcerated, so have the nares internally a sensation as if ulcerated. There is in the nose a smell as of an old catarrh. (It is perhaps this symptom which first induced a trial of *Puls.* in ozæna simplex).

Mouth.—*Tongue* covered with tenacious mucus. A white-coated tongue is an indication for *Puls.*

Yellow coat at base of tongue, *Merc. prot.*

Teeth.—Two varieties of pain—a stitching or digging, worse in the evening or early night; and a drawing, tearing sensation, as if the nerve were drawn tense and then suddenly let go.

The toothache is renewed *always after eating*, and whenever anything *quite warm* is taken into the mouth. Aggravation when *eating and by warmth*.

Chamomilla toothache is aggravated by *cold* or *warm* food or drink.

Coffea toothache is controlled by *ice water* constantly in the mouth. (Published by Hale, confirmed by me.)

Mercurius toothache aggravated by cold water in mouth, but relieved by warm.

Carbo veg., the whole row of teeth too long and very tender; he cannot bite.

Causticum.—Gum swollen; feeling as if the tooth were being crowded out of the alveoli; tooth *too long*, aggravation evening and by eating.

Lachesis.—Swelling corresponding to external fangs of upper molar, with swelling of cheek; skin feels tense, hot and crisp, as if it would crack; throbbing in the cheek. Periodontitis.

Throat.—Sensation, on deglutition, as though the uvula were swollen. Apart from the deglutition, a feeling as if raw and sore in throat, as if the submaxillary glands pressed inwards and were sore. Sensation of great dryness of mouth, palate and lips; these parts coated with tenacious mucus, and a bad taste in the mouth.

Digestion.—Manifold symptoms. The *taste* is variously perverted and altered—seldom *bitter*, except just after eating or drinking. More frequently a *sour* taste. But more characteristic of *Pulsatilla* is the *taste* of the food returning to and remaining in the mouth long after eating. In fact, *Pulsatilla* makes digestion very slow.

Hahnemann gives a symptom in parenthesis: (Food tastes as if *too salt*). On the strength of this symptom I gave *Puls.* 200th with entire success to a patient convalescent from Chagres fever who had become well enough to sit up and walk about his room, but had a slight chill every afternoon, followed by a great flush of fever and a sweat at night; no appetite, depression of spirits, little thirst, irritability and peevishness in place of his usual amiability, and a perverted taste so that all food prepared for him tasted *as if saturated with salt*. A single dose of *Puls.* removed the latter symptom, and within six days all the others had vanished, and he rapidly regained strength and vigor, and has as yet (ten years) had no return of fever.

Appetite.—Moderate; often a gnawing sensation in stomach as from hunger, and yet no desire for any special kind of food.

Thirst.—An almost complete absence of thirst is characteristic of *Pulsatilla*; *Sabadilla* resembles it in this absence of thirst.

Nausea or qualmishness at the thought or smell of food, especially of fat or rich food, or on attempting to eat. The sensation is somewhat as if a worm were crawling up the œsophagus; the nausea comes up from the stomach.

Vomiting of food, especially at night or evening; water-brash and gulping up of water or of food into the mouth (regurgitation).

Epigastrium.—Feeling as if a stone lay there. (*Bryonia* has the same.)

Throbbing in the epigastrium, perceptible to the hand laid thereon. A contracting sensation in the œsophagus, as if one had swallowed too large a morsel of food; the

same sensation extends over the hypochondria, then up over the chest, and impedes respiration.

Abdomen. — Sensation of tension and fullness throughout the abdomen, and involving the thorax up to the mammary region. Pinching and cutting pains, especially around the umbilicus, worse toward evening.

Much flatulence, as might be expected where digestion is so slow as under the action of *Pulsatilla*. Flatus moves about in the intestines, causing pinching pains, and with rumbling noise; worse on waking or just after supper.

Externally. — The abdominal walls are tender to touch, when sitting, or when coughing, especially after an alvine evacuation.

Stool. — A twofold action (which yet we are hardly justified in designating as primary and secondary effects). Difficult stool, with much backache and urgency, or frequent desire for stool with insufficient evacuation or no fæces, but instead thereof, yellowish mucus, sometimes mixed with blood. On the other hand, *Pulsatilla* produces diarrhœa at night; stool consisting of green and acrid burning mucus, preceded by commotion in the bowels.

In the frequent desire and effort for stool, and the difficulty of evacuation, *Puls.* resembles *Nux vomica*. The difference is found in the general symptoms.

The diarrhœa of green mucus occurring at night resembles that of *Dulcamara*, which likewise is nocturnal, and but slightly painful. It, however, is ascribable to dampness, and is accompanied by rheumatic symptoms; while that of *Pulsatilla* follows errors of diet, especially pork and fat food generally. It is not a free purgation, but rather a catarrh of the intestine, with spasmodic action of the muscular coat.

Pulsatilla has painful blind hemorrhoids, with itching and sticking pains and soreness.

Urinary Organs. — Pressure upon the bladder, as if from flatus. Frequent pressure to urinate, and cutting pain during the act of micturition. (This differs from *Cantharides* in that the latter has pain after micturition.) Involuntary

discharge of urine, drop by drop, at night, or on making exertion, as walking, coughing, etc. Urine sometimes clear and abundant, and, again, scanty and with a red or brownish deposit.

Burning in the urethra during micturition.

Genitals, Male. — Itching of prepuce and scrotum. Testes swollen, hanging low, and painful; tensive and tearing pains.

Mucus discharge from urethra, with burning during micturition. Increase of sexual desire.

Pulsatilla has been of service in hydrocele, also in gonorrhœal orchitis, but it is not so often called for in orchitis as *Rhododendron*, *Clematis*, *Spongia*, *Aurum*, or *Belladonna*.

Sometimes indicated in gonorrhœa by *general* symptoms rather than *local*.

Genitals, Female. — The decided action of *Pulsatilla* upon the female genital system has been shown by a large clinical experience. In the hypogastric zone, drawing, pressing or constricting pains, like labor pains, converging towards the pudenda. Such pains are relieved by crouching forwards. They come, generally, just before the menstrual period, are attended by a feeling of weight, like a stone, in the hypogastrium, and accompanied by chilliness, stretching and yawning. The menses are delayed, difficult and scanty, or even fail altogether.

Before the menses, labor-like pains as above.

During the menses, many symptoms, such as weight and downward pressure in abdomen and sacral region; nausea; getting black before the eyes; stomach ache and faintings; all worse in the warm room and by much exertion, better in the open air.

Leucorrhœa, of a thick mucus resembling cream. It is sometimes acrid, producing a burning pain, sometimes bland; most profuse after menstruation.

Pulsatilla has appeared to stimulate the action of the uterus during labor, when the pains diminish and become inefficient.

Comparisons. — *Cyclamen* and *Sepia* resemble *Pulsatilla* in

relation to the menstrual function. *Nux vomica*, which is so analogous in many respects to *Pulsatilla*, resembles it in the scantiness of the flow, but, true to the spasmodic character which distinguishes it, brings on the flow too early, and keeps it up for too many days, although the total amount of fluid lost is not excessive.

The aggravation of *Sepia* is *before* menstruation; of *Puls.*, *during* menstruation.

Under *Nitric acid*, menstruation gradually passes into a leucorrhœa which is brown and thick, and finally in a few days becomes a thin, watery, flesh-colored, offensive discharge, sometimes acrid.

Kreosote has a leucorrhœa for five days succeeding menstruation, thick mucus, exceedingly acrid, causing the pudenda to swell and itch, and excoriating the thigh. Micturition exceedingly painful. The leucorrhœa smells like fresh green corn.

Borax is indicated by leucorrhœa, acrid, just midway *between* the menstrual periods, with swelling of labia and inflammation, and discharge from glands of Duverney.

Respiratory Organs — *Coryza*. — From the first, a discharge of thick yellow mucus from the nose. Sometimes it is green and offensive. Loss of taste and smell.

Throat. — Roughness and dryness. *Sudden hoarseness*, without much oppression or cough, and equally sudden relief.

The hoarseness for which *Puls.* is so efficacious is capricious, coming and going, and without apparently adequate organic cause. That of *Causticum* comes on, or is much worse, from 5 P.M. to midnight, and is accompanied by a teasing, dry cough. That of *Phosphorus* is more constant, and conjoined with soreness and rawness of larynx and behind sternum, and a weight upon the chest. That of *Carbo veg.* has ulcerative soreness in the larynx, and a *burning pain in the lungs* AFTER a hard cough.

[I do not say that these are *all* the conditions and concomitants, but they are frequently met, and are characteristic.]

Pulsatilla produces two varieties of cough; one with abundant sputa, consisting of thick yellow mucus, sometimes bloody, often of a bitter taste; the other dry, occurring chiefly at night. The feeling which provokes the cough is a tickling in the trachea. I have, for years, hesitated to give *Pulsatilla* for a loose cough, even though it seemed well indicated, it seeming to change the loose cough into the dry, hard night cough. It produces dyspnoea and asthmatic oppression, especially at night, with palpitation, especially when lying on the left side.

The sensations in the chest are chiefly tension and constriction, in conjunction with the dyspnoea and asthmatic symptoms. In the middle of the thorax a pain, which frequently occurs in the *Pulsatilla*-proving: that of an internal ulcer.

Mammary glands swollen and tense. Itching of the nipples.

Back.—In the *sacral region*, pains on assuming the upright posture, or on bending backwards, as well as after sitting, so that one can hardly stoop or straighten up. *Aching* as from fatigue, and a pressing as from within outwards. Finally, in this region, a pain as if luxated when moving; and when sitting, a bruised pain, relieved by motion.

Considering the action of *Pulsatilla* upon the female sexual organs, causing weight and bearing down, with leucorrhœa, etc., it is reasonable to ascribe the aching and some other sacral pains to this action, and experience justifies this view. Other pains are analogous to the rheumatic pains of the extremities.

In the back, drawing, tensive and stitching pains, which seem to impede respiration and interfere with free motion.

Extremities generally.—First we note *tearing pains*, as for example, in the shoulder-joint, where it *compels to move the arm*, and is relieved by lying on the painful side. Again, in the muscles and bones of the arm, and even in the fingers, where it seats itself in the tensor tendons. In the lower extremities it appears as a *jerking, tearing* pain, from the hip-joint to the knee when lying in bed, or only in the

knees when sitting; or in the ankles and extending to the heel, the sole and the great toe, where it is a tearing pain.

Observe the characteristic: compelling to move the affected part, which is equivalent to relief by motion; and by *pressure*, which is analogous to motion.

Then, drawing pains, affecting the whole length of the extremities, occurring at night and during repose (often associated with chill).

Stitching pains occur in the upper extremity, especially on moving the arm, as in the shoulder-joint and in the deltoid *muscle*. Likewise a feeling of heaviness and paralysis in the arm when trying to raise it. Indeed the tired, heavy, aching sensation, such as comes from fatigue and *yet is not relieved by repose*, but is rather *aggravated thereby*, is marked in the *Puls.* proving.

Burning itching in the soles of the feet after getting warm in bed. This symptom led to the successful use of *Puls.* for effects of frost-bite. See *Petroleum* and *Agar*.

Fever. — *Pulsatilla* produces many symptoms akin to one or other stage of fever. *Chilliness predominates*. It accompanies the evening pains of whatever kind, as well as the abdominal pains, the gastric disturbances, and especially those of the female sexual system. It occurs frequently after a meal, and early in the morning. But, in and by itself, as an independent symptom, chilliness occurs generally in the *evening*. It may be general or *partial*, affecting the *extremities*. When *heat* follows the chilliness, if it be only a *sensation* of heat with no objective warmth, there is no thirst; but if the heat be, as it sometimes is, both objective and subjective, it is then attended by *thirst*. [Remember this, because absence of thirst is said to be a characteristic of *Puls.*, and presence of thirst, therefore, to contra-indicate. True, with the limitation stated.]

Frequently the fever symptoms are complex, and much mixed up; chilliness and heat rapidly succeeding each other, or occurring simultaneously in different parts of the body, or on the different sides of the body; but these com-

plex symptoms occur almost always in the evening or at night.

Rückert calls attention to the fact that though the *Puls.* symptoms generally are not attended by thirst, yet sometimes thirst is present when the *hot stage* is strongly marked; and he has had excellent success in puerperal fever and other fevers when thirst was present, the mass of the symptoms having indicated *Pulsatilla*.

Moreover, the cheeks are often hot and red while the back is chilly and the feet cold — a state of things often observed when the menses are retarded in young women. Again, flashes of heat over the whole body, producing great discomfort and anxiety. It short, a condition of erethism such as may coëxist with a depressed nutrition — an approach to the erethistic form of chlorosis.

Sweat is abundant, chiefly in the early morning, sometimes throughout the night; often, like other symptoms, the sweat is semilateral.

Sleep. — Certain peculiarities of sleepiness and sleep are very characteristic of *Puls.* Sleepiness in the afternoon, such not being the habit of the prover. Sleepiness after even a moderate meal. The prover does not feel sleepy in the evening; on the contrary, *wide awake*; ideas throng, the fancy is brilliant; he (or she) does not wish to go to bed, and, on going to bed, does not fall asleep for a long time. The sleep is somewhat troubled and restless, with talking, frequent waking, with frightening dreams, until towards morning, when sleep is more quiet and profound, and is most sound just when the time is come to get up. The prover wakens dull and inert, although not with aggravation of any other symptoms.

This is a great characteristic of *Pulsatilla*, and is always present when *Puls.* is clearly indicated by other symptoms. When, therefore, a doubt rests upon the selection of *Puls.*, it is safe to be inclined toward it if the sleep symptoms are such as have been described, viz.: wide awake in the evening; don't want to go to bed; first sleep restless, sound

asleep when it is time to get up; wakes languid and not refreshed.

Pulsatilla contrasts strongly with *Nux vomica* in the sleep symptoms, as in some others. Under *Nux vomica*, the prover is very sleepy and dull in the evening, can't sit up long; goes to bed early, and goes to sleep immediately; sleeps well until about 3 A.M., then wakes and lies awake, thinking, etc., with mind quite clear and active till 5 A.M.; then dozes and sleeps an hour, and wakes more tired than when he woke at 3 A.M., often with a headache.

Sulphur, again, has the evening sleepiness of *Nux vomica*, but the night is full of unrest, tossing, nervous excitement, orgasm of blood; pains of various kinds, but little sleep throughout.

The sleeplessness of *Cocculus* is from pure mental activity, chiefly of memory, and is well described by Walter Scott (Lady of the Lake, I., 33).

Disposition. — The disposition is affected by *Puls.* in a very characteristic manner. The prover complains of anxiety or distress, as though some great evil were impending, and this distress appears to him to come from the epigastrium; and with these symptoms come palpitation, chattering of the teeth, and flashes of heat; also, undue anxiety about the health or household duties. In addition, there is a marked irresolution, the prover cannot determine which of two is the better course to pursue; this is akin to the well-known characteristic of *Pulsatilla*, the yielding disposition, which gives way under slight opposition, and manifests its conscious feebleness by the readiness with which tears come to the eyes on slight provocation.

The disposition to weep is certainly a strong indication for *Pulsatilla*, but two errors must be guarded against, in accepting and applying it. In the first place, it must not be considered that a lively disposition, and even a considerable amount of spirits and will, contra-indicate *Pulsatilla*; laughter and tears come often with equal readiness.

Again, let us remember that the desolate sensation of utter prostration which ushers in many a serious dyscratic

disease, disposes to tears, especially when it comes to a man or person in the midst of business or family cares, which they know not how to neglect nor to delegate. If, then, a patient, in the incipience of a severe typhoid or a diphtheria, can hardly answer the doctor's questions for the tears and choking that come, these must be looked upon as the physiological result of utter prostration of body and desolation of soul, coinciding with the consciousness of responsibilities and cares too heavy to bear and too precious to neglect. They are not especial symptoms of the morbid state, nor must they be taken as indications of *Pulsatilla*. I have dwelt upon these points, because the error referred to is often made, and thus is wasted what can never be regained.

GENERAL ANALYSIS.

1. The most marked disturbances of functional activity produced by *Pulsatilla* are: In the digestive apparatus; the genito-urinary of both sexes, but more especially the female; the respiratory, at least as regards the mucous membrane; and the articular synovial surfaces. The mucous membrane throughout the body is affected; as, for example, in the middle ear, the eye, nose, throat, bronchi, stomach, intestines, bladder, urethra, vagina, and uterus (probably).

2. Changes in the organic substance are effected chiefly in the secretions, and chiefly in those of the mucous membrane. The conjunctiva, chiefly the palpebral, secretes copiously, and the tears are augmented if not modified. The nasal membrane, after a brief period of unnatural dryness, secretes abundant mucus, which becomes thick, yellow or green, and offensive. It is probable that the secretions of the stomach and small intestine are modified, since digestion is so decidedly retarded by the action of *Pulsatilla*, and presents so many abnormal features; such as perverted taste, regurgitation of food or its flavor, flatus, pain, etc.; as well as that of the lower intestine, as witness the stool covered with mucus, and the mucous diarrhœa.

So, likewise, the mucons discharge from the bladder, as shown by the jelly-like sediment in the urine and the dis-

charge from the urethra, as well as the leucorrhœa, attest the modification of secretion.

The special function of menstruation is retarded in *time*, and the secretion (?) diminished in quantity. We shall be better able to explain this when we understand more about the pathology of chlorosis.

The testes are the seat of inflammation, pain and enlargement, and, although the ovaries were not similarly affected in any prover, yet, from analogy, *Pulsatilla* has been successfully used in ovarian affection, the symptoms otherwise corresponding.

The swelling and heat of the knee and ankle-joints, as well as of the small joints of fingers and toes, together with the drawing, tense pain in them, and the accompanying symptoms of the digestive tract, suggest that *Pulsatilla* acts upon the synovial membranes and upon the nutrition much as one form of rheumatism does, and have led to its successful use, particularly in rheumatic gout, so-called. Itching and biting tingling of the skin resembles that of measles.

Peculiarities and Characteristics.—While, our knowledge of *Pulsatilla* being derived wholly from provings on the healthy with moderate doses, we have no records of the effects of poisonous doses, and have therefore no data for constructing a theory of its pathological action on an anatomical basis; on the other hand, through the action of these moderate doses, under the clear observation of Hahnemann and his pupils, we have a quantity of characteristic symptoms, chiefly subjective, which furnish us indications for the selection of *Pulsatilla* more positive and precise than those of almost any other remedy.

Character of Pains.—The pains are drawing, tearing pains, pains as of an internal ulcer, aggravated by touch; but the most peculiar pain is a tension, which increases until very acute, and then *lets up with a snap*. The pains occur or are much worse at night, before midnight.

- They are accompanied by chilliness, but without thirst.

As the pains increase, the peculiar mental and moral *Pulsatilla* state is more pronounced; the patient loses

courage and gets despondent, and inclines to tears, and as pains diminish spirits rise.

Certain parts of the body become very red or purple, without heat, the vessels becoming congested. This has led to the successful use of *Puls.* in varicose conditions of veins.

As a general rule, the pains are relieved by motion and by *cool air*, but the abdominal pains are relieved by warmth.

The symptoms which occur when lying still on the back are relieved by sitting up and by motion. This relief is gradual, however, for the act of rising often for the moment increases the pain, and the more decidedly the longer one has been sitting still.

Long-continued motion also, like long sitting, provokes symptoms, which yet are, for a brief period, more evident on first coming to repose.

The general group of symptoms most characteristic of *Puls.*, next to those of the disposition, is that of the *sleep*, which has been already detailed.

Clinical experience has shown *Pulsatilla* to be an excellent remedy for disorders produced by eating pork and fat food generally.

It is often indicated when the menses are scanty and delayed. Very frequently, when it fails to bring them on, *Sulphur* will succeed.

It is note-worthy that the pains of *Pulsatilla* often occur on one side of the body only.

Remedies analogous to *Pulsatilla* may be named as follows:

As to its action on the eye, nose, bronchi, and skin—*Euphrasia*, *Dulcamara*, *Sulph.*

As to its action on the *digestive organs*—*Nux vomica*, *Ignatia*, *Silicia*, *Sulphur*.

As to its action on the female sexual organs—*Sepia*, *Murex*, *Cyclamen*, and, above all, *Sulphur*.

As to its action on the joints and ligaments—*Rhus*, *Sulphur*, *Ledum pal.*

As to its action on the veins—*Hamamelis*, *Zincum*.

MISCELLANIES.

BY T. F. ALLEN, M.D., N. Y.

NO. I.

OBSERVATIONS ON THE USE OF *Zincum Metallicum* IN DISEASES OF THE EYE.

THE indications for the use of this valuable drug have not been very clearly defined, and, as a result, the drug is not so frequently employed as it deserves to be.

Applications of the Acetate or Sulphate are often resorted to empirically, when trying the round of local treatment, with varying success.

It is almost disheartening to observe the careless empiricism with which the different preparations of copper, silver, lead, and zinc, are used, apparently with little or no guide by which to select the appropriate remedy for any one case. Hosts of Homœopathic physicians, so called, will tell you that caustic is "homœopathic." Granted. But, then, *what* caustic? Must the whole series be tried in order to stumble upon the right one? I will not object to local applications, *provided always* that the drug so administered is given for the removal of conditions observed physiologically from the same mode of applying the drug; that is, administer the drug for the cure of a condition in the same way as the drug was administered for the production of similar conditions. Do not apply a drug locally for symptoms following its internal administration.

It is, however, urged that (for example) Nitrate of silver given internally will not produce granulations of the conjunctiva; while applied locally, it will. And, therefore, Nitrate of silver is Homœopathic to granular conjunctivitis. How easy it must be, then, to treat granulations! Only

apply Nitrate of silver !!! One might as well say *Phosphorus* for pneumonia.

The fact is, a large number of drugs will produce a granular condition of the conjunctiva, if *Nitrate of silver* will, (which, however, I am not prepared to avow). We must have some guide by which to choose the one drug applicable to the case in hand; that guide is, on the one hand, the general condition of the patient, and, on the other, the physiological proving of the drug. The advanced men of the old school are just beginning to make astonishing discovery that "all their" remedies are *empirical*; and, in order "to become *rational*," they must have "a *physiological* proving." This proving of *Zincum met.* has been made by Hahnemann, in which we find the following action on the eye :

"Pains in the eye, as if they were pressed in. Pressure over the right eye, sudden and painful, with pressing down sensation in the lids. Pressure on the eyes toward evening, and in the left eye through the evening. Aching on the border of the left lower lid near the internal Canthus. Severe aching in the right eye and in the temple. Painful pressing in right internal Canthus, with redness of conjunctiva. Tensive aching in right eye as of rheumatic pressure. Tearing in the left eye. A sticking tearing in the eyes and head. A fine sticking in and over the left brow. A tearing stitch over left eye, and at the same time in umbilical region. Fine stitches, as with needles, in lower right and in left upper lids. A pressive sticking in right eye. Itching. Itching in border of left upper lid. *Severe itching in left eye* by rubbing. Tickling in right eye, as if dust were in it. Biting in left eye by rubbing. Biting in internal Canthus of right eye disappearing on rubbing. Prickling biting in lower part of left eye, and down on to the cheek. A sore biting in eyes toward evening, especially in right eye. *Sensation of soreness in internal Canthus.* Sense of soreness on right upper lid. Soreness of external Canthus, with biting pain. Burning and biting, with photophobia in the eye, with lacrymation especially evenings, and agglutination mornings. Burning, persistent, in eyes afternoons. Burning of left lid, as if it were too dry. Much burning in eyes and lids mornings and evenings, with sense of dryness and aching therein. A pressive burning, especially in left lid, on reading. Conjunctiva of right eye inflamed and red; the internal Canthus matterates; most pain in the eye evenings and nights, as from sand, with frequent lacrymation; also, the upper lid, near the internal Canthus, is too red and swollen. Severe inflammation of eyes, usually without photophobia. Lacrymation mornings, on waking, and also in open air. Much moisture in eyes days, and agglutination mornings. Agglutination of internal Canthus mornings, with pressing

sore sensation and twitching in left lower lid. Twitching in left ball and twitching in left brow. Great restlessness and unendurable pain in left eye, with great weakness in head. Weak, sickly feeling in eyes. Sight vanishes, with lacrymation and burning, after dinner, and often when writing. Vanishing of sight with absence of mind. Dimness of vision. Dim and cloudy before eyes mornings after waking. Flickering before eyes. Yellow, blue, and green wheels before eyes, with suffering expression and sleepiness. Fiery flakes float in large circles before eyes when looking at the sky. Photophobia from sunlight, with dim, weeping eyes."

On studying this symptomatology, in connection with the whole proving, we make the following deductions: Its sphere of action in the eye is most markedly on the conjunctiva; and upon that portion occupying the inner segment of the eye (nearest the internal canthus), also upon the palpebral conjunctiva. The congestion and inflammation of the mucous membrane is not attended with discharge of mucus or mucopurulent matter. On the contrary, the mucous surfaces are, and seem, abnormally dry. Hence the burning dryness, etc., in the eyes. The parts become very sensitive; they feel *sore* (especially internal canthus); they bite, and itch, and tickle, and in the night the eye gets very irritable, and this irritation gives rise to copious lacrymation, and the lids become swollen.

We also find strongly marked indications of its action on the deeper tissues. Witness the pain in the ball, in the brow, and temples; and again, on the optic nerve and retina; we have at least irritation, for disturbances of vision are noticed (yellow, blue, and green wheels); fiery flakes float in large arcs, photophobia, etc. There is aggravation evenings and nights, and on lying.

Clinically.—Zinc was brought strikingly into notice by Dr. Dunham, in cases of pterygium several of which it has cured.* The location of the disease (the conjunctiva

* Doubt has been expressed by some—especially by Dr. Payr in the *N. Z. f. hom. Klinik*, 1869—whether the cases reported as cured by Zincum were real *Pterygium*. For he seems to think *Pterygium* incurable, except by an operation. I can assure Dr. Payr that Dr. Dunham can diagnose *pterygium* as critically as any man. If those cases were not *pterygium*, then *pterygium* is a myth. The truth is, they either recovered spontaneously or were cured by medicine. Pathologically considered, pter-

of the internal canthus), at once brings Zincum to mind, and the symptomatology of some cases strikingly accords with it. I will cite one:

Case 854, Opth.; Hospital, 1869. — Female forty years old. Trouble of eyes began three years ago, as she supposed, from working in a laundry over steam. In September, I found in right eye commencing pterygium, just encroaching on cornea; in left eye, it extended to the pupil from internal canthus, and had a breadth of $1\frac{1}{2}$ lines, and was thick and vascular; the interior portion of conjunctiva much injected, the inner surface of lids contracted, and lashes inclined to turn inward; though they do not rest against the ball, the external canthi are sore and cracked. The eyes feel sore and hot on going into cold air; better in a warm room. At night the itching and heat is great, and lacrymation profuse. She has to put a handkerchief over her eyes, to prevent her opening them, for the lacrymation is very bad on opening them at night. She sees a green *halo* around the evening light with left eye; only counts fingers at ten feet. She has attacks of rush of blood to the head and over face, followed by perspiration over the body. *Zinc.* 200th.

Oct. 1. — No more green halo; sight improved; the external canthi still cracked and raw. *Zinc.* 200th.

Nov. 6. — Eyes better; much less lacrymation nights; less itching; no green halo. S. L. ———

June 22. — Improving. S. L. (Canthi well.)

Feb. 17. — Right eye about well. Pterygium in left eye very pale and thin; there remains on the cornea only a macula; subjective symptoms nearly all gone. S. L.

March 25. — Pterygium very slight. *Zinc.* 200th.

In this case, the green halo disappeared first, then the

pterygium should be as amenable to treatment by drugs as the herpes, or ulcer of the cornea, which frequently precede it. My own observation is that, in true pterygium, a degeneration of the superficial layer of the cornea keeps in advance of the vascular epithelial hypertrophy. Small white spots often appear just in front of the apex of the pterygium, and, in a few weeks, it is found to have reached them. *I know, positively, that true pterygium often retrogresses and disappears*, and I believe that proper remedies conduce to that result.

lacrymation, and aggravation nights, etc. Notice aggravation from cold and relief from warmth.

Zinc is, however, by no means a specific for pterygium, for we have some cases calling for different remedies. For example:

12-28. — L. M.; 35. Boatman. In left eye, pterygium invading cornea to extent of one line; thick, vascular, markedly fibrous in appearance (when the eye is turned outward.) In the right eye the caruncle is swollen, and internal portion of conjunctiva adjacent to it is thickened and congested; has pricking pains in eye at times; has burning in whole left side of face and ear, mornings. Used to have catarrh from head to throat, which is better now. His head feels swollen at times, so that his cap fits too tightly; complexion earthy. *Calc. c. 200.* One dose.

1-15. — Less burning in face and ear. Pterygium same. *Calc. 85 m.* Four doses.

2-14. — Not as well as after first medicine. More burning in face. *Calc. c. 200.* One dose.

3-8. — General feelings improved. Less heat about head; less prickings in eye.

3-23. — Improved. Pterygium thinner; same extent; less inflammation in internal canthus.

4-4. — Pterygium very thin, only a film; feels well other ways.

The action of *Zincum*, in other conditions of the eye, is illustrated by

No. 433—1870.— A case of *Syphilitic Iritis*. Had proved very obstinate. It was marked by the following conditions: The pains did not come on until he lay down at night, and then there would come profuse, hot, scalding lacrymation. The pains were dull; involved balls and brows; cannot sleep over ten minutes; he must wake with eyes full of burning water; no discharge of mucus or pus; indeed, rather dryness of conjunctiva, and ball and lids are very much inflamed; the aggravation on lying is marked. *Stylingia* had removed the pains in the fore-arms and legs, but had not relieved the eye. *Arsenic*, *Mercury*, had not bene-

fited him. *Nux v.* gave him some relief; but the first dose of *Zinc.*, 200th, worked wonders, and his eyes got rapidly well; and, in three weeks could see No. XX. type at twenty feet, showing vision normal — though his eyes were weak after exerting them, and some slight adhesions of the iris to the capsule of the lens remained (which had already formed when he came into my hands). The syphilitic bone pains, and other constitutional disturbances, continued to trouble him, for which he received other drugs.

A child had had pustular keratitis. *Euphrasia* had nearly cured him; but a persistent redness of the conjunctiva remained, without any discharge. It was worse toward evening and in the cool air. *Zinc* was given, and immediately he began to improve; drank large quantities of water, and the next time I saw him he was well.

We find that, prominent among the indications for the use of *Zincum*, in diseases of the eye, are: Inflammation of the conjunctiva (especially of the inner portion), with slight discharge, with burning, dry sensations. The pains are mostly dull, involving the ball and the orbit. The left eye is generally first affected. A green halo around the lamp-light has been clinically verified. Aggravations are nights, lying down, eyes closed, and cold. Amelioration by warmth.

Some of the conditions of the eye symptoms do not correspond with the general conditions of the drug. This is the case with several other drugs; and often in diseases we find that relief of general conditions causes aggravation of the eye-symptoms.

NO. II.

ADDITIONAL OBSERVATIONS ON CHLORAL

BY DR. LIEBREICH.

AT the meeting of the Ophthalmological Association, held in September last (in Germany), Dr. Oscar Liebreich presented a most interesting paper on the use of *Chloral-hydrate*,

detailing his recent experiments, and giving his views of its action; which, with the discussion that followed, is of so much interest that I venture to present it nearly entire. In his introduction, he says:

“I will communicate to you the general results (of *Chloral*), and how one is led to such a remedy, and what means are to be used to discover new therapeutic agents. In considering the remedies in therapeutic use at the present time, it may, in general, be said that they are all empirical; they only become rational when a physiological proving is attached to them; that is, when physiological facts have decided what effect any substance, whether *Chinin*. or anything else, produces on the organism, and when the remedy has been symptomatically employed; while, in a few cases only, we endeavor to operate directly upon the cause of the disease. When we ask ourselves, how shall we discover new curative agents? it soon becomes apparent that the empirical method must be abandoned.

Nature furnishes a certain number of remedies; these remedies may be exhausted, or soon become so. From the analogy of the characteristics of previous remedies, we can draw no conclusions as to the effect of other remedies not yet studied. For example: I refer to *Chinin*. It has been believed that a series of bitter stuffs must have the same action as *Chinin*. — all bitters have been tried, only in vain. On the other hand, chemistry has furnished a great number of substances, and we must believe that, among these many, some, at least, exist which possess curative properties. As much as chemistry has contributed to other departments, the substances hitherto obtained have been of little service to therapeutics.

Now, it was my design to prove, whether, by means of chemical combinations, certain substances can be produced of which certain curative actions can be predicted.

The number of chemical bodies is infinite. To prove each one is simply impossible.

Chemistry, it is known, classifies in groups. This classification is, however, of no value for remedial agents. For

example: the action of the æthyl-alcohol differs essentially from the higher alcohols (as the amyl-alcohol); the highest alcohols, indeed, are completely inert, and are cast off with the fæcal matter. Similar observations are afforded by the series of fatty acids. We must, therefore, proceed on another principle. I will trouble you as little as possible with chemical technicalities, and only allow myself to notice briefly a fundamental law, which modern chemistry furnishes us, and from which law I can explain to you how I was led to judge of the action of this substance.

If a substance be mechanically divided into its ultimate smallest parts, we arrive at what we call molecules; every molecule can be chemically divided into atoms; and, from chemical facts, we must believe that in a molecule there is a definite arrangement of atoms. Since there are substances which possess an equal number of atoms in an equal number of molecules, and whose action on the organism is different, so it follows that we must recognise the arrangement of atoms in the molecule as an index to its action.

When a substance is introduced into the organism, energetic decomposition often ensues; and the force which accomplishes this may be compared to the most powerful reactions which can be produced in the laboratory outside of the organism. For example: if acetic acid or alcohol be introduced into the system, they become decomposed into carbonic acid and water. In order, now, to ascertain whether a division into a compound — intermediate — product precedes the final decomposition into the last simplest substance, we use a substance whose division-product is recognized by its physiological action.

Chloral and its hydrate seem to me pre-eminently suited for such examinations, since the intermediate product can be recognized by characteristic reactions. When *Chloral* is treated with an alkali, the atoms in the molecules of the carbon-compound become divided, and *Chloroform* results (as the principal product) and *Formiate of soda*. It was to be expected, on the advent of these substances, that, in case they exerted an action, we should find effects from *Chloro-*

form. Experiments have most evidently verified these views. The solubility of *Chloral-hydrate* in water allows its administration internally, or sub-cutaneously. The first experiments were made upon frogs and rabbits. *Chloroform* action was observed in all its stages, except the first (stage of excitation). The *Chloroform* which results is probably only successively produced; so that, at each moment, only a small amount of *Chloroform* is at work. The effect will be different from that produced by inhalation. The action of *Chloroform* is thoroughly understood in all its stages. The old theory of Flourens receives renewed value. Its course (aside from the stage of excitation) is this: 1. Action on the ganglionic cells of the brain (hypnosis). 2. On ganglionic cells of the spinal cord (anæsthesia). 3. Action on the ganglia of the heart, producing paralysis of heart (death). It can, in fact, be proved that the paralysis of the heart from *Chloroform* has nothing whatever to do with the N. vagus; and only when, in the first stage, a loss of pulse is observed, can it be considered as a reflex irritation of the vagus. When *Chloral* is introduced, we should observe, first, action on the ganglionic cells of the brain, then on the spinal cord, then on the heart. In fact, except the stage of excitation, these stages appear successively, completely marked. It must be borne-in mind that, in *Chloroform* action, absorption into the blood is slight, the stages follow each other rapidly; whilst, in *Chloral*, the stages are much more enduring. When *Chloral* is given a dog, in small doses, his head falls, his eyes close, he remains so for several hours, but may be roused by every noise. If the doses are increased, complete anæsthesia may be obtained. I have also undertaken experiments upon man. I have sought, at first, to obtain only the stage of hypnosis. (This stage, in fact, is very happily induced in men.) In five or ten minutes one begins to blink his eyes; the whole system seems over-fatigued; he begins to yawn; and, when these short, tired symptoms pass over, he falls into a quiet, normal sleep. In this sleep the senses are benumbed; *consciousness is not disturbed*, as is often the case in the hypnosis from *Chloroform*. You can wake such

a one out of his sleep; he makes rational replies to questions, and, as soon as let alone, he sinks back again into sleep. The dose of *Chloral* depends upon the pathological condition. It must be administered for various diseases just as morphine. *There*, we vary from one to one hundred; and no wonder that the dose of *Chloral* may vary from two to five grammes. In people addicted to alcohol, it must be repeated like *Chloroform*. They endure enormous quantities. (Example.) The taste is somewhat bitter and acrid. Syrup of orange peel is the best corrective. Concerning its exhibition for operations, I do not recommend *Chloral* to be given *alone*, for in the first place there is danger in its narcosis if we should happen to give too much, and in the second place this narcosis cannot be interrupted at will; this is much easier done under the effect of *Chloroform*. I have, however, recommended *Chloral with Chloroform*. A person may be chloralized to a condition of sleep, and then bring on anæsthesia by small inhalations of *Chloroform*; after the operation, the anæsthesia will speedily disappear, and under the action of *Chloral* the patient will enjoy a good sleep."

A discussion followed this paper, eliciting these additional statements from Dr. Liebreich :

Chloral is *contra-indicated* in ulcerous processes of the mucous membrane, or mouth, and alimentary tract. If given with ulcer of stomach, hæmatemesis will follow. Old cicatrized ulcers of the stomach have been re-opened with *Chloral*.

In all diseases of the heart it is recommended instead of *Morphine*, having the advantage of relaxing, instead of constipating.

Sleep follows in twenty minutes at the latest, and *Chloroform* might be immediately superadded.

It is not well adapted for sub-cutaneous injections, since so many punctures are required; but in tetanus, and especially in trismus, it is desirable. Use a neutral preparation.

It can be given to patients having heart disease, since we only dread the first stage of *Chloroform*, which *Chloral* avoids.

NO. III.

ON IMBEDDING SUBSTANCES FOR MICROSCOPIC SECTION.

BY M. FOSTER M.D., Fullerman Professor of Physiology.

IN Max Schultze's *Archiv* (Vol. CLXIV.), is a short paper by Professor Klebs, in which that accomplished microscopist recommends the use of strong glycerine jelly for the purpose of imbedding objects previous to the preparation of microscopic sections. I have tried this repeatedly; but, having failed to secure the advantages said to be gained by it, have fallen back upon the paraffin process, which, by-the-by, we also owe to Professor Klebs' ingenuity. As this method does not seem very popular in England, and is, moreover, very badly described in Stricker's "*Handbuch*," I venture to give a note of the details upon which success in it mainly depends:

The process is most useful with objects which have been hardened in chromic acid or alcohol, and which are intended to be mounted in balsam; but it may be applied advantageously to objects of all kinds.

The first thing to be done is to choose a material corresponding in firmness with the object about to be cut. By melting together common solid paraffin (the paraffin candles sold at the shops answer very well) with the so-called paraffin oil, a substance may be obtained with almost any melting point you like, and setting, on being cooled, into almost any degree of firmness you please. A mixture of about one-quarter, or less, of paraffin oil, to three-fourths of paraffin candle, has appeared to me most generally useful.

Supposing the object to have been hardened in chromic acid, and to be about to be mounted in balsam, the way to proceed is as follows:

The object is taken out of the chromic acid and immersed for a few hours in alcohol. A cake of the paraffin mixture is then cut of a size suitable for holding in the hand, a hole scooped in it, and a small quantity of the melted paraffin poured in. The object, previously taken out of the alcohol,

and its wetness removed, either with blotting-paper or by evaporation, is then dropped in. If the paraffin be sufficiently liquid, the object will sink a little way in it, and the under surface will soon become completely coated with the paraffin. So much paraffin only should be used as is enough to cover the lower half of the object, the upper portion remaining uncovered. The exact position of the object must now be noted, in order that there may be afterwards no doubt of the place in which the section is to be made. An arrow marked on the cake, or, if necessary, a sketch in ink, will prevent all difficulties. As soon as, by the cooling of the paraffin, the object has become fixed, more paraffin is poured over it, until it is thoroughly covered in. The cake with the imbedded object is now thrown into spirit, and, in a few minutes, is ready for section; though it is, on the whole, better to let it stay in the spirit till the next day. The cake must afterwards be carefully pared away, a little at a time, in the plane of intended section, until the object is seen to shine through. The sections may then be made either with a microtome or with a hand-razor. If the cut surface be kept well wetted with spirit, and a layer of spirit be carefully carried on the upper surface of the razor, there will be no difficulty in floating the section on to a glass slide; the movement may be aided by a pipette or syringe. It is often useful to bevel down the edges of the cake, from time to time, as sections continue to be made, in order that as little paraffin as possible may be carried away on the razor with the section. If the specimen be not intended for mounting in balsam, the paraffin may easily be washed away, at first with spirit and afterwards with water, and the section stained, mounted in glycerine, etc., etc. There really is very little difficulty in getting rid of the paraffin, except where it has run into internal cavities. If balsam-mounting be adopted, there is no difficulty at all. Coming directly after the spirit, a drop of creosote (common creosote, not carbolic acid — the odd ingredients of the former rendering it far more useful than the latter) clears the section up at once, and a few washings with turpentine gets

rid of all the paraffin and leaves the tissue quite ready for the balsam.

It is by no means necessary, as Stricker recommends, to apply the creosote and turpentine before imbedding. With care, the cavities and spaces between the paraffin and the object may be reduced to a minimum; and, even when they are formed, it is quite possible, in spite of them, to get excellent sections.

Nor need the method be necessarily limited to objects hardened in chromic acid or preserved in spirit. It is most useful with them, but may be employed without the intervention of any alcohol at all. Care, however, must then be taken to remove as much moisture as possible from the surface of the object, and to select a paraffin mixture of suitable firmness.

There is an incidental advantage of this imbedding process. An object may be imbedded, several sections made, and remainder of the cake replaced in spirit, in which, with a sufficiently instructive label, it may be preserved for any length of time, ready for other sections to be cut whenever they may be wanted.

STAPHYLOPLASTIC OPERATION.

BY C. H. VON TAGEN, M.D., *Lecturer on Surgical Anatomy, Hahnemann Medical College, Philadelphia, Penn.*

Miss W—— was exposed, some ten years since (then in her 23rd year), to a severe storm at night, while on a pleasure trip on Delaware Bay. Her brother, being a seafaring man, and the owner of a coasting schooner, took with him, on one of his trips, his two sisters, of whom the patient was one. The weather being intensely warm (July), the party slept in hammocks swung on the upper deck. During the night a thunder storm came on, and the party

were drenched. A few days subsequently, the patient experienced severe pains on the left side of the face, of a darting, shooting nature, preceded by severe chills, followed with fever. The pains continued more or less for some weeks, and were supposed to be neuralgic. The side affected began to swell over the superior maxillary region, presenting a red and inflamed appearance; there was, also, deep-seated throbbing and aching. The nasal passages, both anterior and posterior nares, were completely obstructed, so as to oblige the patient to breathe constantly with her mouth wide open. The fauces were much swollen, and her throat became so sore and inflamed that it was very difficult for her to swallow the blandest kind of drinks. Besides the foregoing symptoms, there were others, such as headache, more or less constant, loss of appetite, and a profuse accumulation of stringy, tenacious mucus about the fauces and larynx, which, at times, threatened to suffocate her, requiring much effort to expectorate.

Had the case, at this juncture, fallen into the hands of a skillful Homœopathist, and a dose or two of *Kali bich.* been administered I have no doubt in my own mind that the disease in question would have been conquered. I have been fortunate enough in more than one similar case, on former occasions, to obtain such results with that remedy. Instead, however, an Allopathist was summoned; and, after listening to the history, and summing up the symptoms of the case, pronounced it one of bronchitis. Forthwith he began treating her for that affection, and so persisted until pus began to force its way through the anterior nares of the left side. About this time much pain was experienced in the canine, bicuspid, and first molar tooth, on the upper jaw of the affected side, and, in a few days, they lay loose in their sockets, and were extremely tender to the touch. The patient, at this time, some three or four months after the exposure to the storm, had become much emaciated. Hectic flushes appeared daily toward evening. Night sweats followed; and, to use the patient's own words, her sufferings were intense beyond description. One night, without being

considered presumptuous, think that the physician in attendance would at this period have discovered his mistake; but such did not prove to be the case. He confessed now that he did not understand the nature of the affection. The sufferer's patience having now become exhausted, and losing confidence in her medical attendant (*Query* — Was it any wonder?), who had mistaken a case of abscess of the antrum of Highmore for bronchitis; for such any man, styling himself a physician, might have readily recognized the case to be at the outstart, he was dismissed — not, however, before doing all the harm he could, what with expectorants, cathartics, sedatives, counter-irritants, opiates *et id omne genus*; to say nothing of the prostration naturally following in the wake of such an affection.

The next medical attendant summoned was an Allopathic surgeon, a man of considerable ability, and well known to the writer. On examining the case, he forthwith extracted the loose teeth, and a considerable quantity of pus escaped.

At the central portion of the median line, or raphe, there was a white spot the size of a pin-head, into which he plunged his lancet, and there followed a copious flow of thick, yellowish, foetid pus, after which the patient felt great relief from pain. She was now put upon tonics, etc. — as she described them, “bitter medicines.”

For a period of two years and more, the patient was troubled with discharges through the incision or opening, into the mouth, and from the anterior nares likewise. Now and then a piece of bone would come away, accompanied with a persistent offensive odor, easily perceived by any one in the same room. The patient's life was a burden to her, being obliged to live in seclusion on account of her condition.

In 1861, at the breaking out of the rebellion, her then attending physician accepted a commission and entered the service. From this time until February she was obliged to wear a plate in the roof of her mouth; otherwise she could neither eat, drink, nor articulate. She had now regained

her usual robust health, although there was some odor still apparent, and when close to the patient's mouth.

Such is a history of the case, as obtained from the patient herself, at the time she presented herself to me. The aperture then measured one inch in the antero-posterior direction, and five-eighths of an inch in the transverse direction, by accurate measurement.

I was consulted, at the urgent solicitation of a prominent dentist of this city, whose patron the patient was, as to the feasibility of closing, permanently, this aperture. After deliberating upon the matter, and consulting the various standard works on surgery, I concluded to try Langenbeck's sliding operation. I did not, however, anticipate closing the aperture with a single operation, but rather by gradual measures, and so expressed myself. When considering the size of the opening, the nature, and non-elastic character of the soft parts in this region, as well as the sparse quantity at my disposal, I was guarded in my prognosis, yet felt confident as to the ultimate result.

The following were the steps of the operation: First freshening of the edges of the aperture. (This, let me add, should be done very carefully.) The freshening should not be done in a vertical direction; that is, with the knife held straight up and down, but rather in a shelving manner, from below obliquely upwards and inwards, so that, when the sutures are drawn, and the margins co-aptated, they will project a little upwards. By adopting this plan, the cut surfaces of the edges can be accurately approximated; and herein much depends as to a successful issue. In case the edges are freshened in a vertical direction, the two mucous surfaces of each side would be brought in apposition, while the cut surfaces would be forced upwards and outwards; in other words, everted in the nasal fossa, instead of being approximated — and thus, it will be perceived, no union can take place. The paring was done with a highly tempered double-edged knife, with very thin and keen edges. The next step was to make two lateral incisions, one on each side, bordering on the inner edge of the alveolar process, and about

one-eighth of an inch from the remaining teeth, beginning at the last molar and carried as far forwards as the second incisors. These lateral incisions should be made deep and well down to the periosteal covering of the bone, and can be done with an ordinary scalpel. This done, carefully peel off the soft parts from the hard palate, upwards and inwards, towards the margins of the aperture, with instrument No. 1, after which effectually divide the remaining attachments with instrument No. 2. The operator may now test the adaptability of the flaps by pressing them towards the central line, by means of the index fingers, which, if easily accomplished, the sutures may be safely introduced. Should there be any attachments left which constrict at any one point, they should be detached with instrument No. 5. The needle, Fig. 7, is now secured in the needle forceps, Fig. 6, and taking good, firm hold, pass through the entire thickness of the flaps, from below directly upwards, and bring the point out between the cut edges. This done, pass the end of the wire ligature through the eye, and draw the needle back and the ligature will follow; repeat in the same manner on the opposite side, only introducing the other or opposite end of the wire. The perforated shot is now passed up the two ends of the ligature or wire, and pushed well up, with instrument No. 3, until the edges are well in contact; then remove No. 3, and with No. 4 seize the shot, and by firm compression clamp or press the sides of the shot firmly together. The projecting ends of the wire should now be cut off close to the shot, on its under side. Four stitches were thus passed in and secured.

The result of the first operation was the closing of two-thirds of the aperture. After the lapse of three months, and the parts had hardened and regained their wonted activity, I repeated the operation, almost step by step, as in the first instance; but again only partial success followed, on account of the supervention of a severe attack of angina, and the formation of a small abscess, which formed in the floor of the nares close to the line of the inner edges; this

broke on the tenth day, and loosened up the already adherent edges, which promised, up to this time, a successful union.

Another two or three months were allowed to roll by. A third operation was performed, resulting in perfect and complete union. The patient has now a good, firm roofing to her mouth, and can articulate, eat and drink as well as ever, and has now a set of new upper teeth, to take the place of those lost by the disease.

The attack of angina, which followed the second operation, was completely controlled in five days, with *Hydrastis Canadensis* \emptyset , minims V., *Aquæ f.* 3 iij. Dose, a tablespoonful every two or three hours during the day.

The instruments for this form of operation, and, indeed, in all operations in the buccal cavity, should be constructed on the same principle as those used in the vesico- and recto-vaginal fistulas, viz., with long shanks or shafts. I herewith annex a drawing of a set made by Mr. Gemrig, of this city, especially for the purpose. Accompanying this, I also send two other drawings — *A* representing the roof of the mouth prior to the first operation, and *B* its appearance after the third or final operation. The drawings were executed by Mr. William Hathaway, a student of the Hahnemann Medical College, of this city, and copied from plaster casts made by Benjamin Ripperger, Esq, the dentist who first brought the case to my notice. Mr. R. has recently made a set of teeth mounted on vulcanite plate, with which the patient expresses herself highly delighted, as she was with the result of the operation.

DR. WELLS AND HIS REPLY.

Editor of the Journal :

Grant me space for a rejoinder. I will aim at conciseness.

About a year ago * I criticised two papers by Dr. Wells. In the criticism I observed a courtesy that was congenial to my own feelings, and which, at the time, I supposed to be due to Dr. Wells — of which notion he has taken pains to disabuse me. Whether dwelling among miasms affects the brains of the dynamo-miasmatic family, or whether an original but unfortunate idiosyncrasy prompts to the adoption of the dynamo-miasmatic hypothesis, its advocates seem quite incapable of confining themselves to legitimate discussion. No sooner are their views criticized than, diverging from the subject under discussion, they attack the critic.† And what is especially disreputable and worthy only of partizans of a very low type, they seek to render an opponent odious by the cry of heresy.‡ At least this has been my experience.

* I have no right, as I have no disposition, to object to the protracted incubation necessary to the hatching of Dr. Wells' fowl. But I am entitled to the expression of my regret that it does not show marks of better breeding.

† I do not mean to say that no occasion may arise to justify and to demand plain speaking, even to denominating a liar a liar, and a rogue a rogue. But it both betrays ill-breeding and excites a suspicion of weakness when, in a scientific discussion, one rushes into unprovoked personalities. And whatever irritation Dr. Wells may have felt at my presuming to criticise his papers, it affords no excuse for venting his spleen in an accusation of insincerity.

‡ This cry has been the ready resort of bigots in every age. Happily it is losing its terrors. Men are gradually learning that the heterodoxy of to-day may be the orthodoxy of to-morrow. The world moves, if slowly.

“Where to-day the martyr stands,
On the morrow crouches Judas with the silver in his hands.”

It does not seem to have occurred to Dr. Wells that truth is not always the appanage of those who swim with the current.

Whether this method comports with confidence in the strength of their positions, or whether it indicates a disposition to divert attention from their weakness, let readers judge.

However rude a departure from the proper method of scientific discussion this gross violation of its ordinary courtesies may be, Dr. Wells should remember that the one who initiates it, throws down the barrier and legitimately exposes himself to retaliation. He has declared war and resorted to military tactics.

In view of the assumption that characterizes Dr. Wells' manner, and the feebleness and confusion that characterize his matter, he should be among the last to provoke an opponent to pass through his airy nothings and reach their vulnerable author.

Dr. Wells sets out very appropriately with a quotation from Pontius Pilate, at the same time apologizing for the liberty he takes.* Let him not disquiet himself. His subsequent course indicates that Pontius was a worthy exemplar. He appears to be quite as indifferent to justice, and quite as little solicitous about an answer to the question that he repeats as was Pontius; although he does insinuate that somebody cares less about truth than party, seemingly quite unconscious that the insinuation may be appropriate to the latitude and longitude of Brooklyn.

He does not, however, content himself with vague insinuations. He avers that his sympathizers charge me with wilful misrepresentation. This charge he goes through with a form of rebuking in a manner apparently intended to confirm the impression it would naturally make, and then fortifies it by expressing his own doubts of my sincerity.

* Dr. Wells treats the quoting of Pontius Pilate as quite a solemn affair. The words of Satan are found in the same volume with the sayings of Christ. That fact lends no more sacredness to them than if they were in the last yellow-back. Holiness is not taken in that way; and I do not know that either Satan or Pilate needs to be treated with any particular respect.

Dr. Wells is no child, and his method of insinuating dishonesty, together with the general management of his subject, shows, (though he may not be, like old Joe in *Dombey & Son*, "d——h sly,") that he is not destitute of cunning, that sorry counterfeit of wisdom. And he knows perfectly well that the mere utterance of slander will cause some of it to stick, especially when after giving publicity to that slander, he repeats it in another form.

I, too, could quote opinions proceeding from some of the best minds among us relative to Dr. Wells and his course. I prefer not to stoop to retailing second-hand opinions derogatory to an opponent. Besides the essential meanness of the act in a scientific discussion, I am not accustomed to bolster myself up by any such extraneous means. And I cannot but regard them as particularly unbecoming in one who sets himself up as the authoritative interpreter of God's designs, pompously lecturing his colleagues about God and truth, as though he were the ordained recipient of the one, and the peculiar depository of the other;* and all this while he emits what can only be

* That Dr. Wells richly merits all I have said, the following passages testify:

"Lastly. It is affirmed of the truths discussed in this paper, *the dynamic nature of disease, its causes and its cure*, that they are of the greatest possible use, in this, that they pervade and dominate all practical efforts for healing the sick, *made in accordance with the laws appointed by the Almighty for the guidance and control of such acts. To ignore their existence and yet attempt practical healing, is to wander in a voluntarily chosen darkness, when a wise and beneficent Creator has furnished the clear light of a noon-day sun.*"—*Dr. Wells in U. S. Med. and Surg. Jour. April, 1868, p. 261.*

Dr. Wright, having offered the following resolution: Resolved, That while the doctrine of "*similia similibus curantur*" is true, that of during natural diseases by creating similar artificial ones is not true, and ought therefore not to be received by the profession, is lectured by Dr. Wells in *U. S. Med. and Surg. Jour. Jan. 1869*, as follows:

Dr. Wells alludes to the law *similia* and says: "He is quite likely to be brought to shame who denies its truth if he lives long." He then proceeds to condemn the negative part of the resolution, in the following language:

"It is not certain that attempts to fix partial limits to its practical application will be followed by a different result. Certainly not unless God has so limited it in that which he has ordained. What he has established then is likely to be poor success in attempts to either limit or remove," with more of the same sort.

To be thrusting on his opponents such truisms as that they cannot limit

regarded by any one with the faintest idea of logical sequence, as mere hypotheses to be examined, and not as truths that are established. A short and easy way this of bearing down an opponent by summoning God to one's aid. If he would, in his treatment of his antagonists, display a little more of the spirit of that God with whose counsels he assumes to be so familiar, instead of parading his assumed familiarity, he would at least cease to appear as ridiculous as he now does. He would also be much better occupied in diligent endeavors to ascertain whether his hypotheses have any foundation in nature, than in turgid harangues about the plans of the Almighty.

I am too old to begin to defend myself against the charge expressed or implied of willful misrepresentation; and Dr. Wells is old enough to know better than to make such a charge. But if any of his sympathizing friends to whom he alludes, whether he belongs to the common enough class so uncharitable or so dishonest as to distrust all opponents, or to that other not uncommon class who have so little sense of integrity that they doubt its existence — I say if any one of his sympathizing friends of either class will assume Dr. Wells' articles (since he declines discussion *) I will endeavor to convince the unprejudiced that

God, is not particularly instructive. The gist of the whole matter is that Dr. Wells is the special exponent of God's will, and that any one who fights Dr. Wells fights God. Is Dr. Wells so unutterably deluded as to suppose that he can hide his dialectic weakness by assuming that the Lord is always on his side in his controversies? Does he suppose that such assumption will have a feather's weight?

One might parallel the proverb, that in war God is with the heaviest battalions, by another, that, in discussion, he is with the facts and reasons; from which latter maxim Dr. Wells can derive but small consolation.

* After declining discussion, Dr. Wells proceeds to cover, in discussion, more pages, by forty per cent., than I occupied in my criticism on his two papers.

He also makes the assertion, utterly irrelevant to the matter in hand, that I challenged him to a discussion. I doubt it. It would be presumptuous in me, writing, as I do, from a thousand to fifteen hundred letters a year, to pretend to remember, with certainty, the contents of a letter written a year and a half ago.

But I doubt whether there was any such challenge in it.

I have done him no injustice, that if I have failed to present all his strength (?) I have not exposed a tithe of his weakness. I will cease to exercise the forbearance that I previously showed, a forbearance that he so poorly appreciates.

But though Dr. Wells proposes to cut off discussion I am not willing to let him have it all his own way. I must be permitted to discuss three questions of fact that occupy a somewhat prominent place in his impeachment, and then submit to the readers of the *Journal* which of us best sustains his statements.

I represented Dr. Wells as defining disease to be "a force," a "state of the vital forces," and "a change in the state of the living forces."

Dr. Wells, in reply, says: "We find in the paper criticized one only attempt to define disease." He then proceeds to give *that one*, in the act excluding and thus denying those that I quoted. And every reader who confides in his frankness, and who is not familiar with his articles, naturally concludes that I have misrepresented him.

Now, let the reader note the following statement by Dr. Wells:

"If disease be essentially dynamic in its nature, *a change in the state of the living forces merely*, if it be but *a force* acting in a destructive direction, which in its normal state was active for conservatism, (conservation intended I suppose, G.) then the whole practical duty of the physician in accomplishing its cure is in this one act, to change *this state of the vital forces* to their * original conservative balance."
— *U. S. Medical and Surgical Journal*, Ap. 1868, p. 258.

He here does precisely and in terms what I represented him as doing, and what in effect he denies. He does define disease as "a force," as a "state of the vital forces," and as "a change in the state of the living forces." That

* Probably Dr. Wells did not say exactly what he intended, when he proposed to change "*this state * * * to their * * * balance.*"

Though so inaccurate in expressing his own, he is singularly precise in conveying the Lord's meaning.

any man who betrays such lack of acumen as to bring so discordant definitions into juxtaposition, should pretend to discuss the recondite subjects that form the staple of Dr. Wells' articles, is sufficiently amazing. It should be obvious to any dullard that disease cannot be a *force*, a *state of forces*, and a *change in the state of forces*. A force is not a state, and a state is not a change. One would think that none but an incorrigible blunderer could thus confound them.

And to make confusion worse confounded, he seems incapable of distinguishing between vital, pertaining to life, and living, possessed of life. "Living forces" is a mere jingle of words.

It was, no doubt, quite natural that he should endeavor to escape from the consequences of his blunders. But if he means to take advantage of the fact that these definitions are found only in the second of the two papers that I criticized, or if he means to avail himself of the "if" that precedes his definitions, when these definitions are at the very heart of his hypothesis, and when the "if" was placed before the several propositions in order to constitute them premises from which to derive "*the whole practical duty of the physician,*" then does he merit the scorn of all honorable men. And yet he would have it appear that I misstated his propositions.

In order to settle the second question of fact, I quote again :

"The first mistake we shall note before comparing our own synopsis with his, (my. G.) is this statement: 'Dr. Wells having established, to his own satisfaction, that disease is immaterial, proceeds to state that the cause is immaterial also.' This is a mistake. We have only asked the question if the fact of this nature of the effect, the disease, throws no light on the essential nature of those causes, etc. It is only a question, not a statement, of necessary consequence. The addition to the query, the reasonableness of an *a priori* answer is suggested, nothing more."—*Dr. Wells in U. S. Medical and Surgical Journal* Ap. 1870, p. 298.

Now, let the reader mark the following language from Dr. Wells' paper, on the 133d page of the UNITED STATES MEDICAL AND SURGICAL JOURNAL for January, 1868 :

"For the sake of argument only, we, for the time, have conceded the material nature of the causes of those classes of diseases we took for our illustration, not because we admit the truth of the assumption, but only that we might show that the true nature of disease was none the less a state or force changed* by these causes, from a conservative to a destructive nature. We now wish to withdraw that admission and *contend that as the nature of disease, the effect is immaterial, so is that of its cause.*"

"Only a question," "is suggested": nothing more!

True, the paragraph in which this is found, commences with two questions and a suggestion of reasonableness. Is the statement which I have italicised, thereby converted into a question and a suggestion? Every reader knows, and Dr. Wells knows that the sentences quoted, contain neither question nor suggestion, but positive assertion.

Nor will the plea of oversight avail Dr. Wells; since the sentences which I have quoted, are not only found in the very paragraph which contains the question and suggestion to which he alludes, but they immediately follow the suggestion. There is no room for mistake. And yet he again charges me with misstatement.

And this man lectures his colleagues about the love of truth!

Let us now examine the third question of fact.

Dr. Wells, by way of convicting me of misrepresentation, uses the following language: "We have *not* 'concluded' this nature of the drug power from the proved similar nature of diseases and their causes." As it happens, I did

*As if the *nature*, instead of the relation of the force, would be changed in the supposed case! Is the nature of the kalmia that nourishes the goat changed, when it kills the sheep.

And what does he mean by a destructive state? A state of destruction? Really, it is trying to one's eyes and patience to be obliged to shoot at so small game.

not make the assertion* that he attributes to me. But I will not take advantage of my former silence. I now assert that he does thus conclude from the alleged, not the proved (since he has proved nothing) nature of disease; and the following extract from his paper, on the 259th page of the UNITED STATES MEDICAL AND SURGICAL JOURNAL for April, 1868, establishes the correctness of this assertion :

“The third *inference* is, that so to act on a mere force as to change its state, only a mere force would be likely to be requisite. This would be the *conclusion* of every philosophical observer, and this is precisely the Divine arrangement for the cure of the sick.”

Here he not only *expressly infers* the nature of the curative agent from what he alleges to be the nature of the disease to be cured, but he asserts that every philosophical observer would *conclude* the same, very condescendingly adding that this is “precisely the Divine arrangement,” in which statement he not only displays a gratifying acquaintance with Divine order, but also much greater precision than he shows in regard to his own method.

So that to doubt Dr. Wells is inexcusable skepticism; and by natural consequence to treat lightly his flimsy hypotheses, is impiety. For does not Dr. Wells loftily assure us of his concurrence with God. In view of his assumption, one ceases to wonder at his fanaticism.† But,

* The passage in my criticism, to which Dr. Wells alludes, is this :

“Dr. Wells having established to his own satisfaction, that disease and cause” (by typographical error, cure) “are both immaterial, naturally concludes that cure is also.”

I neither wrote nor meant “from.” I intended merely that, having established the former to his own satisfaction, he would readily discover evidence, conclusive to him of the latter.

What Dr. Wells desires to prove, will not lack evidence sufficient to him.

†If any one doubts the justice of my animadversions, let him read the following extract from Dr. Wells' reply to my criticism, an extract in which the arrogance of his tone is only equaled by the meanness of his insinuations :

“No efforts at distortion or concealing (concealment probably intended. This special revelator should not slip in his rhetoric.—G.) of facts, however

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however lofty his views of his own superior enlightenment may be, they afford no excuse for his repeated denials of his own emphatic words. Is it the atmosphere of Brooklyn, or is it the miasms that impel to such repudiation of his own carefully considered language? His audacity in denying his own propositions staring him in the face from the pages of the JOURNAL, in order to implicate me in the appearance of misrepresentation, is even more amazing than his blunders—if indeed, this recklessness of denegation is not his greatest blunder.

“And now what is truth,” as Dr. Wells says. For I, too, am impelled not only to exclaim with Pontius Pilate and Dr. Wells, what is truth, but also to inquire where it

persistent or skillful, no attempts to pervert or ridicule them. however ingenious or witty, will avail to prevent this. (“come to nought.”) Doubt or denied, the truth remains wholly unaffected. The skeptic alone is the sufferer. Denying a truth has never deprived it either of existence or power. Its eternity, omnipotence and unchangeableness were stamped upon it by its Divine Author when he ordained it.”

Again, alluding, on the 308th page, to his *hypothesis*, he says that, on condition of its truth, it “*can no more be set aside by skepticism, criticism or the errors of science, than the throne of its eternal Author.*” And as Dr. Wells has most unequivocally instructed us that it is true, let all men take warning and accept his hypothesis as one of the eternal verities, under penalty of being found fighting against God—and Dr. Wells.

When Gamaliel warned his brethren to desist, “lest haply” they “be found to fight even against God,” it was on the strength of miracles wrought. It would be a miracle if Dr. Wells should do it for any so good reason.

Did it never occur to Dr. Wells that his opponents may be as earnest truth-seekers as himself—if, indeed, he can be said to be any longer a *seeker*? It may astonish Dr. Wells to be informed of the fact, and as I do not wish to shock his nervous system unduly by too abrupt a communication, I would gently insinuate, that the real question at issue may be, not whether God’s power is irresistible, or whether his laws are invariable, but only whether Dr. Wells is an infallible expositor. That is all. It would be well for him to ponder this fact; for in the absence of special inspiration and infallibility, his style of appeal to God and resistless power and immutable law, seems very much like bombast, and is far better adapted to tickling one’s sense of the ridiculous than to awakening one’s reverence.

The only possible apology for Dr. Wells arrogant tone towards those who decline to be brow-beaten into an acceptance of his whimsies, is, that his consummate egotism may have culminated in monomania.

(The italics in quotations from Dr. Wells, are by my direction.)

is. It is easy to see that it is not *what* Dr. Wells asserts, and that it is not *where* the old proverb declares it to be.*

Here I would cease, but that I am tempted to notice a remark of Dr. Wells that penetrates to the very marrow of the controversy. It touches as with a needle's point, the weakness of Dr. Wells' papers. He states that I complain of him for resorting to causes of disease about which but little is known. I did not exactly *complain*. But let that pass; I do now.

Dr. Wells replies by asserting that, in dealing with those causes, "we," (viz. Dr. Wells) "had only to do with that which is known."

To imitate Dr. Wells' accuracy in regard to the Lord's ways, that is "precisely" where Dr. Wells deludes himself. He mistakes his own vivid conceptions for facts in nature. As I have abundantly shown, he is not a trustworthy expositor even of what he himself has written.

He deals largely in the unknown.† He does not recognize the difference between assigning a reason for his belief of a proposition and a demonstration of the truth of that proposition: possibility, probability and proof all lie gloriously (or ingloriously) jumbled together in his mind.

Instead of stating "the little we" (Dr. Wells) "do know" about what he terms miasms, he offers no shadow of evidence that they exist at all. He assumes their existence and then proceeds to dilate on them and their forces, all the while, as in the confounding of state and force,‡ betray-

* According to an old proverb, truth is found at the bottom of certain cylindrical excavations—supposed to contain water. They sometimes contain gas.

Spencer relegates religion to the region of the unknown. Dr. Wells looks for some of his science in the same murky realm.

‡ As decidedly lacking in philosophical acumen, is he in his talk about state of force. A force may be increased or diminished; its relation may be changed, but not its state. States belong to entities, not to forces.

ing an utter absence of any definite idea of the nature of force of any kind.

Like most men of his class, he is shy of definitions. He flutters words about bravely enough; they do not appear to be very heavily weighted with ideas.

I have no disposition to deny to Dr. Wells, attainments that I should be proud of, if they were my own; nor would I detract at all from the brilliant qualities that characterize him. But he seems to be as innocent of understanding the nature of demonstration as the learned pig is of a knowledge of mathematics. He likes to amuse himself by trying to stand pyramids on their apices; with him, an hypothesis assumed, is as good as a conclusion demonstrated.

To assume an hypothesis is legitimate; it has been done by wiser and abler men than Dr. Wells and myself, and it has contributed to the advancement of science by directing experiment, observation and thought; but it is only the wildest and most visionary enthusiasts and fanatics who, having first assumed their hypotheses to be a part of the Divine plan, have then denounced those who presumed to question them, as skeptics. Time and place have been, in which fanaticism could hang, and drown, and burn its victims, and all in the name of God.*

*I would commend to the attention of Dr. Wells, the following anecdote of Frederic II. of Prussia:

When urged to banish Wolff on account of his heresies and his enmity to the Lord and his cause, the king replied: "If said Wolff lives according to my laws, he can live in my states. If, as it seems, he has quarrels with the Lord, I am sure the Lord will be able to settle them without my aid. I, being a poor mortal, cannot interfere."

To imitate Frederic as he appears in this reply, would be much more becoming than to attempt to intimidate and to howl down one's opponents by the cry of skepticism and opposition to God.

Dr. Wells! Dr. Wells! have you no more manhood in you than to resort to such unseemly artifices in order to cast odium on those who controvert your views?

It would be in keeping with Dr. Wells' previous course, if he should misrepresent my ridicule of *his* extravagant pretensions as irreverence towards God. It would be worthy, of the man who disclaims intentional irreverence, in quoting Pontius Pilate.

Happily, in this country, at the present time, it is obliged to content itself, for the most part, with spiteful detraction and bootless anathematism.

H. P. GATCHELL.

ADDENDUM.

It was my intention with the preceding rejoinder, to drop the subject.

Notwithstanding Dr. Wells' unmannerly assault on me, I doubted whether it would be generous to criticise papers which the author formally declines to defend.

But some members of the profession, whose judgment I respect, insist that a thorough exposition of Dr. Wells' fallacies should be made. They think it time that this nonsense about dynamo-miasms and drug-spirits should cease to infest homœopathy and to contribute, so far as they can by association, to render it ridiculous. And as Dr. Wells is a conspicuous apostle of the miasmatic faith, they think the emptiness of his creed should be fully exposed.

I confess that this falls in with my own inclination. In regard to drug-spirits and dynamo-miasms, I feel very much like the Irishman who advised his friend, new to a row at Donnybrook fair—wherever he saw a head, to hit it.

So I will endeavor, in another critique, to do Dr. Wells' justice, even though he should, like the criminal to whom the judge promised it, reply that justice is the very thing he doesn't want.

H. P. G.

NITRO-GLYCERINE OR GLONOINE.

TRANSLATED FROM THE FRENCH OF ROTH, BY THE LATE ALFRED H. BEERS, M.D., NEW YORK.

WE find in the Journal of the meetings of the Academy of Science, at the meeting of Monday, February 15, 1847, this extract from a letter of M. Ascagne Sobrero, addressed to M. Perouze :

“ When we turn a mixture of two parts of *Sulphuric acid* at 66°, and one part of *Nitric acid* at 43°, upon *Glycerine*, there is violent reaction, but it is the process of oxidation, the product of which I have not yet discovered. But if you hold in a freezing mixture the above mixture of two acids, and turn in the *Glycerine*, stirring during the process, to prevent the elevation of temperature, the *Glycerine* is promptly dissolved, without sensible reaction. If at this point you turn the mixture into water, an oily matter is precipitated, heavier than the water, which adheres to the bottom of the vessel, and which may be washed in more water (being insoluble in this vehicle), to completely remove the acids. After these washings, it can be dissolved in *Alcohol*, and again precipitated in water, or as well, be dissolved in *Ether* and permit spontaneous evaporation of the solvent, thus obtaining a new substance, free from impurities. By placing it in a vacuum for several days with *Sulphuric acid*, it is readily freed from water.

“ In this state the substance presents the appearance of olive oil, slightly yellow. It is much heavier than water, in which it appears to be completely insoluble. On the other hand, it dissolves readily in *Alcohol* or in *Ether*. It is inodorous; of sweet, pungent and aromatic taste. One should use great caution in experimenting with it, for a very small quantity (as much as one will take up in moistening lightly the tip of the little finger) upon the tongue, will suffice to produce a severe headache for several hours.

This effect upon the human system has been recorded by many persons in my laboratory, and I have proved it many times upon myself, before I was satisfied that it possessed poisonous properties. I propose to analyze this substance as soon as possible. I nevertheless foresee that it will be a difficult matter to regulate its combustion with exactness, and that it will be only after many unsuccessful experiments, that I can arrive at results upon which to found a formula showing its composition."

Dr. Zumbrock ("Americanische Arzneypfungen," Vol. I, p. 33), prefaces this substance as follows:

Turn two parts of *Nitric acid* and three parts of *Sulphuric acid* into a glass tube. Add one part of *Glycerine*, and shake the tube containing the mixture in ice water. This mixture will become milky. Mix this again in twenty parts of water. The oily matter precipitated should be washed several times, to completely remove the acids. Dr. Hering has given to it the name of *Glonoine*, derived from the initials GLYcil, Oxygen Nitrogen, Oxygen and the termination INE. Attenuations made with *Alcohol*.

AUTHORITIES.—1. M. Davis, "Americanische Arzneypfungen," Vol. I, p. 46. 2. Jeanes, *ibid*, p. 47. 3. Samuel, J., *ibid*, 49. 4. W. P. W., *ibid*. 5. E. P., *ibid*, p. 50. 6. J. T'r, *ibid*. 7. J. Zumbrock, *ibid*, p. 51. 8. N., *ibid*, p. 52. 9. W. K., *ibid*. 10. Riehle, *ibid*. 11. Hanck, *ibid*. 12. Whitey, *ibid*. 13. Williamson, *ibid*, p. 54. 14. G. E. Davis, *ibid*, p. 56. 15. L. G. Vinal, *ibid*, p. 56. 16. J. B. Castle, *ibid*, p. 57. 17. M. O., *ibid*, p. 58. 18. H. E., *ibid*, p. 58. 19. M. S., *ibid*, p. 58. 20. G. F., *ibid*, p. 60. 21. Rr., *ibid*, p. 61. 22. M. N., pharmacist, *ibid*. 23. Schieck, *ibid*. 24. L., *ibid*. 25. W. P., Esry, *ibid*, p. 62. 26. C. G. S., *ibid*. 27. J. R. S., *ibid*. 28. E. Smith, *ibid*. 29. Gardiner, Sen., *ibid*, p. 63. 30. Brink, *ibid*, p. 64. 31. M. N., *ibid*. 32. Mad. N., *ibid*. 33. M. N., *ibid*. 34. Neidhardt, *ibid*, 35. Little, *ibid*. 36. Rhees, *ibid*, p. 65. 37. Hupfeld, *ibid*, p. 68. 38. Small, *ibid*. 39. Jackson, *ibid*. 40. Hering, *ibid*, p. 71. 41. Raue, *ibid*, p. 73. 42. Lippe, *ibid*, p. 74. 43. M. X., *ibid*. 44. S. B., *ibid*. 45. K., *ibid*. 46. M. L.,

ibid. 47. R., *ibid.*, p. 75. 48. P., *ibid.* 49. M. Y., *ibid.*
 50. Mlle. Y. 51. M. N., *ibid.* 52. Mad. M. N., *ibid.* 53.
 M. L., *ibid.* 54. Schieck, *ibid.* 55. J. W., *ibid.* 56. J.
 Wh., *ibid.* 57. N. N., *ibid.*, p. 77. 58. Okie, *ibid.* 59.
 Mad. St., *ibid.*, p. 78. 60. M. R., *ibid.* 61. W. D., *ibid.*
 62. Johns, *ibid.*, p. 79. 63. X., *ibid.* 64. Geist, *ibid.* 65.
 Durham, *ibid.*, p. 82. 66. Y., *ibid.* 67. Campos, *ibid.* 68.
 Waage, *ibid.*, p. 83. 69. Z., *ibid.* 70. Wg., *ibid.* 71. Fr., *ibid.*
 72. Coxe, *ibid.*, p. 86. 73. Reil, *Zeitschrift für hom. Klinik.*
 Vol. II, p. 52. 74. Hirschel, *ibid.*, p. 53. 75. Lembke,
ibid., p. 122. 76. Dudgeon, *British Hom. Journal*, April,
 1853.

SYMPTOMS.*

MEMORY.—He recalls with difficulty phrenological terms, which are very familiar to him. (After five minutes, from $\frac{1}{16}$ th of a drop.) 13.

In walking the street, all objects appear strange to him. He stops frequently to see if he is in the street he seeks; houses, in a street which he has frequented for many years, seem to have changed their place, and the distance traveled over appears longer. (At the end of ten minutes, by the 12th part of a drop.) 1.

All his offences recur to mind; he thinks constantly of individuals who have wronged him, and he determines to justify his acts. (The 2nd day, by the 30th of a drop.) 13.

GAIETY.—For three or four hours he is very gay, communicative, facetious. (After ten minutes, by the $\frac{1}{16}$ th of a drop.) 15.

General Headache.—Headache (from 250th of a drop). 35.

Headache (from 250th of a drop). 10.

Headache (after one minute, from 30th of a drop). 14.

Slight headache (after three minutes, from 50th of a drop). 66.

Slight headache for the whole afternoon (1st day, from 200th of drop). 26.

* NOTE.—Pathogenetic symptoms are printed in roman letter, the poisonous symptoms in *italics*, and the curative in SMALL CAPITALS.

Dull headache (the 2nd day, from $\frac{1}{370}$ th of a drop). 15.

Dull sensation in the head (after twelve minutes, from 20th of drop). 19.

Confusion in head (after two minutes, from 10th of a drop). 9.

Severe headache (from emanations during preparation). 62.

Severe headache, forcing him to walk his room the entire night. The headache is relieved in the morning, after drinking a cup of coffee. (From the emanations.) 68.

Headache and accelerated pulse (some minutes after taking the 250th of a drop, by three persons). 35.

The pain rises from the back, upwards into the head, then it travels in a contrary direction; descends from above into the inferior extremities and the knees (after seven minutes, from the 30th of a drop). 2.

Pain which rises into the head (after a minute, from the 20th of a drop). 5.

Pain which rises into the head (after several minutes, from the 10th of a drop). 10.

Headache commencing in the nape of the neck, and spreading over the entire head (from the 250th of a drop). 30.

He springs from his seat, seizes his head with his hands, and complains of a pain mounting from the spinal cord into the head (after two minutes, from the 30th of a drop). 2.

Sensation as if the left zygomatic bone had mounted to the brain. This sensation spreads throughout the whole vertex, and then remains for a half hour (from the 250th of a drop). 35.

Headache which spreads to shoulders and arms (250th of a drop). 32.

Pain in forehead, to the vertex and entire head, while sitting (after one minute, from the 30th of a drop). 2.

The headaches ceased after 31 minutes, but gradually returned, and continued during the entire night. He wakes at 5½ o'clock in the morning, and again feels a pain in the forehead. 16.

Headache which lasts for six hours (from 225th of a drop). 33.

The headache lasts twenty-four hours (from 50th of a drop). 41.

The headaches do not cease till afternoon of second day. 16.

Headache which increases from bending the body forward (after ten minutes, by the 80th of drop). 13.

Headache increased by stooping (from 50th of drop). 46.

Headache increased after dinner (from its preparation). 7.

Headache increased after taking coffee, after dinner (from 50th of drop). 40.

Headache which is slightly increased, from holding the breath; but shortly after, while attempting for some time to inspire, after having expired, the headache increases: (from $\frac{8}{100}$ ths of a drop). 40.

Severe headache, not increased by blowing the nose (from $\frac{8}{100}$ ths of a drop). 40.

Headache not increased by sneezing (after seven minutes, from $\frac{8}{100}$ ths of a drop). 40.

Headache in shaking it (from 50th of a drop). 44.

Headache only in shaking the head (after ten minutes). 7.

Pain in cavity of cranium, on shaking the head (after twelve minutes). 16.

Headache which increases in moving the head for thirty minutes (after twenty minutes, from 10th of a drop). 1.

Headache increased from shaking the head, from reading, writing and smoking tobacco (after six hours, from 160th of a drop). 42.

Headache increased by moving the head (after sixty-five seconds, from the 20th of a drop). 5.

Headache increases in shaking the head; it seems as if something were moving within the head (from its preparation). 7.

Headache increased from shaking the head slightly, but not from shaking powerfully (from $\frac{1}{100}$ ths of a drop). 40.

In going up and down stairs, each step resounds in the head (from 50th of a drop). 41.

The headaches increase from movement, but are quieted by lying down. 76.

Headaches relieved by combing the head (from 1 $\frac{1}{5}$ th). 40.

Camphor (inhaled) diminishes the force and number of attacks of headache; but they do not entirely disappear until after he has drunk a cup of coffee, to which he is unaccustomed. 7.

So soon as the headache is relieved, he feels a strange sensation all over the head (after ten minutes, from 30th of a drop). 2.

FOR A SHORT TIME THE HEADACHES ARE QUIETED (from 3rd dilution). 64.

BALLOTTEMENT.—The brain appears to him very small, and that it does not fill the cranial cavity (after 20 minutes, from 30th of a drop). 14.

In shaking the head, sensation as if the brain were tossing about in the cranial cavity, having become very small, and sensation as if it were alive (after twenty minutes, from 50th of a drop). 14.

In shaking the head it seems to him that the brain is tossing about in the cavity of the cranium, and is alive (after ten minutes, from 30th of a drop). 13.

Throbbings and Pulsations.—Throbbings in head (after fifteen minutes, from 50th of a drop). 10.

Throbbing in head for a minute (after three minutes). 10.

Sensation of throbbing of the arteries in the head (after two minutes, from 50th of drop). 41.

The arterial pulsations are felt in head (from emanations). 1.

Slight throbbing in the head when he moves about and is fatigued (second day, from 200th of a drop). 28.

Throbbing in the head in moving and in going up stairs (after thirty minutes, from 200th of a drop). 28.

Throbbing and sensation of fulness in the head (after two minutes, from the 200th of a drop). 28.

Throbbing and sensation of distension in the head, increased by stooping; the throbbing is stronger on the left side (after three minutes, from 150th of a drop). 25.

Pulsative headache, increased by stooping (from preparation). 7.

Pulsation in head (after three minutes, from 50th of a drop.) 47.

Slight pulsative headache, which continues with short remissions for three hours (after one minute, from the 1000th of drop). 57.

Painful throbbings, in moving or shaking the head, last through the whole day-time. 7.

Whilst the pulsative headache is very violent, he feels a slight rustling in the left ear, and the left eye is red as if injected (from preparation of *Glonoine*). 7.

The pulsative headache is not increased by walking in the open air. 41.

HEADACHE.—Mad. R.— had a PULSATIVE HEADACHE, and sensation as if the brain were alive, in moving the head, with dizziness in stooping. Unsuccessfully treated by other Homœopathic remedies, she was cured by *Glonoine*. 15.

A lady complained of a PULSATIVE HEADACHE, of vertigo and transitory congestions to the head and face; she feels as if her head were wounded, when moving it. Many remedies were administered unsuccessfully, but *Glonoine* cured it after half an hour. 15.

SUNSTROKE.—A traveler exposed to the sun was seized with PULSATIVE HEADACHE, fever, yellowish face, glassy eyes, fixed look, contracted pupils, pulse small and accelerated, nausea; speechless. One globule of *Glonoine* (dilution?) cured. 67.

HEAT.—Transient heat in head (after two minutes, from 50th of drop). 41.

Extraordinary heat and throbbings throughout the head, especially in temples and over the eyes; the pain is increased by motion, and quieted by repose and external pressure. At the same time, sensation as if the head were too heavy (first day, by 10th of drop). 11.

The heat of head and sense of constriction diminish after twelve minutes (from 50th of drop). 41.

Heat and fulness in head from $\frac{1}{100}$ ths of drop). 40.

CONGESTION.—Congestion of blood to head and chest (after thirty-seven seconds). 57.

She feels a fulness in the head, from congestion of blood (after four minutes, from 50th of drop). 46.

Congestion of blood to head and fulness (after three minutes, from 200th of drop). 27.

Congestion mounting from the chest to head, then causing throbbings and a sensation of fulness, as if the cranium were too small (from 250th of drop). 85.

Violent headache and congestion to head (after five minutes, from 200th of drop). 26.

Congestions in head; it seems to him as if something mounted from the pit of stomach, through the carotids to the head; he feels a pain in both temples, stronger in the left, where it becomes lancinating. He afterwards feels a trembling in the eyes, the balls roll up, and he can see nothing in a direct line. This sensation of the eyes descends even to the end of toes; he feels a tingling analogous to that produced by an electro-galvanic current; the heart beats so violently that it can be perceived through the clothing. In going into the open air his walk is staggering, and he feels a general heat the entire daytime. This person, a sufferer from migraine, perceived with astonishment that for six months he was free from it (from the 50th of a drop). 68.

CONGESTIONS OF BLOOD TO THE HEAD. 76.

HEADACHE FROM CONGESTION OF BLOOD. 74.

CONGESTIONS OF BLOOD, in pregnant females, with paleness of face, with loss of senses, and cold sweat on face. 40.

CONGESTION TO HEAD, IN PLETHORIC FEMALES, WHEN MENSTRUATION HAS CEASED. 77.

CONGESTION IN HEAD, in a female predisposed to apoplexy. 58.

CONGESTIONS TO THE HEAD, in paroxysms, during twelve or fifteen days, feels dizzy, and a sensation as if the head

were becoming too large. *Glonoine*, three globules 1st; aggravation after six minutes, relief after ten minutes. 72.

CONGESTIONS TO HEAD, in paroxysms; face red, forehead and vertex; eyes protuberant and red. It seems to him as if the brain could not find room within the cranial cavity; visible throbbings of carotids and temporal arteries; she is furious, cries, wishes to save herself, recognizes no one; pulse 92, hard and tense. *Glonoine*, two globules 3rd; after five minutes, aggravation of symptoms, relief after ten minutes. 70.

CONGESTIONS OF BLOOD TO HEAD, alternating with congestions to heart, loss of consciousness, and frothing at mouth. Cured by *Glonoine*; dose (?), time (?). 57.

CONGESTION OF BLOOD TO HEAD in a plethoric female, which alternates with congestion to heart; face sometimes pale, sometimes flushed, and loss of consciousness. *Glonoine*; dose (?) given for two hours; cure; time (?). 57.

SHOOTINGS.—On awaking (morning after taking it), violent shootings through the head (from 50th of drop). 41.

VERTIGO.—Vertigo (following the 20th of a drop). 6.

After noon in descending from carriage, vertigo so severe, that he would have fallen, had he not holden to a tree (1st day, from 125th of drop). 29.

Vertigo on bending head backwards (after 5 minutes, from 20th of drop). 28.

Vertigo, face red, eyes weeping, pupils unchanged for three-quarters of an hour (after several minutes, from 6th of grain). 75.

EXCORIATION.—On shaking the head, he feels a sensation as if the brain were alive (after 20 minutes, from 80th of drop). 14.

Pain of excoriation throughout the head. He avoids moving the head for fear it will split (after 8 minutes, from $\frac{7}{10}$ ths of a drop). 15.

In moving the head, it seems to him that the brain is alive and that it moves in the cranium (after 10 minutes, from 30th of a drop). 13.

Headache and sensation of excoriation, which increases

in rising suddenly and shaking head (the morning of 2nd day). 16.

Pain as of excoriation and constriction, increased by moving the head (after 10 minutes, from 30th of a drop). 13.

Headache, nausea and sensation of excoriation in the head (the 20th day, from 125th of a drop). 29.

DISTENSION.—It seems to him as if the brain were distended in every direction (after 4 minutes, from the 50th of a drop). 43.

Pain of distension and of pressure in the head. 76.

Head heavy (from 5000th of a drop). 34.

WEIGHT OR HEAVINESS.—Sensation of heaviness in head (after 12 minutes, from the 160th of a drop). 42.

Great weight upon the head. It is not painful, but she cannot endure motion (following the 20th of a drop). 6.

Headache at every movement; on rising from his seat; the head is full and heavy; shaking it produces no effect (after 2 minutes, by $\frac{1}{100}$ ths of a drop). 40.

Heaviness of the head; he can hardly raise it (after fifteen minutes from 1000th of a drop). 37.

General dull headache, increasing in the temporal region, when he moves the head (after four minutes, from 30th of drop). 2.

Dull headache increased by moving the head from one side or other; but movement forward or backward produces no effect (after five minutes, from 30th of a drop). 2.

FULNESS.—Fulness of the head. 38, 76.

Sensation of fulness in head (after several minutes, by 10th of drop). 10.

Fulness in head (after three minutes, from 50th of drop). 10.

Fulness in head (after one minute, from 50th of drop). 10.

Light headache, and sensation of fulness in head (after five minutes); it disappears (after eight minutes) from 200th of a drop. 26.

Dull fulness in head (after ten minutes, from 50th of drop). 26.

Fulness in head, as when one has eaten too much (three minutes, from 51st of drop). 47.

Fulness and painless throbbing in head; on shaking it he feels no pain (after fifteen minutes, from 50th of a drop). 56.

Fulness and strong pressure in head (from 50th of drop). 45.

Head painfully affected, as if too full (after two minutes, from the $\frac{1}{100}$ ths of a drop). 40.

General headache, especially behind the eyes and in the forehead. Sensation of fulness, which changes place (after three minutes, from $\frac{1}{100}$ ths of a drop). 40.

FULNESS OF THE HEAD, WITH OR WITHOUT REDNESS OF FACE, AT TIMES WITH THROBBINGS IN THE HEAD, OR WITH ATTACKS OF RENDING AND PULSATING PAINS, during, before and after menstruation, or when menstruation does not show itself. 40.

PRESSURE.—Pressure in head (after sixty minutes). 18.

Pressure in head (after one minute, from 25th of drop). 20.

Pressure in head at 7 o'clock in evening, aggravated from shaking or moving the head; it commences in the open air, continues in the room, and ceases only in going again into the open air, at 10 o'clock in evening (from 25th of drop). 20.

SENSATIONS *sui generis*.—Peculiar headache, sensation as if drops of hot water were trickling within the head (from 100th of drop). 23.

Sensation as if he were exposed to the burning sun, or as if he had drank very strong coffee (from $\frac{1}{100}$ ths of a drop). 40.

BASE OF SKULL.—Pain at base of brain, upon which movement of the head has no influence (from $\frac{1}{100}$ ths of drop). 40.

Heaviness in centre of head, extending to the eyes (after four minutes, from 50th of drop). 46.

Fulness at base of brain, and throbbing of all the arteries of the head and nape of neck (from one drop). 39.

HEMICRANIA.—Headache, only on right side (from 100th of drop). 24.

Slight derangement of head on the anterior and left side (after one minute, from 500th of drop). 40.

Continual derangement of head, especially on the two sides (from $\frac{3}{8}$ ths of a drop). 40.

Trembling at first in right side of head and right orbit, then in left side of head, and ringing in ears (second day at noon). 7.

Pain in the left half of the head, especially in vertex (after five minutes, from 30th of a drop). 13.

Hemicrania, which locates itself over the left eye, with a little heat (from 250th of a drop). 35.

QUIETS, BUT DOES NOT CURE A MIGRAINE WITH VOMITING. 64.

FRONTAL REGION.—Frontal headache, lasting the entire day (from 200th of a drop). 38.

Pain in forehead. 38.

Severe pain in forehead (after two minutes, from 100th of a drop.) 25.

Pain in anterior part of head (from inhaling 1st dilution). 64.

Terrible pain in head, especially in forehead (from one drop). 39.

Headache, which increases for six hours, to that degree that it seems as if his forehead would burst open (from 160th of a drop). 42.

Very severe pain in anterior part of head, with sensation as if the eyeballs were pushed from orbits (from $\frac{3}{8}$ of a drop). 39.

Pain which increases in shaking the head, harder at evening, and which disappears after a night's sleep; it re-appears after forty-eight hours, but with less severity (from 200th of a drop). 69.

Pain in the forehead when fixedly observing an object (after ten minutes, from 30th of a drop). 13.

Dull pain in forehead, increased from shaking the head. 38.

Pain high in forehead and to left side (from 50th of drop). 40.

Head painfully affected on top, forward, and to left. He shakes his head without effect (from $\frac{1}{8}$ ths of drop). 40.

Severe pain in right side of anterior head and left side of occiput. In anterior of head the brain seems to toss about (after seven and one-half minutes.) 7.

Dull frontal pain especially to right side (at once, from 20th of drop). 6.

Dull pain in forehead and temples [after eleven minutes from 60th of drop]. 36.

Dull pain in anterior part of head [soon after taking 200th of drop]. 22.

Pain in forehead and both temples [from 125th of drop]. 33.

Dull pain in forehead and occiput, as from drunkenness (from 160th of drop). 40.

Headache which commences in the forehead, and spreads itself all over the head, predominating in occiput (14 minutes, 20th of drop). 19.

Sensation as if the head were increased in volume, followed by a sensation of painful undulation, which, from the right anterior part of the forehead, travels towards the left side and afterwards spreads throughout head (5,000th of drop). 34.

Painful throbbing in head, especially forehead (3 minutes, 60th of drop). 36.

Throbbing in forehead and temples, for two minutes (after six minutes, from 25th of a drop). 20.

Throbbing in left half of forehead (after three minutes, from 30th of drop). 13.

Sensation of fulness in the head, and throbbings especially in the upper portion of forehead (after three minutes, from 500th of drop). 28.

Sensation of disagreeable fulness in forehead (thirty seconds, 3d of drop). 39.

Violent pulsative pain in forehead, descending toward nose, and forcing him to close his eyes. 23.

Pulsation in anterior part of head (from 200th of drop). 22.

Pulsations in the head, especially in forehead, increased by every movement of head (from 250th of drop). 60.

Pulsations in forehead (after four minutes, from 50th of a drop). 43.

Pulsative pain in forehead and at root of nose, which spreads upwards and backwards. It is first strongest forward and to right side, then behind and to left, finally in occiput (from preparing *Glonoine*). 7.

Dull and painful throbbing in forehead, at root of nose and in temples (from 30th of a drop). 36.

Severe pulsation in forehead and both temples (after 16 minutes; it ceases after 18 minutes, from 500th of a drop). 21.

Sensation of contusion, as if the brain were bruised, especially in the forehead (after 5 minutes, from 1000th of a drop). 37.

Brain as if bruised in forehead (after 10 minutes, from 30th of a drop). 13.

Shooting in the right side of forehead, when laughing (after 13 minutes, from 25th of a drop). 20.

Lancinating pain in upper and middle of forehead (after 2 minutes, from 10th of a drop). 9.

Vertigo in forehead (after 3 minutes, from 200th of a drop). 71.

Heaviness of head, especially in forehead (2 minutes, 20th of a drop). 19.

Sensation of fulness, in right side of forehead (3 minutes, 150th of a drop). 13.

Pressure in forehead (after 1 minute). 7.

Pressure in forehead; afterwards pulsations in head for two minutes (after 4 minutes). 18.

Dull pressure, which proceeds from below, high into the forehead and vertex. 7.

Pressure in forehead, gradually increasing, as if a liquid were forced by pressure to ascend towards vertex. This

pressure increases, the face reddens, and a general sweat breaks out (after 2 minutes). 7.

Strong pressure in forehead, which proceeds from below upwards, and forces him to rest the head (after 20 minutes), it stops five minutes at farthest. 18.

SUPERCILIARY REGION.—Dull pain above eyes, disappearing after sleep (from 20th of a drop). 6.

Dull pain in forehead, above eyes (after 5 minutes, from 1000th of a drop). 37.

Pain which proceeds horizontally from right to left, above the supra-orbital ridges (after 8 minutes, from 30th of a drop). 4.

Pain at angle of right forehead, at the seat of the organ of mirth (after 2 minutes), the same pain on left side (after 2½ minutes) from the 30th of a drop. 13.

Frontal headache above eyes (from 1000th of a drop). 37.

Sensation as if he had deluged the superciliary arch with ice-water for two minutes (after 5 minutes, from 500th of a drop.) 21.

Headache in eyes and forehead (soon after having taken the 100th of a drop.) 16.

Headache over eyes (after a minute, from 100th of a drop). 16.

Head affected with pain over right eye (from 2-500th of a drop). 40.

Light headache over the eyes (after 22 minutes). 16.

Pressure horizontally over eyes (from emanations). 7.

Light pain over eyebrows (after 10 to 20 minutes, from 10th of a drop). 1.

On being seated, light pain in left frontal region (at the place corresponding to Gall's organ of mirth); this place is tender to pressure of fingers; but continued pressure dispels the pain (after 1 minute, from the 30th of a drop). 2.

TEMPORAL REGION.—Pain in temples (after 12 minutes, from 160th of a drop). 42.

Pain in right temple, on shaking head (15 minutes, from 50th of a drop). 45.

Dull pain in temples and fulness in ears (after 8 minutes, from 50th of a drop). 45.

Pain in both temples, which appears to proceed downwards, or obliquely down and back toward the ears (7 minutes, from 30th of a drop). 2.

Headache on left side, which proceeds from the temple toward the nose; this headache disappears after 4 minutes, and leaves behind a dull sensation (soon after taking it, from 250th of a drop). 17.

Headache in both temples and forehead, lasting the entire day, accompanied with nausea; he is obliged to take in the evening, a dose of *Nux vomica*, which quiets it (from 125th of a drop). 29.

Light throbbing in temples (after 5 minutes, from 20th of a drop). 19.

Throbbing in temples (at once, from 20th of a drop). 6.

Throbbing in both temples (from 100th of a drop). 23.

Throbbing in right temple (from 100th of a drop). 24.

Throbbing in temples and upper part of forehead (from 250th of a drop). 31.

Throbbing and pain in temples, extending from one to the other (from 250th of a drop). 32.

Violent throbbing in head, especially in temples (from 125th of a drop). 33.

Throbbing in temples and strong pain in forehead (5 minutes, 130th of a drop). 53.

Throbbings in the temples, violent frontal headache, complete loss of vision, and sensation of exhaustion; she is obliged to lie down. This condition lasts for 15 minutes, then she is calm; but the headache remains even then for many hours (250th of a drop). 50.

Sensation of fulness and throbbing in temples (three minutes, from 250th of drop). 28.

Violent throbbing of the temporal artery. 76.

Arterial pulsations in temples (after several minutes, from 10th of drop). 10.

Visible and palpable throbbings of temporal arteries, and congestion of blood to the head (after ten to twenty minutes, from 10th of a drop). 1.

Pressure in left temple (after twenty minutes). 7.

Pressure proceeding from within, outwards in both temples, especially the left, with pain in loins in riding in carriage (from inhaling the 1st dilution). 64.

Pressure and throbbing in temples (after two minutes, from 10th of drop). 9.

Pressure in the temples (after two minutes, 10th of drop). 11.

Sensation of pressure in temples, which spreads toward center of brain and changes to an undulatory movement, which proceeds towards the vertex, at the same time a pricking (tingling?) without the cranium, above the left temple (after ten minutes, from inhaling). 64.

Sensation as of something running about in temples (five minutes, 1,000th of drop). 37.

Shooting in right temple (after five minutes, from 80th of drop). 13.

Pain which he feels in the temples before taking the medicine, is quieted (after five minutes, from 30th of drop). 4.

VERTEX.—Dull pain in vertex (after five minutes, from 125th of drop). 36.

Dull, confused pain in vertex (from 20th of drop). 36.

Pain in vertex, which alternately increases and diminishes with confusion of ideas (after four minutes, from 200th of drop). 71.

Headache proceeding from occiput and forehead towards vertex (after several minutes, from 1st dilution). 73.

Pain as if the brain were sore in the anterior vertical region; becomes quiet, soon returning more violently (from 60th of drop). 36.

Paroxysms of painful pulsations in vertex, and painful disturbance in different parts of head) 7.

Painful throbings, spreading from forehead to the vertex (after two and a half minutes). 7.

Throbbing and fulness in vertex (after two minutes, from 125th of drop). 36.

Painful throbbing in vertex (after two and a half minutes, from 100th of drop). 14.

Painful pulsation in vertex (after two and a half minutes, from 120th of drop). 14.

Painful pulsation in vertex and temples (after two minutes); pulse, 100; full and soft (after six minutes) and (after nine minutes) dull headache at upper part of head, and especially the occiput; indefinable sensation, almost painful, at upper part of nape of neck, and feeling of numbness of scalp (from 50th of drop). 14.

Throbbing through all the body, especially vertex (immediately after taking the 50th of drop). 36.

Pulsation and pain in vertex; throbbings appear to mount from the base of cranium towards vertex, at each pulsation of carotids (after three minutes, from $\frac{3}{17}$ ths of drop). 15.

Pulsating pain in vertex, increased by movement and external pressure (after several minutes, from 10th of drop). 10.

Pulsative headache in vertex and temples (after two minutes, from 30th of drop). 14.

Pain in region of coronal suture, left side (after five minutes, from 30th of drop). 13.

Slight pain in left coronal region, at seat of organ of mirth (after one minute, from the 30th of drop). 2.

Pain in vertex, at seat of marvelousness, to left side (after five minutes, from 30th of drop). 13.

Pain in vertex, at seat of organ of marvelousness (after ten minutes, from 150th of drop).

Pain in vertex, at seat of organ of benevolence (after three minutes, from 30th of a drop). 13.

Burning pain in vertex, which is quieted by external pressure, and which has lasted three years (cured by inhaling 1st dilution). 64.

Pain as if a place were broken in vertex, at the spot occupied by the organ of firmness, on right side, followed by pulsation at the same time, at that point (after three minutes, from 30th of drop). 4.

Pain and fulness in vertex (immediately after taking 50th of drop). 36.

Fulness in vertex (after five minutes, from 125 of drop). 36.

Fulness in vertex and throbbing in temples during the entire evening (from tasting with tip of tongue). 1.

Pressive pain in vertex, proceeding from without, inwardly; at same time, congestion of blood to head (after one minute, from 1st dilution). 73.

Very painful pressure in vertex, increased by movement, especially of head; it becomes quiet during repose, and disappears in open air (from emanations). 7.

OCCIPUT—Pain in occiput, heat and heaviness (from $\frac{1}{100}$ ths of drop). 42.

Pain in occiput, succeeded by pain in vertex (from 200ths of drop). 42.

Pain in occiput and to left side, and later in the forehead in the left (after five minutes, from 150th of drop). 13.

Pain which from the occiput, diffuses itself forward and high up. 7.

Pain in occipital region, especially on right side, increased from turning the head (after ten minutes, from $\frac{1}{100}$ ths of a drop). 15.

Dull headache upon whole upper portion of the head, and especially the occiput (after nine minutes, from 30th of drop). 14.

Pain in occiput which ascends toward vertex, increasing in moving the head from one side to other, and almost inappreciable when moving it forward and backwards; it lasts five or six minutes (two minutes, 30th of drop). 3.

Strong throbbings, which proceed from occiput towards forehead, as if it would burst; he is obliged to support the head and remain immovable. A cup of coffee quiets the throbbing (from emanations). 61.

Pressive fulness in occiput, towards evening (from 50th of drop). 40.

Sensation of anxiety, fulness of occiput, followed by pain, which proceeds, increasing in character, toward the forehead (after seven minutes, from 50th of a drop). 45.

In sitting, heaviness as from a great weight in occiput; in shaking the head, the heaviness does not increase at

once, but in a short time (after seven minutes, from $\frac{1}{1000}$ ths of a drop). 40.

HEADACHE, which manifests itself very often after a chill, and during damp weather. It commences in the OCCIPUT, and spreads over all the head; it increases from movement of the head, and is quieted by a short walk in the open air, lasting ordinarily during entire day; the face is red, and black spots float before the eyes, especially in turning them quickly. *Aconite*, *Belladonna* given without relief. Once only, *Chamomilla* appeared to quiet it. This pain, which attacks him after prolonged sedentary studies, is succeeded sometimes by throbbing of the heart or pain in the back. $\frac{1}{100}$ th of *Glonoine* dispelled the headache, and after a while the throbbing of heart and pain in back disappeared in the spring, after eating radishes. 7.

SCALP.—Sensation of numbness in scalp (after nine minutes, from 30th of drop). 14.

She feels in sores which she has in the scalp, a sensation as if they were bound by a ring, or as if one pressed a thimble upon them (from the 250th of a drop). 32.

ORBITS.—Pain as from excoriation on orbital ridge (three minutes, 30th of drop). 13.

Pain as if bruised at left internal angle of eye; later also on right orbital ridge, at locality of organ of form (eight minutes, 30th of drop). 4.

Shooting in right orbit (after seventy minutes). 18.

Shooting in right orbit (after six minutes). 7.

Several shocks (or concussions) in left orbit, and in left side of occiput (after fifty minutes). 7.

EYELIDS.—The lower eyelids are swollen (in a short time, from the 20th of a drop). 6.

Winking of the eyelids and look of astonishment, with livid color of lower lids. 54.

The eyelids close almost involuntarily in the evening (from 200th of a drop). 42.

Heaviness of the eyelids in the morning, and difficulty of rousing himself (from the 50th of a drop). 44.

(*To be continued.*)

✓ STUDY OF LACHESIS.

BY DR. D. A. GORTON, BROOKLYN, N. Y.

ALL must be aware how uncertain and unreliable deductions are, drawn from isolated clinical facts. Many things are necessarily so obscure as really to need "a cloud of witnesses" for their substantiation. "Gentlemen," said Prof. Gregory, of Edinburgh, to a class of medical students, "ninety-nine out of every hundred medical facts are medical lies." Every practitioner of medicine can attest, from daily experience, that there is more truth than poetry in the remark, that appearances, in medicine, as well as in other things, are not always reliable. One may be pardoned, therefore, for withholding credence, when seeming facts are unsupported by reason, or insufficiently attested by concurrent and reliable testimony.

The rapid recovery of a patient, suffering with a disease which had previously lingered months, or even years, is not conclusive proof that the last remedy administered was the chief agent of restoration. Some of the best cures of chronic maladies ever occurring in my practice have been effected with *Sacch. lact.* They were, of course, cases which had been scientifically (?) deluged with drugs; cases in which all that nature seemed to need was relief from the depressing effects of repeated and aggravated doses — an *opportunity* simply to react. The sequel proved it.

Early in my Homœopathic practice, I knew a woman who was suffering fearfully with anasarca. The water had also accumulated within the peritoneal sac of the abdomen and chest. A more bloated and oppressed creature I never saw. She had been treated a year by various physicians in succession — myself among the number, I am sorry to say — and had been finally given up to die. This woman was ultimately "cured" with copious draughts of *cow's urine*, which an old lady in the neighborhood prescribed for her!

An eclectic Homœopath, residing in the vicinity, gravely proposed, in view of this "cure," to potentize the "remedy" for future use in like cases of dropsy!

Thus it is and has been with medical experience. The *vis medicatrix naturæ* of the books — and of nature too — is undeniably erratic in her proceedings, eminently *irregular* — effecting cures spontaneous, of maladies grave and mysterious, in reason and outside of reason (finite), with drugs and without them — oftener *in spite* of them; and the poor, short-sighted devotee of science hastens to exalt the *occasion* of the fact into a *cause*, and proclaims to the world, sadly enough in need of it, a new remedy!

In the following observations and experience with *Lachesis*, it is not my purpose to enter upon an elaborate examination of the clinical and pathogenetic effects claimed for this virus; but to give to the profession a brief summary of my own clinical experience with it, and a few reflections thereon. I am led to do this because the remedial virtues of the drug are disputed and its use condemned by many reputable physicians, to some of whom the proof of its efficacy, although considerable, is not conclusive. Others there are to whom no amount of facts would avail, science having removed the subject from serious consideration, by proving that the virus is promptly destroyed in the gastric and salivary secretions! Such, of course, have no further need of data by which to reform a prejudged opinion.

To my mind, *Lachesis* occupies no uncertain place in the Homœopathic *Materia Medica*. Its true sphere is more clearly defined than that of many other remedies whose virtues are unquestioned. The toxicological effects of the virus show that it is serviceable only in cases of blood-poison; as, for example, pyæmia, malignant pustule, gangrene, and other diseases of a putrid character. Certain other sympathetic distresses, founded upon toxication of the blood, must also be included. Herein all Homœopathic observers, who accept the virus at all, so far as I know, agree. Its sphere of influence, therefore, is by no means small. The chief agent of blood-poison in the above, and like examples, is

pus. Hence the limitation of *Lachesis* by Mr. Hughes, in his pleasant little volume, "Pharmaco-dynamics," to cases represented by traumatic gangrene, is not justified by reason nor fact. In diseases of the internal organs and tissues, such as softening, suppuration, abscess, etc., the blood becomes disordered — poisoned — in a similar manner; and analogy would compel a belief in the efficacy of the virus here as well. But aside from analogy, clinical experience abundantly sustains this view. An illustrative case will be presented further on.

Diphtheritic Sore-throat. — In an epidemic of diphtheria which prevailed in Peekskill, N. Y., early in 1861, I first had occasion to test the virtues of *Lachesis*. The disease was of a peculiarly virulent type, and proved fatal in many cases within my knowledge, under, of course, Allopathic treatment. In some instances two and three members of a family were destroyed by its ravages. Some of the Allopathic fraternity there seemed to regard the disease as something quite new, and were uncertain as to the best methods of meeting it. They should not have been embarrassed on that account; for Dr. Greenhow* in his erudite work on diphtheria, published a year before, would have told them, if they had read his pages, that in the severer English epidemics of that disease, the worst cases were as likely to recover without treatment as with! He might have made the admission of Allopathic futility much stronger, and said that they were *more* likely to recover without medicine than with it.

The predominant subjective symptoms of six cases that came under my immediate observation during that epidemic, were as follows: A greyish ulcerative crust appeared first on the tonsils, and spread over the arch of the amygdali, into the posterior nares; sometimes downward into the larynx, causing strangulation. The sub-maxillary glands and those of the neck were tumefied; dysphagia. The throat rapidly sloughed, and presented a purplish hue. The

* Diphtheria. By E. H. Greenhow, M.D. Bailliere Bros. N. Y. 1860.

nose discharged offensive sanies, corroding the nostrils and lips. The tongue a deep red color; lips chapped; skin dry and burning. Mind confused and for the most part wandering. Urine dark and scanty as in typhus. General prostration.

After carefully studying and comparing *Arsenicum* and *Lachesis* — my predilections lay with the former — I finally decided on *Lachesis*, of which I prescribed the 6th potency — the only potency I then had — in water, and directed a dose to be given once in one, two and three hours, according to the severity and progress of the malady. The results were most gratifying to a young practitioner. Every case recovered finely, without gargles or other adjuvants, except compresses or cold water to the throat in some cases, small bits of ice to swallow, and the system well supported with animal broths.

Previous to that time I had been deeply skeptical as regards Dr. Hering's elaborate proving of *Lachesis*. I was also strongly prejudiced against the use of "snake venom" particularly. And Sir H. Holland's explanation of Homœopathic provings with high potencies had seemed highly plausible.* This practical demonstration, therefore, under the sole guidance of Dr. H.'s proving, so pleasing to my professional vanity, did much to dislodge my skepticism in that direction.

Since that time I have successfully treated upwards of twenty cases, of similar type, with the same remedy, only using the 30th instead of the 6th potency. Now, in prescribing *Lachesis*, I have ceased to think of "snake virus," and only recall its great remedial virtues. How true the old saying: "*Ubi virus ibi virtus.*" But, as Prof. Martin Paine observes,* "We do not know them as poisons, but as among the choicest blessings bestowed upon man."

Characteristic Indications.—Deep redness of the tongue and fauces, dullness of the cerebral function, and muscular pros-

* *Mental Physiology*. From *Edinburgh Review*. 1856.

* *Institutes of Medicine*. P. 561.

tration, are, in my experience, reliable indications for *Lachesis* in diphtheritic and scarlatinous affections.

Scarlatina Maligna. — In the later stages of malignant scarlet fever, no remedy is so effective in my hands as *Lachesis*. Most physicians must have remarked the similarity of this disease and malignant diphtheria. The pathology of the two maladies cannot essentially differ, since the pathognomic characteristics of each are strikingly similar.

In a most aggravated case of malignant scarlatina, which came under my care in July, 1865, the details of which I studied with unremitting care for sixteen days and nights, no remedy had the slightest influence over the disease except *Lachesis*. The case, a bright little boy of six years, died of exhaustion at the close of the sixteenth day. But the terrible strangulation, fever, oppression, etc., were modified favorably by every dose of the drug, 30th potency. *Arsenicum*, *Muriatic acidum*, *Bromium*, *Kali bichromicum*, *Kali chloricum*, etc., of both the high and low attenuations (3d and 30th), were used with no apparent benefit.

Another notable *Lachesis* case of scarlatina came under my observation, in April, 1868. A boy, aged 8 years, of scrofulous diathesis, was pronounced hopeless by a colleague (Eclectic), at the twelfth day of the disease. The case was of a less virulent type than the one above mentioned. The glands of the throat and neck were badly swollen. He could not sleep on account of strangulation. His mind wandered constantly. Skin dry; countenance deeply sallow; urine almost suppressed. The case soon recovered on *Lachesis*, 30. During the progress of recovery a fistulous abscess opened near the anus, but healed in a few days, with no change of remedy.

Carbuncle. — The prompt resolution of carbuncle, under the administration of *Lachesis*, has occurred several times in my experience with that remedy. In one remarkable instance, an elderly lady was bitten, by a pet cat, through the ball of the thumb. The whole hand and arm soon became swollen and painful. The thumb suppurated, and for months resisted all efforts to heal. Finally an immense

carbuncle, six inches in diameter, appeared in the dorsal region to the right of the spine, attended with rigors, nocturnal sweat, fever, and prostration. *Lachesis*, 30, was given once in two hours, for several successive days, when sloughing commenced and the whole mass dropped out entire! Of course the patient's recovery was henceforth assured. The thumb, meanwhile, healed soundly. Whether the bite of the cat had any connection with the patient's illness, I leave for others to determine.

Hepatic Apostema.—Mrs. B., age about 65 years, has had for many years periodical attacks of vomiting blood and pus. During all this time she has also had a hard, racking cough. Her friends have regarded her as predisposed to consumption. For some days previous to the attacks there would be fever, rigors, shortness of breath, and loss of appetite. The liver would be swollen and painful in its anterior and superior aspect. The discharge of matter, which was usually very copious, must have been effected through the lung, and was always the signal for convalescence. Doctors have disputed whether this pus came from vomicæ in the pulmonary parenchyma, or from hepatic supuration, and I incline to the latter opinion.

The patient, a stout, fleshy woman, came under my care in 1863. I prescribed successively, *Ars.*, *Carb. veg.*, and *Sepia*, without avail. Then *Lachesis*, with more favorable effect. She remarked the curative influence of the remedy herself, in twenty-four hours after the first dose. Her health from that time gradually improved. The intervals between these abscess formations and discharge steadily lengthened. After a few months the cough and expectoration, which had been profuse, nearly subsided under the occasional use of *Lachesis*. And when, from undue exposure or fatigue, relapses came, the remedy always proved reliable. She was accustomed to send to me, when her supply was exhausted, for "more of the same medicine." The last account I had from the lady—she moved, three years ago, to an adjoining county—there had been no return of the apostematous discharge for more than a year.

The skeptical reader will please bear in mind that this patient was many years past the climacteric period when I saw her first; and whatever influence that change may have had as a remote cause of the malady, it could have had none in its final cure.

Phthisis Pulmonalis. — Mrs. C., an elderly lady, thin and cachectic, is subject to occasional attacks of hæmoptysis, which are promptly relieved by *Carbo. veg.*, 30. The dry, sore cough, aggravated at night and in the early morning, and also by reclining, which follows these attacks, finds pleasant relief in *Lachesis*.

Quinsy. — Mr. T., a middle-aged, hard-working man, is exposed in his business to the wet dews of early morning, and the dank, cool air of night-fall, and has quinsy in consequence. At the commencement of the attack, *Lachesis* is morally certain to discuss it. If he delay too long, however, the remedy is of no avail, as he has several times found to his sorrow and disgust.

Propos of quinsy, I should remark that no remedy with which I am acquainted is so often effective as *Lachesis*, in breaking up the disease at its inception, nor in promoting resolution in its later stages. The remedy seems to have a special relation to cachectic and apostematous constitutions.

Ulcus Spongiosum. — *Lachesis* vies with *Arsenicum* in its power over these spongy ulcerations. The local indications are the same in each, and I can never determine which of the two to select without studying the concomitant symptoms. *Lachesis* has, in my experience, proved highly serviceable in several cases, one of which was apparently of syphilitic origin.

In one peculiarly virulent case of phagedenic ulcers in both legs, the patient is rendered comparatively comfortable by the occasional exhibition of *Lachesis*. The case seems not amenable to cure; but the oft-repeated aggravation of the disease, with the attendant sufferings from blood-poison, are speedily relieved by the remedy.

Mastitis. — Two severe cases of this disease I have success-

fully treated with *Lachesis*. They occurred in mothers of a depraved and cachectic condition, and had defied the powers of other doctors and other remedies, before finally yielding to this.

Typhoid fevers.—In fevers of this group I have rarely found *Lachesis* serviceable. The word *group* here is used advisedly; for the name *typhoid* represents, to my mind, no particular, well-defined *type* of fever, with congested eyes, rose-colored spots, and diarrhœa; of the older authors, but fevers of a low, continued, putrid, nervous, or ataxic character..

When *asthma* supervenes, in fevers of this class, the blood having lost its tone, and not only that, but is poisoned, too, with fever products, *Lachesis* has served me well in several cases. Its efficacy in such conditions is often similar to that of *Sulphur* over the scrofulous diathesis, or *Carb. vegetabilis* over systems poisoned by foul secretions. It serves to prepare the way for tonic and recuperative remedies.

However that may be — whether true or false in philosophy, it matters not, for my present purpose — four out of a dozen cases that I treated during an epidemic of typhoid fever at Newburgh in 1866, dated the beginning of convalescence from the exhibition of a few doses of *Lachesis*. All had run far into the fifth week, had become thoroughly dyscrasic, and death seemed imminent from asthma. Three had had diarrhœa from the second week; the fourth had had no movement of the bowels since the attack. Three were putrid; one was complicated with jaundice. The delirium of one was violent, especially after sleeping; that of the others was of a quieter sort. Soon after convalescence began, two of these four cases were threatened with abscess — one parotid and the other submaxillary. The swelling was considerable, but subsided speedily under *Lachesis*. Nor was the cure less complete and permanent for interdicting the threatened suppuration.

The opinion is quite general among those who prescribe *Lachesis* at all, that it is a choice medicine in cases of blood poison, whether the specific agent of toxication be animal

virus, the poison of the cadaver, pus, or typhus. But so is *Apis mellifica*, *Carbo vegetabilis*, *Kreosotum*, *Carbolic acid*, *Hepar sulphuris*, etc. How is one to discriminate between all these important congeners of *Lachesis*? How is one to determine, in a given case, which one to prescribe? This is an old question in medicine — as old as Hippocrates himself. It belongs to the domain of Therapeutics and Pathogenesis to answer. They furnish a key to the vexed problem. But even with this key, so indispensable to every homœopath, the decision is not always an easy one. In certain cases of typhus, for example, when subjective indications alone are obtainable, I have frequently found it most difficult to predetermine between *Lachesis* and its beneficent analogue — *Carbo vegetabilis*.

BROOKLYN, N. Y., May 30, 1870.

DEATH OF DR. ADAMS, OF SPRINGFIELD, ILL.

RESOLUTIONS BY THE ST. LOUIS MEDICAL COLLEGE.

At a meeting of the faculty of the Homœopathic Medical College, the following resolutions were unanimously adopted:

WHEREAS, It has pleased the Almighty in his infinite wisdom to remove by death our esteemed friend and professional brother, Professor R. E. W. Adams, M.D., of Springfield, Illinois, one of the pioneers of Homœopathy in the West, an early and staunch friend of this Medical Institution and a member of its professional staff; therefore,

Resolved, That in his death the profession has sustained a great loss, the college a warm friend and the friends of the system an earnest, accomplished and untiring advocate.

Resolved, That his honorable and untiring course in the pathway of medical science merits the admiration and esteem of every high-minded physician, and that we cherish his memory as a bright particular star in the medical firmament.

Resolved, That while we deplore the loss of our professional brother, we tender to the family our heartfelt condolence in their irreparable bereavement, and as a mark of respect wear the usual badge of mourning for the next thirty days.

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

E. C. FRANKLIN, *Registrar.*

REVIEWS OF BOOKS.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By R. LUDLAM, M.D., Professor of Obstetrics and Diseases of Women, in Hahnemann Medical College, Chicago. C. S. Halsey. 1870.

This is Part One of a series of Lectures on Diseases of Women, by Dr. Ludlam. The whole series of five or six lectures is intended to comprise all or most of the ills that female flesh is heir to. Its parts are to appear every two or three months.

The following are the chief topics in Part One: Prolapsus Uteri, with Dropsy; Leucorrhœa; Amenorrhœa; Menorrhagia; Hæmorrhage; Hysteria; Chlorosis and Ovaritis. The lectures are based upon one or more clinical cases, and for each case the diagnosis, prognosis and therapeutics are detailed with accuracy and discrimination. As regards the attenuations chiefly to be used in treatment of diseases of women, we cannot fully concur with the lecturer; but, as he expresses his own individual opinions only, and leaves his hearers or readers to select for themselves, the subject is hardly open to criticism.

The application of Homœopathic drugs to diseases peculiar to women has not yet gained that certainty which is desirable, nor can it be gained till drugs are more extensively proved by women, nor can this be done till more women study medicine. Hence, we heartily sympathize in all efforts to give those women who seek it, a thorough medical education. In the mean time, such lectures as those under consideration will be valuable as showing how much may be accomplished by the little we do know in these respects, and if they should chance to make us feel

more sensibly how very little that is, and thus quicken us to more earnest and laborious investigations, they will be of great benefit to the profession. Besides this extrinsic value, the lectures are intrinsically valuable, and if the following parts are as instructive as this, they will make a valuable volume.

THE PREVENTIVE OBSTACLE.

This work of BERGERET, which we noticed in our last No., has been translated by Dr. DEMARMON, of New York, and published by Turner & Mignard, 109 Nassau Street, New York.

One of our exchanges characterizes it as work not fit to put into the hands of the laity, but we can not see it in that light. Those who sin wilfully in such matters, cannot be made any worse by the perusal of such a work, while those who sin ignorantly, need some such guide and monitor to show them the error of their ways. We do not hesitate to commend the work to all married people.

ON ALCOHOLIC LIQUORS PREDISPOSING THE SYSTEM TO THE GENERATION OF SYPHILIS AND GONORRHŒA. By JOHN HORNBY, M.D., Poughkeepsie, N.Y.

WHEN a man becomes so bad that it is difficult to see how he can be any worse we are all ready to believe any vile thing said of him. On this ground, we are quite inclined to believe all the Doctor tells us in this onslaught upon King Alcohol, or, as he should rather be called, Arch Devil Alcohol; at the same time we cannot but say that we wish some of the assumed facts had been demonstrated a little more fully. Some of his readers most likely will question whether the Jews never had Leprosy till after entering the land of Canaan, and whether Leprosy, as

known in those days, originated from, or was akin to, either of the diseases mentioned in this paper.

The following, also, may be a fact, but we confess to having been thus far ignorant of it, and perhaps some of our readers will wish, with us, that he had gone here a little more into detail :

“Among those nations who do not use alcoholic liquors, and by some of whom they are religiously prohibited, we find no traces of the existence of the objects of our search ; they show no signs of ever having been contaminated by them. Among the Mohammedan and Pagan races, from the Arctic to the Equator, we miss their presence. And we find the same evidence as we travel over the islands of the Pacific Ocean, including the continent of Australia, excepting only, the inhabitants of those portions of their territories that have been visited by Europeans as traders, and by whom they have been initiated into the use of alcoholic liquors, followed by their inevitable consequences, syphilis and gonorrhœa, and their sequels.”

In conclusion, if Dr. Hornby can establish the facts in a manner to convince the popular mind, he will do the race a great service. Laying the axe at the root of one evil may help to eradicate the others.

THE HOMŒOPATHIC VADE MECUM OF MODERN MEDICINE AND SURGERY, for the use of Junior practitioners, Students Clergymen, Missionaries, Heads of families, etc. By E. HARRIS RUDDOCK, M.D., M.R.C.S., etc., S. Cumpston, 2 Finsbury Circus, London, E.C. 1869.

People must and will have books to sustain them in the conceit that they can *doctor* themselves, and this book by Dr. Ruddock, will answer a very good purpose in aiding those who cannot obtain medical advice. Besides the directions for the treatment of diseases, the author gives his reader useful directions about Hygiene and also a chapter on the “Signs and Symptoms of disease,” which would bear some expansion. If those who use such books, as this one in question, could be informed more particularly regarding the precursors and symptoms of various diseases, it would confer a great blessing upon the sick as

well as upon those who have the care of them. We have been called more than once in great haste to see a child at the last stage and found nothing the matter at all, and *per contra* have been called where it was supposed that nothing much was the matter, and have found the patients beyond help. Of course it is not to be supposed that every one can be made a finished diagnostician, but much more can be done in this direction than has yet been done.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F.R.S. A new American Edition, from the fifth and enlarged English Edition, with 462 engravings on wood. Philadelphia: Henry C. Lea. 1870.

We are indebted to the publisher for a copy of this elegant work on anatomy. We fairly envy the youngsters just entering upon their anatomical studies; no such works were to be had thirty years ago, and, though there were bones enough and books enough, it was not always so easy to read the one by the other. But a mind which Gray's Anatomy does not enlighten, had better turn its attention to some other subjects than medical. The blessings of all medical students, young and old, should attend the author, his assistants and publishers, and here's hoping that some of these blessings may reach them in the shape of pounds sterling.

THE CORRELATION OF VITAL AND PHYSICAL FORCES. By Prof. GEO. E. BARKER, M.D. Yale College.

This is No. 2 of a series of Tracts on scientific subjects, published by Chas. C. Chatfield, New Haven, Conn., to whom also we are indebted for the College Courant, received sometime in February last, but owing to adverse circum-

stances, not opened till the present writing, June 16th. The *Courant* is about as racy and readable a paper as ever finds its way to our Table, and for graduates of Yale, one would think it must be a prime necessity. The lecture of Prof. Barker is upon subjects which are just now occupying the attention of the learned, and while it shows that its author is familiar with all the progress which science has made in this direction, it also shows that he does not sympathize with some of his collaborators, who would fain know everything, but rather acknowledges a limit to human knowledge, as in the following concluding lines of his lecture :

“Is there really no immortal portion separable from this brain-tissue, though yet mysteriously united to it? In a word, does this curiously fashioned body inclose a soul, God-given and to God returning? Here Science veils her face, and bows in reverence before the Almighty. We have passed the boundaries by which physical science is inclosed. No crucible, no subtle magnetic needle, can answer now our questions. No word but His who formed us can break the awful silence. In presence of such a revelation Science is dumb, and Faith comes in joyfully to accept that higher truth which can never be the object of physical demonstration.”

THE PHYSIOLOGY OF MAN; Designed to represent the existing state of Physiological Science, as applied to the functions of the human body. By AUSTIN FLINT, Jr., M.D., etc., etc. New York: D. Appleton & Co., 90, 92 and 94 Grand Street. 1870.

This is the third volume in the series of works on Physiology, by Dr. Flint, Jr. The first treated of the blood, circulation and respiration; the second, of alimentation, digestion, absorption, and the lymph and chyle; while the subjects discussed in the present volume are secretion, excretion, ductless glands, nutrition, animal heat, movements, and the voice and speech. On most of these subjects our author has made original experiments and discoveries of great value; these, however, do not hide from him the merits of the investigations of others, so that the volume

before us contains a very complete and candid exposition of the views of the most noted physiologists upon the subjects which fall within its scope.

It is presented in a style which reflects credit upon the publishers. If Drs. *must* read, and some think they must, it is a mercy that they can get books so fairly printed.

A TREATISE OF DISEASES OF THE EYE; For the use of General Practitioners. By H. C. ANGELL, M.D. Boston: Jas. Campbell. 1870.

This work, as the author says, is not intended for specialists, but for Homœopathic practitioners in general practice—for those too busied with the whole, to devote a great amount of time to any one part of medicine and surgery. The want of such a work in our school has been long felt, and any hearty attempt to supply the want should meet with general favor. The advantage which a knowledge of Homœopathic therapeutics gives the oculist is very great, meager as this knowledge confessedly is, compared with what it should be, what it is capable of being, and what it assuredly will be before long. A sturdy move in the right direction is often half the battle, and we shall hope to see this effort suitably encouraged and seconded by all of our school.

A PRACTICAL TREATISE ON THE DIAGNOSIS, PATHOLOGY AND TREATMENT OF DISEASES OF THE HEART. By AUSTIN FLINT, M.D., Professor of Principles and Practice of Medicine; etc. Second Edition, thoroughly revised and enlarged. Philadelphia: Henry C. Lea. 1870.

We have already acknowledged our indebtedness to one Flint, the Jr., and we are now required to make known our obligations to another, the Senior. Dr. Flint, Sr. has been an acknowledged authority upon the subjects of which

he here treats, for many years, and as far as the diagnosis and pathology of diseases of the heart are concerned, we have here all that is known upon the subject. We should be glad to see the work in the hands of every member of our school.

THE HOMŒOPATHIC TREATMENT OF HOOPING-COUGH. By C. VON BOENNINGHAUSEN, M.D. Translated, with additions, by CARROLL DUNHAM, M.D. New York: Henry M. Smith & Bro., 107 Fourth Avenue. 1870.

This is not a mere translation. Our worthy colleague has made many valuable additions, and what Dr. v. Boenninghausen wrote and Dr. Dunham translated may be considered worthy of attention without any recommendation from us. As we are told in the Preface, the work is not only useful for the treatment of hooping-cough, but for that of any spasmodic cough.

We must take issue with the author as regards *Ledum*, where he says, "it must be rarely applicable." If there is any better remedy for a violent spasmodic cough, with (or without) bloody expectoration, than *Ledum*, we confess that we do not know what it is, and if we were called upon to treat a hundred cases of hooping-cough, with but one remedy, *Ledum* would be one of the first to claim attention, so potent has it been in our hands for many years.

OBSTETRIC OPERATIONS, INCLUDING THE TREATMENT OF HEMORRHAGE. By ROBERT BARNES, M.D., Lond., F.R.C.P., etc., with Additions by BENJAMIN F. DAWSON, M.D., etc., etc. New York: D. Appleton & Co. 1870.

Granted the necessity for instrumental aid in certain cases of labor, it becomes a serious question to decide when and how this aid should be given. What obstetrical operations

are expedient, and by what means should they be performed? We have no hesitation in saying that, if this work was carefully studied by the practitioner, much of the prejudice, against the forceps especially, would be done away with. We should hear less talk concerning "meddlesome midwifery," if the instructions given by our author were available in case of need, in every lying-in chamber.

Like a sensible writer, Dr. B. plunges into his subject in his first sentence. "1. What are the emergencies which call upon the practitioner to operate? 2. What are the means, the instruments at his disposal?"

"If each accident or difficulty in labor were uniform and constant in all its conditions, it might be possible to apply to its relief the same operation or the same instrument. The history of operative midwifery might be told in an orderly series of simple mechanical formulæ. But how different is the case in practice! How infinite is Nature in her phases and combinations! The dream of Levret will never be realized. In proportion as observation unfolds these combinations, ingenuity is ready to multiply the resources of art. To describe these combinations, and the means of meeting them, is a task of ever-growing difficulty. Partial success only is possible."

The "obstetric bag" which he recommends contains twenty-one instruments and expedients,—quite a formidable array. We would not care to be encumbered with the half of them. In this collection the straight forceps are very properly omitted. The merits of each instrument are carefully set forth.

Chapter II describes the powers of the forceps, the force by which it holds the head, and the compressibility of the child's head. A strong plea is urged for this instrument at the superior strait, instead of the antiquated resort to the perforator, when the head happens to be arrested at the brim of the pelvis. The author attributes the *tractile* powers of the forceps not to the handles, "but to the curvature of the blades, which fit more or less accurately upon the globular head, and the compression of the bows of the blades against the soft parts of mother, supported by the bony ring of the pelvis." This is really the weak

est point in the work. A whole chapter is given to the consideration of the forceps as a lever, and also to prove that the lever is not a tractor. For the proper application of the forceps, certain conditions are either favorable or necessary: "1. The membranes must be ruptured. 2. The cervix uteri must be fairly dilated. 3. The bladder should be empty. 4. The patient must be in a convenient position."

Chapter IV treats of the causes of arrest in first labors, *id est*, disturbed or diverted nerve-force (metastatic labor of Dr. Power), the uterine and perinæal valves, the ponding of the liquor amnii. We give a practical extract from page 71:

"But not seldom, combined with more or less emotional disturbance, the expelling force gives way before a real mechanical obstacle. It is this: In primiparæ the cervix dilates slowly. The vertex partly enters the pelvis, capped by the cervix. The anterior portion of the cervix especially is carried down before the head, much below the brim. It even gets jammed between the head and the symphysis, and becomes perhaps more unyielding from œdema. Now this anterior segment of the uterus forms a valve or plane which guides the head backward into the sacral hollow in the direction of the axis of the brim. So far it fulfils a useful function, but, having done this, it ought to retire. In pluriparæ it commonly does so, and then the head encounters the second valve, formed by the perinæum, which is exactly opposed to the first or uterine valve. The function of this is to guide the head forward, under the pelvic arch, in the direction of the outlet. Now, it frequently happens in primiparæ that these valves maintain their resistance too long. The uterine valve may still cap the head when it is propelled to the very floor of the pelvis. In this case the head is prevented from receiving the full impact from the inclined planes of the ischia; it is impeded in its half-quarter axial turn, occiput forward, and also in its movement of extension. Hence a double difficulty; there is the opposing valve, there is the malposition. Clearly, the valve must be got out of the way. How to do it? Sometimes patience will do it; but, as patience on the part of the physician may involve agony and danger to the woman, this should not be overstrained. Sometimes one or two fingers may be insinuated between the valve and the head, in the intervals of pains, and then the valve may be held back so that the equator of the head may pass it. But you must be careful, lest, by overmeddling, you cause more swelling and rigidity. You may pass up the lever, or one blade of the forceps, and, bearing upon the occiput, just as you use a shoe-horn, the valve, like the heel of the shoe, is held back while the head descends upon the inclined plane of the instrument. And here you often

get another beneficial result. The head-globe has been lying closely fitting to the ring of the cervix uteri, like a ball-valve, ponding up the liquor amnii below, and impeding the full action of the uterus by over-distending it. The lever or forceps opens a channel for the escape of the pent-up fluid. The uterus then acts immediately, and the labor proceeds. I have often used the forceps successfully for no other purpose than this."

This extract will give a better idea of the practical nature of the work than any thing we could say. In respect to the application and *modus operandi* of the forceps in every position of the head, no other work is so thorough. The same is true of operations advised for face, pelvic and shoulder presentations, in deformed pelvis, suspended labor, and faulty conditions of the soft parts. Eight chapters are devoted to version, and they are most valuable; one each to craniotomy and the Cæsarean section; one to the induction of premature labor; and four to uterine hæmorrhage and placenta prævia. The illustrations are numerous, eighty-seven in all, and many of them original. The style of the type and text is admirable, and so also of the editorial additions. It is a great credit to English obstetricry that the mischief which the eloquent Blundell wrought through his unqualified opposition to instrumental delivery, is at last compensated by this excellent work of Doctor Barnes.

R. L.

UTERINE FIBROID TUMORS. A Lecture delivered at the Hahnemann Med. College of Philadelphia, by HENRY MINTON, M.D., of Brooklyn. Reprinted from the Seventh Vol. of the Trans. of the State Medical Society. Albany: 1870, pp. 19.

The author has laid those who read the Transactions of the N. Y. State Hom. Med. Society, (and who does not?) under renewed obligation by the preparation of this little monograph. Its pages bear the marks of study and experience, although they are badly disfigured by the evidences of careless proof-reading. It spoils one's enjoyment of

such a paper to read unstripped for unstriped, cervix for cervix, tumefide for tumefied, and palpitation for palpation. And so also, to have the page marred with a profusion of italics, to which our modern writers are incurably addicted.

The best portion of the essay is that devoted to the differential diagnosis of uterine fibroids. The sound, the sponge tent and palpation, are the means, and exclusion the process by which they are separated from ovarian tumors, distension of the bladder, fæcal accumulations, pelvic abscess and hæmatocele, carcinoma, uterine deviations and pregnancy. We do not know where our readers could find so much available information upon this subject in so short a space.

R. L.

WOMAN'S MEDICAL COLLEGE OF THE NEW YORK INFIRMARY,
128 SECOND AVENUE.

We never could refuse a request made by a woman — hope we never can — supposing it of course to be a proper one; hence, as the above announcement has come to our hands from the Secretary, Elizabeth Blackwell, M.D., with “Please notice” written thereupon, we cannot say nay. At the same time, the clause announcing that a “course of lectures in any *recognized* school,” etc., came well nigh stifling our gallantry for the time. However, as men do not learn everything at once, they should not expect women to do any better. Having broken through some trammels of the school, it is to be hoped that these medical women will finally break away from all, and learn to treat those who differ from them with proper courtesy.

In the commencement before us, Mary lectures on *Materia Medica*, and James on *Diseases of Children*. This shows that the new order of things has not yet been completely established: Any James can learn to lecture on *Materia Medica*, but no James can ever learn much about *Diseases of Children*, compared with what any Mary can

learn who has born and brought up half a dozen or more. Without wishing to interfere, we beg leave humbly to suggest that the treatment of children should be taught by women who have had children. We should consider it a privilege to attend a course of lectures on this subject by some medically educated woman, who had raised a family of (her own) children. We should surely learn many things never to be otherwise learned. Men have little opportunity to watch children, and if they had both time and opportunity, they never can have a mother's love to quicken their powers of observation. Perhaps, though, when women take *the field*, and men get to doing in-door work, we may read of a *father's love*, who knows? In any case, success to all Women's Colleges.

LIFE, AND THE EQUIVALENCE OF FORCE. By J. DRYSDALE, M.D. Part I. London: Turner & Co. 74 pp.

Through the courtesy of the author, we are in receipt of the above pamphlet, which is devoted mainly to a historical notice of the origin and development of the doctrine of the Equivalence and Conservation of Force, with the special object of maintaining the claims of Mayer to priority in the discovery and announcement of its essential features. As such, the work is of undoubted value, and alike creditable to the heart and head of the author. The subject of life, however, in its relations to other forms of force, is scarcely touched upon in the present number. Doubtless the author intends to devote Part II. specially to this attractive subject. We shall await its appearance with much interest.

In this connection perhaps we shall be pardoned for remarking the almost universal lack, in discussions upon "Force," of any clear and intelligible definition of the essential nature of force itself. This want, apparently arising from too little mental precision on the part of writ-

ers themselves, has perpetuated such confusion of ideas that the whole subject has seemed enveloped in impenetrable fog. To the thoughtful mind, certainly, most that has been written on the nature and relations of force, is exceedingly indefinite and unsatisfactory.

A notable exception to this general indefiniteness of writing on the subject of force, will be found in the papers of Prof. Gatchell, published in this and the previous volume of this Journal.* Clear, logical, concise and consistent, no one can arise from the careful study of these articles without feeling that he has gained at least some positive and definite ideas upon the subjects treated of, and especially in regard to the true nature of force itself, the very point upon which there is so much doubt and obscurity among even the best writers.

Prof. Gatchell's fundamental propositions are as follows: *Power* is an inherent property, or attribute, of matter, by virtue of which it is capable of influencing other matter. It is, therefore, in its nature, *absolute and essential*.

Force is the display of this power, which takes place under certain conditions, *e. g.*, the presence of another body to be acted upon. It is, therefore, *relative and phenomenal*.

Power is as indestructible as the matter in which it inheres. Force is as indestructible as the power of which it is the manifestation. Thus the conservation of force rests fundamentally on the imperishable and unchangeable character of matter itself, and not on any doctrine or fact of convertibility. Indeed, convertibility of force, according to this view, is an impossibility. "One form (of force) can no more be converted into another, than one set of atoms can be converted into another." "Force is no more convertible than power, and power no more than the atoms to which power pertains."

Force may be *transmitted, called into action*, but not con-

* Force; and some of its relations to life, health, disease and medication. By H. P. Gatchell, M.D. U. S. Med. and Surg. Journal, Vols. IV and V, 1869 and 1870.

verted. "In all cases of alleged conversion of force, there is simply nothing but a calling into action of the power pertaining to and inhering in the second body, by manifestation of the power of the first." All such expressions, therefore, applied to force, as "transformation," "convertibility," "becoming free;" being "extricated," or "given up," are both inaccurate and unphilosophical. The same is to be said of such definitions as "Forces are indestructible, convertible, *imponderable objects!*" And again, "indestructible, equivalent, and convertible *objective existences!*"

Prof. Gatchell's clear distinction between power and force, and the unequivocal definitions given of each, contrast favorably with the above, and throw a flood of light upon the subject in all its various bearings. We think he reaches to the very root of the matter, and goes far towards proving, what we ventured to intimate in a previous number of the JOURNAL, that the doctrine of the correlation and conservation of force, as at present promulgated, is only a half-truth after all.

Pursuing the subject in an entirely original and independent manner, and chiefly for physiological ends, it is certain that Prof. Gatchell arrived at the truth of the conservation of force, as a corollary of his doctrine of its essential nature, several years before the appearance, in this country, of anything upon the subject, and long before he was aware it had been anywhere announced.

We commend his articles to the attention of every earnest student, whether of physics or physiology, confident that he will be amply rewarded for the pains. Should we be favored with the second part of Dr. Drysdale's work, we may have something to say in regard to Prof. G.'s doctrine of force, as applied to vital phenomena. F. A. L.

EDITORIAL.

AMERICAN INSTITUTE OF HOMŒOPATHY.

OUR readers have already received the proceedings of the Institute at its recent session in this city. The proceedings of previous sessions have found their way to the members, generally before the end of a twelvemonth ; but this session was distinguished by the fact that every day the members had the proceedings of the day before, in their hands, in a printed form — a thing which we suppose can be done in other places than Chicago ; but for taking the first step in this direction the credit is due to Mr. Halsey, publisher of the *Medical Investigator*, and Dr. T. C. Duncan, its managing editor. Thus we had all the proceedings, annual address and all, in our hands before the Institute had fairly adjourned ;— an example which we commend to the Homœopathists of Philadelphia, where the next session is to be held

The address of Dr. Dunham was listened to with great attention, and most of his hearers were surprised that he showed so much liberality ; the gist of his address being “ Let us have peace ; ” if the extremes cannot agree, let them agree to disagree. The Doctor, as everybody knows, has a very pleasant way of saying everything, and his gift did not forsake him on this occasion. Nevertheless, candor requires us to say that, though we listened to our much esteemed colleague with great pleasure, and were for the time, silenced, if not carried away by his manner of putting things, yet we regret, on sober, second thought, that he did not see proper to take other grounds. Peace is desirable, and harmony everybody likes ; but it has always been held that Peace, like everything else, might be bought at too dear a price. If I must stifle or conceal all my convictions of right, and truth, and justice, to keep peace with my neighbor, let me be at war with him all the days of my life. Moreover, between some things there can never be harmony. Fire and water can never be harmonized ; nor can truth and error. You may fence them in, and whitewash, or paint, or gild the fence, if you will, and make a very pretty thing of it — seen from the outside, and a long way off—but those who can look inside, will never fail to see that the water has put the fire out, or that the fire is keeping the water in a constant commotion ; that Error has crushed Truth, and hidden it from view for a time ; or that Truth is asserting itself and putting Error to confusion. Take such a Homœopathist as Dr. Dunham, for instance, and such another as Dr. Palmer tells about in his lectures against Homœopathy, (see this Journal, Vol. IV., p. 491). They may be fairly taken as extremes — though it is only by the rarest courtesy that the object of Dr. Palmer's description can be

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called a Homœopath — now, what can ever harmonize such men? The former, earnest, candid, discriminating, true to his convictions; the other, evidently true to nothing but his own sordid interests; earnest in nothing but feathering his own nest; of no convictions except that gain is godliness; an impostor; a quack. If there is such a man in our ranks as Dr. Palmer asserts — we fervently hope there is but one — what harmony or fellowship subsists, or ever can be made to subsist, between him and our friend, Dr. Dunham?

But it may be said that this is an extreme case, that there is not such a world-wide difference between Dr. D. and the rest of our school. We hope, in all charity, that there is not, yet it cannot be denied that there are very many professed Homœopathists who differ in no respect from Allopathists, unless it be in giving more medicine than the better informed of the allopathic school are now in the habit of giving. We do not speak of an occasional resort to means not strictly Homœopathic. The best generals are sometimes brought into straits where they have to do the best they can, and are not at all allowed to do what they wish. At the same time it is difficult to see if Homœopathy means anything at all, how those can be called Homœopathists who generally give mixed and crude drugs; nor will it be easy to show the advantage which is to accrue to Science or Truth, by comprising in one organization men of such diverse views, exciting, as it does, the well-deserved derision of our enemies, and the surprise of our newly made friends. "Why," said a recent convert to us the other day, "I am surprised to find what a leaning there is to Allopathic measures in the Homœopathic school. When I embraced Homœopathy, I cut loose from drug shops and mixed drugs, but I find this is not by any means the invariable practice among Homœopathists."

But if the advantages of such an adulterous union are doubtful, the disadvantages are obvious enough. One will occur to every one mindful of the fate of poor Tray, who was soundly beaten for having been found in bad company. Homœopathy — we assume there is such a thing — suffers from the conduct of those who choose to call themselves Homœopathists, and yet rival our opponents in their mixtures and crudities. Allopathists see the incongruity between such conduct and the profession of Homœopathy, and they argue with considerable show of reason, that the whole thing is a pretence, an imposition, mere quackery. Those who keep bad company can not escape being called hard names.

Another evil is this, that passes for Homœopathy which is not Homœopathy. It would be logical, just here, to define what Homœopathy is; but for this we have neither time nor space. There is a system of medicine which has reduced the number of incurable diseases, and the mortality of the curable; which has shortened the duration of sickness, mitigated its sufferings, and diminished its expense; a system which has wrought a revolution in Allopathic practice, and is destined to effect a still greater change in Allopathic principles; a system which has its colleges, its professors, its literature; a system whose cardinal principle is *similia similibus curantur*; which has opened a road to true therapeutics, and made considerable advance therein — and this system is called Homœopathy. Its

existence is well known by ten thousands of foes, who have sought its overthrow, and hundreds of thousands of friends who desire its well-being. It is a *thing* well known for half a century; and being a *thing*, it must have its metes and bounds, its properties and qualities peculiar to itself, and belonging to nothing else. These are capable of definition and description, and the American Institute of Homœopathy is just the Institute, of all others, which should define and describe them. To deny the possibility of such a definition, is to deny the existence of Homœopathy; hence, it does not want an American Institute, nor any other: to deny the fitness or authority of the American Institute to do this work is to deny its fitness to be an Institute of Homœopathy, and its name might more properly be, The American Institute of — what-d'ye-call it?

Another evil, and the last of which we shall now speak, is the hindrance which those are to the spread and development of Homœopathy, who deal in crude, and more especially in mixed remedies. What a physician may be compelled to do, or may think he is compelled to do, in a sudden emergency, is one thing, and what is the daily and hourly tenor of his life is another. Now, we do not hesitate to say that a physician who habitually gives mixed medicines, can never add to our knowledge, either of *Materia Medica* or *Therapeutics*. This fact is beginning to be admitted by our Allopathic friends, and it is a little difficult of explanation, that while the Allopathic school is verging towards the single remedy, many, and as far as we can judge, a very considerable proportion of Homœopathists, give crude drugs, and many of them at a time.

Now, we admit that every physician has the right to give his patients whatever he thinks will do them the most good; but no one has a right to call himself Homœopathist, who defies all the rules of Homœopathy, any more than one has a right to be recognized as a Christian who breaks every one of the Ten Commandments every day. To live in peace and harmony with such men is more disastrous to Truth and its defenders, than the most direful war; and an organization which has not vitality enough to cast off that which is wasting its very life-blood, will soon cease to have even a name to live. And if the American Institute of Homœopathy cannot, or dare not, or does not know how to define Homœopathy; if it has not the discernment to find out, and the vigor to cast off, those who are a disgrace to it, and to all truth and science; if it is so far from being able to advance to new conquests, that it can not even keep itself from falling back into the slough of polypharmacy and empiricism, from which the allopathic school is emerging, it is difficult to conceive why it should any longer pretend to an existence which must long since have ceased to be. A man who gained his livelihood by questionable practices, and was defending his course before Dr. (Samuel) Johnson, said, as a conclusive plea, "I must live, you know, Dr." "Don't see the need of it; don't see the need of it at all, sir," replied the Dr. The application we leave to our readers.

SURGICAL ITEMS.

HYPODERMIC INJECTION OF ERGOT OF RYE IN ANEURISM.

By PROF. VON LANGENBECK, of Berlin. Translated by C. T. DEANE, M. D., San Francisco.

At the session of the Medical Society of Berlin, held on the 17th of February, Prof. v. Langenbeck spoke on this subject. He hoped that the remedy he had brought into notice might be further tested, inasmuch as the growth of an aneurism might possibly thereby be arrested. He based his application of the remedy on the fact that the "Secale Cornutum," as is well known, in child-birth calls forth contractions of the organic muscle-fibres of the uterus. From this fact he deduced the conclusion that it might, in a case of aneurism, similarly effect the muscular coat of the artery. The patient, a man of 45 years, with a strong constitution and previously healthy, was attacked in the spring of 1864, with a pain in the right arm, which radiated from the shoulder or the side of the neck. He was treated for rheumatism with *Sulphur* baths. The pain increased so as to deprive him of sleep, the arm growing weaker and weaker. In September, the patient observed a pulsatory swelling on the right side of the neck. In the beginning of October, Dr. v. Langenbeck traced the same to the right fossa supraclavicularis, and found an aneurism of the size of a pigeon egg.

The pulsations could be followed from the inside through the fossa triangularis into the jugular, a proof that the whole subclavia, even where the swelling did not reach, was affected. The action of the heart was normal, but weaker than is customary in a strong person. In the aneurism there could plainly be heard a bellows-sound in the direction of the anonyne. The pulse in the right radialis was stronger than the left (which is sometimes the case), only somewhat retarded. The pulsations of the aneurism were strong — the pain very much annoyed the patient. Dr. Langenbeck applied to the aneurismatic sack, a moxa composed of neutral *Chrom. potassii*, and from the beginning of October until December, at intervals of three to four weeks, it was applied four times. The symptoms improved, the pain almost vanished, only now and then the patient observed a slight twitching of the arm, and in the beginning of January he returned to his home. From January, 1865, until the summer of 1868, he was apparently well and pursued his former occupation. The aneurism had become smaller, yet it was there, it pulsated plainly but caused no trouble. During last summer the patient visited Misdroy for the purpose of sea-bathing, since which time his condition has become rapidly worse. The swelling increased, the pulsations became stronger, the pain again made its appearance, the arm became weaker, sleep again deserted him, and so it continued without any change until January, 1869. The doctor now observed the

following condition: The aneurism had materially increased in circumference, reaching the size of a clenched fist. The pulsations were enormously strong, and also perceptible beneath the clavicle, from which might be concluded that the subclavia must have been materially distended. The pulsations might also at times, when the patient had been walking, be observed by the strong rhythmical shakings of the head. The sternocleido-mastoideus and the region of the fossa triangularis were arched forth, the jugular overspread, the pulse in the right carotid was not observable, and he also failed to get the response in the right *temporalis superficialis*. The patient complained that for the last month he had been unable to sleep on account of violent pains in the right arm; he could not lie on his back, but had to sit up in bed, the body bent to the right; in this position could he sleep and only then at intervals. He was especially annoyed by the increasing weakness of the right hand. Since the preceding summer, he had not been able to write, as he could not hold a pen between the thumb and index finger, the hand was greatly emaciated, as is the case in muscular *atrophy*; the space between the ossa metacarpi had become hollow, especially of the thumb and finger, the movement of the finger exceedingly defective, the flexors lamed, as well as the small muscles of the hand and thumb. The feeling in the region of the ulnaris was feebler, so that here and there, particularly at the fifth finger, *anaesthesia* was perceptible. The last finger joints were swollen, and the patient affirmed that the swelling had commenced in the course of the deterioration of the aneurism.

On the 1st of January, the doctor made the first hypodermic injection of 0.03 grammes *Ex. sec. cornut. aquos.* This injection, as well as those that followed it, were made in the morning between eleven and twelve o'clock, and always under the skin covering the aneurism. The patient slept quietly during the whole of the night following the first injection. The next day, and after the succeeding injections, the patient was already able to sleep lying on his back, and the pains in the right arm were much less acute. The aneurism pulsated with less force and had considerably decreased in circumference. From January 6th, to February 17th (and generally at intervals of three days), there was injected altogether, two grammes of *Ergotine*, in doses of 0.03 to 0.18. The improvement has steadily gone on to this day. The patient who was unable to hold a pen, can now write. The movements of the hand have returned. When the treatment commenced, the patient carried his hand in a sling, but now he carries a cane in his hand. The aneurism, however, still pulsates perceptibly, but markedly weaker, and has materially decreased in circumference; the jugular has become more superficial, and the fossa triangularis between both sterno-mastoidei has been restored.

Dr. Langenbeck observed no constitutional effects of the *Ergot.* On one occasion he injected 0.18 grammes, and the patient complained of glittering before the eyes and giddiness, but the doctor thinks it may have arisen from some other cause.

Dr. Langenbeck has thus far used the watery extract according to Bonjeau:

℞. Ex. Secale Corn. aquos M. xl Spir. Vin. Rectif. Glycerine
 ā ā 3 ij.—*California Medical Gazette.*

To this we are permitted to add the following interesting case, contained in a letter from Dr. J. N. ECKEL, of San Francisco :

SAN FRANCISCO, *June 17th*, 1870.

DEAR SIR: Allow me to call your attention to an article, page 46 *California Medical Gazette*, which was translated by my friend Dr. Deane, physician to the San Francisco Woman's Hospital. The article was furnished to him by me.

As I have not seen the article in any Homœopathic journal, I thought it might be of interest to the many readers of your valuable periodical. I have at present a similar case under my care, with the difference, that the aneurism is on the left side. The following is a brief history :

Mrs. St——t, age 46 years, residing in this State for the last 18 years, always enjoyed good health until lately. Within 18 months she was attacked, as she thought, with "false pleurisy," as the pain was not constant. She did not look for medical aid.

April 23, 6 P. M., I was called to see her. Found her sitting upright in bed, leaning with her head forward towards the left; countenance expressing a great deal of distress. She said she had such excruciating pains in the shoulders, chest and arm, under the axilla, that she was afraid to move. The tumor is as large as an English walnut. Marked pulsations in the fossa triangularis, fossa subclavicularis, extending towards the second rib; parts exceedingly sensitive to touch. Told me it grew rapidly the last three months. Left arm very painful and swollen; could not raise the hand without pain in the arm and shoulders; was not able to use the arm; pulse in the left arm weaker, and somewhat slower, than the one on the right.

I ordered ice water compress, to be renewed every hour. *Acon.* and *Bry.*, that night were given. On the 24th, no change whatsoever; tried *Lach.* On the 25th, patient the same. Injected three drops *Secale corn.* (English preparation; it is said one drop is as strong as one grain of the powder) under the skin, over the centre of the tumor: cold water to be continued 5 o'clock P. M., the same day, I visited the patient again, who had slept four hours during the day; the first "nice" sleep she had within a week, and all acute pain had left her in the arm and chest. The tumor, however, still sensitive.

Second injection was made April 27th. Slept again a few hours after the injection.

Third injection, April 29th; fourth, May 1st; fifth, May 5th.

Here a slight erysipelas set in, and I was obliged to omit the injections for four days.

On the 10th, the sixth injection was made, as the erysipelas had entirely disappeared. Swelling much less; tumor not sensitive; can move the arm; the swelling of the latter disappeared; the pulse in the left radial artery stronger. All her friends are noticing the decided change in the swelling. She is able to lie flat on her back, can raise the arm, has lost

the difficulty of swallowing (however, the latter was slight, yet she spoke of it when I first saw her), sleeps from four to six hours quietly, every night.

On June 1st I made the twelfth, and, for the present, the last subcutaneous injection.

The last four injections I used ten drops. In all, seventy-six drops of *Ergot*. No bad results from the remedy occurred.

I saw the patient every day, and on those days I made the injections, twice daily; see her now once a week, to watch progress.

On June 6th, ordered the patient out doors. She has now a good appetite; sleeps well; no pain; pulsations very faint.

Why could not *Caullophyllin* be used in such cases? What good can we do with *Acon.*, *Bry.*, *Sulph.*, *Lach.*, or *Digitalis*?

Kafka said, in speaking of aneurism of the aorta, and I must repeat here the same: "All our exertions to control the pulsations and reduce the swelling, are fruitless." Vol. II, page 359 (German edition). This was a mere experiment, which proves fair to promise a good result.

Most respectfully,

J. N. ECKEL.

P. S. June 14th. The aneurism reduced one-half; patient has no complaints to make; can dress again her own hair, which she had not been able to do for several months; pulsation, very faint.

MATERIA MEDICA.

ARSENIC.

Most of our readers will not need to be told of the efficiency of *Arsenic* in the treatment of icterus, nevertheless there are so many curious points in the following Allopathic notice of *Arsenic* that it is given entire:

An Arsenical Medication Against Icterus.—*Arsenic* has been but very seldom used in the treatment of diseases of the liver, and, according to certain writers, it should be banished from the treatment of this disease entirely. The fact, well known in toxicology, of the accumulation of *Arsenic* in the hepatic tissue consequent upon poisoning by this metalloid has given rise to the fear that even in a minimum dose it must produce a hurtful effect upon this viscus, whether in a healthy or diseased state. This is a notion which, without having been verified clinically, is sustained in practice, and has resulted in the seclusion of preparations of *Arsenic* from treatment directed against the various forms of icterus and against other affections in which lesions of the liver must be admitted. Dr. Waher, in his excellent brochure upon *Arsenic*, recommends us to abstain from the drug in all cases where the liver seems affected, but in making the prohibition he is sustained only by the traditional apprehension of a pretended accumulation in the liver which would thus become the reservoir from which, consequently, a poisonous influence would pervade the entire economy.

It seems to us that this elective action of *Arsenic*, which consists in its accumulation in the liver and its remaining there a longer time than in any other viscus, should rather be a motive for seeking to make it useful against the diseases by which this organ may be affected. A drug as active as *Arsenic* can not be indifferent to an organ which absorbs and retains it more than any other organ, and it is logical to admit that, before acting upon the liver, as a toxical, it must act upon it as a therapeutical agent. It is this latter mode of action, as yet obscure and little known, which it will be necessary to set forth and establish clinically; the affinity of *Arsenic* for the liver, which should invite therapeutists to prove its curative properties in treatment of hepatic affections. To make use of a remedy which puts itself in contact with a diseased organ, is not that one of the desiderata of therapeutics, and should not the physician deem himself happy to be able to fulfil this condition every time that he seeks to produce an influence upon a localized pathological state?

Dr. H. Almes has used *Arsenic* with success in some cases of icterus. He was not led to that therapeutical action by the idea of a special action of this drug upon the liver, but by the more general idea of its regulating influence over all the functions and its reconstituent influence over all the organs; an influence which is exerted through the media of the nerves and the blood, and which must affect especially those centres, destined, as is the liver, to the elaboration of this fluid. However, the paper of M. Loliot proves that *Arsenic* acts upon the liver and kidneys as do other toxical poisons, and, in a large dose, produces stentosis of these organs.

The observations of our confrère are four in number. Three relate to facts of a chronic icterus and the fourth to an icterus due to a paludal intoxication.

These observations seem to prove that not only is *Arsenic* not dangerous to patients affected with icterus, acute or chronic, but, that, more than this, it possesses the most remarkable curative effect against these diseases. In fact, in the three first cases, *Arsenic* was not given till after several other remedies had been previously given, one after the other, and for a sufficiently long time, but without satisfactory results, while a marked improvement followed almost immediately upon the use of the arsenical preparation. In these cases the persistence of the disease, in spite of the remedies directed against it, its aggravation even and long duration, left no doubt as to its refractory character, its tendency to an indefinite prolongation or a fatal termination. These different conditions were known to the physicians who had treated these patients before us. Consequently it seems to us that we are justified in ascribing to *Arsenic*, and, especially, to the *Arsenate of Antimony* the credit of the cure just reported. We think, then, that, for the treatment of diseases of the liver, we should dismiss these apprehensions which have been cherished regarding *Arsenic*, apprehensions which are discredited by clinical experience. The conclusion of the author is, that to the list, already long, of diseases amenable to *Arsenic*, we should also add acute and chronic icterus.—*France Médicale and Bull. Gén. de Théor.*, lxxvi., 327.

POISONING BY CARBOLIC ACID.—The subject of tar-poisoning which is now attracting a good deal of attention in connection with the extensive employment of *Carbolic acid*, is not by any means a novel one. It has been long well known that various preparations of tar, if applied freely to the skin were capable of absorption, and might bring about certain special symptoms. The reader will find an account of these in Hebra's work on *Skin-Diseases*, vol. ii p. 40. Numerous observers have recently met with cases in connexion with the use of *Carbolic acid*; and we publish this week an interesting account of one, by Dr. Wallace, of Liverpool.

We may briefly advert to some of the points to which future observers should direct their attention. The most constant symptom is *black urine*. It has been proved that this occurs in an equally marked form, whether tar or some colorless preparation of it be the agent employed. It has been noticed over and over again from *Carbolic acid*. There is yet some hesitation on the part of chemists in deciding as to the exact cause of the color. Dr. Stevenson, of Guy's Hospital, gives his opinion against the presence of coloring matter from the blood. He proved that the black urine did not contain more than the normal quantity of iron. We may note, also, that black urine does not usually earn the epithet of "smoky," since it does not become opaque. Sometimes it is perfectly bright. It rarely contains albumen. The hypothesis that the coloring matter is derived from the tar itself seems the most probable. Dr. Hughes proved years ago that creasote given internally, produced exactly the same changes.

Next, we want careful observations as to the constitutional symptoms which attend this condition of urine. In slight cases there appear to be none; but in the more severe, vomiting, delirium, and even tendency to coma, may be induced. Does the condition of slight blood-poisoning by *Carbolic acid* prejudice, or otherwise, a patient's chance of recovery after an operation?

Thirdly, we want more information as to the occurrence of the symptoms referred to in connection with the different forms of solution of *Carbolic acid*. A weak watery solution freely used appears to involve the most risk; and some believe that with oil there is but little, and in the form of plaster none.

Lastly, it is well worth investigation, whether the use of *Carbolic acid* and its allies may not exert considerable influence on certain diseases of the nervous system. We noticed a few weeks ago the remarkable rapidity with which it causes the skin to tingle after immersion, and the fact that it would induce aching of nerves in the limb far above the parts which had been immersed.

In conclusion, we must offer a caution as to the too free external use of this agent; it would appear to be quite possible to encounter, inadvertently, considerable risk. Although we are not aware of any cases of actual death from its legitimate surgical use, we know of several in which alarming symptoms occurred. Dogs are very easily killed by *Carbolic acid* baths. The remedy is the free use of diluents taken by the mouth; and it is equally if employed as a precaution.—*Brit. Med. Jour. and N. Y. Med. Gazette.*

PODOPHYLLINE.—The writer gives the results of his personal experience as follows: "Immediately after the injection of the drug he experienced nausea and a slight pricking at the stomach; he lay down, and the symptoms disappeared. The next day copious stool, soft and very yellow; every hour he had a passage for five times."

Some days after the writer took a double dose of *Podophylline*, ten centigrammes; the nausea returned at once, and efforts to vomit, which continued about two hours. At the end of four hours malaise, with chills, confusion and a sense of prostration, which obliged him to lie down. The night was tolerably good, and the next morning he was awakened early by violent colic, followed by soft evacuations, which were repeated nine times during the day. The writer remarks that he is the only person who has experienced these adynamic symptoms and in whom these symptoms were preceded by marked purgative efforts."—*Giornale Veneto di Scienze Mediche and Bull. Gén. de Théor.*, lxxvi., 326.

CHEMISTRY AND PHYSICAL SCIENCE.

By F. A. LORD, M.D., CHICAGO, ILL.

THE OLD OR THE NEW?

SOME knowledge of Elementary Chemistry should be, and, undoubtedly, ere long, will be required of all students entering upon a course of didactic instruction in our Medical Colleges. Such being the case, in the present transition state of chemical science, and amidst the discrepancy which appears in our chemical text-books as regards the notation used and the principles of chemical philosophy taught, it becomes a matter of prime importance for the medical student, especially if he be a beginner in Chemistry, to decide what text-book and what system of notation he shall study.

Having been frequently consulted upon this point, we have unhesitatingly advised the adoption of the *new*, or so-called *atomic*, notation; and, without attempting any explanation of the theories involved, for the following principal reasons:

1. The old notation was provisional, merely, being based upon imperfect data, and hence destined to be set aside as soon as the truth in regard to atomicity should become better known.
2. The progress of chemical discovery, during the past few years especially has caused a radical change in chemical views and theories, and thus necessitated a corresponding change in chemical formulæ and expression.
3. The old notation teaches what is positively false in regard to the atomic constitution of many bodies; *e. g.*, that water is composed of two atoms only, one of H and one of O, whereas it is now *known* to contain *three* atoms, *viz.*, two of H and one of O.
4. "In the light of the atomic notation, what was mystery beyond the scrutiny of the greatest intellects becomes simple facts which can be taught to children."

5. It notably simplifies the study of Organic Chemistry which is especially indispensable to medical men, and to which inorganic chemistry is but the entrance and stepping-stone.

6. The new notation has been adopted by all chemical schools of any importance in Europe, and by the best chemists and schools of our own country.

7. All new works upon Chemistry, and all new editions of the old as far as we have been able to ascertain, the best medical and chemical periodicals, and most of the late works on physiology, use the new notation and adopt the new views.

8. Whether the notation now being adopted is to be permanent and final or not, there is little probability that any further essential change will be made during the life-time of any now engaged in, or beginning, chemical studies.

9. The only objectors, at the present time, to the new views are those who are constitutionally opposed to all innovation, or who, from long familiarity with, and attachment to, the old, do not wish to take the time and pains to learn the modern system.

If the above are not enough reasons, we will add a 10th. That it is usually safe and good policy to be up with the times in which we live, and to follow, as closely as possible, the most advanced mind of "our day and generation."

The text-books which we would recommend to beginners are Roscoe's and Eliot and Storer's. Somewhat advanced students will, perhaps, do better to procure Fowne's new edition, or Miller's most valuable work in three volumes.

The best thing to take the place of the out of date chapters on "The Imponderables" which disfigure many of our text-books, is Prof. Pynchon's work, just published, on "The Chemical Forces," etc.

AN IMPROVEMENT UPON THE CARBOLIC PUTTY.

Having had occasion to use the following preparations, and seen their beneficial effects upon an extensive suppurating surface, the result of a burn, we append the formulæ for *Carbolic glycerine and plaster* taken from the *American Journal of Pharmacy*

"I. *Carbolic Glycerine*.—Take Carbolic acid, 1 part; Glycerine, 4 parts—mix.

II. *Carbolic Plaster*.—Take Carbolic glycerine, 34 parts, by weight; prepared chalk, 94 parts, by weight—mix well by kneading, and enclose in closely stoppered jars."

This moulds itself accurately to the surface, thereby excluding the air, and bringing the medicament in intimate relation with the parts to be healed. It does not dry and become rigid like the preparation made with glazier's putty, but maintains its softness, flexibility and other properties unimpaired for a long time.

THE CALORIFIC RAYS IN ARTIFICIAL LIGHT.

The German chemist Landsberg says that artificial light contains 90 per cent. of calorific rays, while sunlight contains only 50. To the number of

these rays he attributes the disagreeable sensation produced upon the eyes by artificial light. By passing it through alum or mica the calorific rays are interrupted and the light rendered more agreeable and less injurious.—*Chemical News.*

ARTIFICIAL MILK.

We notice that the opinion we expressed nearly two years ago in regard to Liebig's formulæ for artificial milk for infants has been confirmed by repeated experiments in Europe, and the use of the article generally abandoned. A Paris correspondent of the *Times*, quoted in the *NEW YORK MEDICAL JOURNAL*, discourses as follows :

"*How to Poison Children.*—One naturally touches the point of his pen with great timidity at a reputation like that of the illustrious Liebig. But the learned professor, since his stay in Paris in attendance on the exhibition, has promulgated in the journals of science a new food for children, which he declares is being fed with success to thousands of children in Germany, etc. * * * * *

With such an authority as that of Liebig, therefore, the whole scientific world of Europe has been trying this new compound; for, to find a substitute for mother's milk, especially for the use of the foundling hospitals, is an immense desideratum. But here at Paris it was tried on but four children, and these four it killed—two in three days, and two in four days. The experiment was made at the Lying-in-Hospital by Dr. Depaul, Professor of Clinical Obstetrics of the Faculty of Paris, and the children selected were those abandoned by their mothers. The artificial milk quickly brought on bilious purging and prostration. Of course, Prof. Liebig declaims loudly against the fairness of the experiment; but Dr. Depaul is a competent judge, and the whole Academy of Medicine, after a fair report from the chemists in their body, have decided not to take the responsibility of any further experimentation with so dangerous a compound. 'What is the use,' the Academy judiciously says, 'since we have in our hands so excellent a substitute, and so nearly an analogous substance, in cows' milk, with the addition of a little water and sugar?' And upon this substance, so easily obtainable, the Academy has decided to rely for the feeding of the foundlings and all other children placed in their charge. Prof. Liebig has undoubtedly lost a point in this discussion."

MISCELLANEOUS.

THE CURATIVE LAW OF SIMILARITY DEMONSTRATED AS
EXTENDING TO CHANGES OF TISSUE EVEN.

BY DR. WM. ARNOLD, OF HEIDELBERG.

TRANSLATED BY E. TIETZE, M.D.

ACCORDING to numerous observations, *Arsenicum* has proved itself a very efficacious remedy in cholera. This curative power has been attributed to the law of similarity, and with good reason. For, in this instance, facts

appear to be so plain as to render it impossible to any intelligent and unprejudiced physician to deny the great value of that curative law. Moreover, this law is confirmed by a recent observation of Virchow, (*Archiv für path. Anatomie* Bd. 47, Heft 3 and 4, S. 524-526.) After poisoning with large doses of *Arsenicum*, he found in the cadaver no corrosion, ulceration, gangrene, or perforation of the stomach, but that glandular form of inflammation called *Gastroadenitis parenchymatosa*, which he had noticed in poisoning with *Phosphorus*. This pathological change can be found with *Phosphorus* as well as with *Arsenicum*. But aside from the true *Gastroadenitis toxica*, we witness affections of that kind in many zymotic diseases, Aside from abdominal typhus, puerperal and malignant traumatic fevers, cholera very frequently is accompanied by severe forms of *Gastroadenitis parenchymatosa*. The similarity of data between those who died of cholera, and those poisoned by *Arsenicum*, according to Virchow, manifests itself not only in the extensive follicular affection and in the whitish swelling of the mucosa, accompanied by venous stasis; but also in the non-bilious, non-feculent, rice-water-like character of the intestinal contents. But, above, all, the proof of the existence of most minute organisms, as observed in cholera, appears to Virchow the most interesting. The microscopical examination reveals the same combinations as in cholera; that is, uncountable numbers of bacteria and vibriones, which entirely resemble the cholera fungi described by Kolb and others. We recognize in this interesting observation of Virchow, not only another confirmation of the law of simile held in high esteem by us, but also a noteworthy appeal for enlarging the basis of our researches in the domain of pathology and pharmacodynamics; in order to obtain a wider view as regards the similarity between disease and drug action.

Hence the data of *post mortem* examinations have not only scientific interest to the physician who allows himself to be governed by the law of similarity at the bed-side, in the same measure as they have interest to other medical men, but also have direct and practical value. If thus, in view of his success at the bedside, the former must carefully notice the data of *post mortem* examinations; he ought, in his Pharmacodynamic researches confine himself not only to provings upon the living with moderate doses, but ought to pay the same attention to the results of carefully instituted toxicological observations as well as those of pathological anatomy.

In making this demand upon my colleagues, I will, probably, be accused of the intention as if I meant to direct their attention to theoretical grounds. However, my aim is, on the contrary, to enlarge the field of exact researches and, by increasing the number of comparative momenta to give greater security to practice.—*Hirschels Hom. Klinik.*

WE FIND the following in the *Boston Medical and Surgical Journal*, under date March 17th, 1870:

"The *Chicago Tribune* last summer gave an account of "A New Surgical Operation," as "The recent achievement of Dr. G. D. Beebe," "The removal of nearly five feet of human intestine," "How it was done." These

were the headings of a long article on the subject. We are informed that the patient died four days after the operation. Whether the heart was or was not "flabby or fatty" we have not heard."

Our only comment on the above is, that the *Boston Medical and Surgical Journal* receives our JOURNAL in exchange, from which it might have learned that the woman did not die four days after the operation, but that *more than FOUR MONTHS* after the operation she was safely delivered at term of a healthy child. The explanation of the above statement we leave with the editor of the *Boston Medical and Surgical Journal*.

EDITORS UNITED STATES MEDICAL AND SURGICAL JOURNAL: Having been present at the late session of the American Institute of Homeopathy, at Chicago, and, among many other good things, listened to a report on Staphylography, by Prof. G. D. Beebe, with his improved needle for the same, reminded me that I have been using a similar needle for three or four years, for the purpose of introducing the interrupted suture in cuts, wounds, etc.; and not having seen it described in our text books, (if it is, I am quite sure it is not in as general use as it ought to be from its usefulness.) I have ventured to give a description of the one I use, for the benefit of those who are still using the old needle and forceps: In shape it is not unlike the common aneurism needle, with the eye one-fourth of an inch from the point, which is spear-shaped, flattened, and with sharp, lateral edges; there is a groove, also, on its dorsal surface, extending from near the point backwards for an inch and a half, or nearly its whole length. The eye is countersunk, and a sixteenth of an inch in length. I usually make them of the common plugging instruments of the dentists, as they are very well adapted to the purpose, from their shape, as well as being of a very good quality of steel.

In using the needle, it is armed with a suture six or eight inches in length — of any kind to suit the fancy of the operator — and introduced from the *inner* side of the wound, as with the common needle. The suture is then grasped from the posterior surface of the needle, and drawn through, at the same time the needle is withdrawn, still armed with the suture, and is inserted in the opposite side in the same manner as before, being careful this time, to withdraw the suture from the eye of the needle also, when it can be removed, and the suture left in place.

The advantages of this over the common needle and forceps, will be apparent to all who have occasion to use it, some of which I will mention.

1st. It introduces the suture into both lips of the wound from the *inner* side, with but one threading.

2d. It is always ready, simpler, and of easier application.

3d. It is not so liable to be mislaid and lost, during the excitement consequent on a difficult operation.

4th. The suture can be inserted much quicker, and with less pain to the patient.

EVANSVILLE, Wis., June 22d, 1870.

E. W. BEEBE, M.D.

MEDICAL JOURNALISM.

Dr. N. S. Davis, of this city, President of the "Association of Medical Editors of the American Medical Association," lately delivered an address to this sub-Association, in which are some points worthy of consideration. We find the address in the "Nashville Journal of Medicine and Surgery."

After giving the names of the few Medical Journals which were pub-

ished previous to 1820, he adds, that these Journals were issued so rapidly that he could not "follow them in detail," but learned the name of about one hundred and twenty.

"Of these," he adds, "one-half were discontinued within from six months to three years from the commencement of their publication. Of the remaining number, twenty did not continue beyond five years; and of more than thirty medical periodicals, belonging legitimately to the profession, not including those of dentistry, now being published in the United States, only thirteen have been published more than a single decade."

After giving names of the older periodicals, of which there are but half a dozen, he proceeds :

"If this mere glance at the history of Medical Journalism in our country shows that a very large proportion of our periodicals have been unstable and evanescent, a similar inquiry in reference to those who have been connected with them in the capacity of editors, will show a still greater degree of instability. For instance, of the thirteen medical periodicals now existing, which were represented to have been published continuously more than a single decade, not more than seven have been under the same editorial management during that short period of time."

As regards the character of these journals, the Dr. speaks "with some hesitation." He does not condemn them as roundly as some do; at the same time, after saying all the good he consistently can of them, he does not leave the impression that they are really, as a whole, first rate.

Discussing the question how these journals can be improved, he shows, clearly we think, that the mediocrity of the journals does not arise from their number; in other words, if half of the journals were discontinued, the other half would not get their subscribers; that so far from being an injury, it is a benefit to have journals in various parts of the country—that those who take and write for one journal, are all the more likely to take and write for another, but concludes very rationally as follows :

"Our experience and observations have satisfied us that most of the faults connected with American medical journalism are traceable to two sources, namely: the defective education of the profession, and the imperfect arrangements of those who undertake the editorial supervision and publication of the respective journals."

In which we heartily concur as regards the Homœopathic part of the profession. We say the truth, that the majority of Homœopaths are indifferent to anything which will advance the interests of Homœopathy, or medical science in general, and as Dr. Davis could no doubt have used still stronger language consistently with truth, concerning his branch of medicine, so can we regarding ours. This much touching the first clause. As regards the second, we have another word or two to say, viz: "the imperfect arrangements of those who undertake the editorial supervision and publication of the respective journals."

Those who are capable of editing a Medical Journal, of average standing even, are not many in number, and those who are both able and willing are still fewer. Of these few, all are men of talent, of education, of standing, in their profession—they are not men of leisure—they are men sought for by the sick and suffering, and if they edit a journal they do it in odd moments, snatched from repose or recreation; sometimes, may be,

from some patient, who has to be neglected in consequence, consequently their work is done but imperfectly—they do not do half, nor quarter, what they should, nor do they do it as well as they should, or as well as they could, if they had the proper time. The Dr. shows how journals are started and carried on so graphically, that we cannot refrain from giving a somewhat lengthy quotation :

“The Faculty of a College wants an *organ* ; or one or two young men, laudably ambitious, think that an editorial position would both give them notoriety and access to the current medical literature ; and in either case, a bookseller, or publisher, or some other business firm, who can be made to think that the proposed journal would be a profitable medium for advertising his own wares, and that enough additional advertisements can be obtained to pay a large part of the expense of publication, is sought out, a bargain made, and a prospectus issued, soon followed by the first number of the work. The members of the College Faculty, whose names have been put on as editors, or the ambitious young men whose names occupy that position, have provided no reliable corps of reporters to furnish what can be gleaned from the hospitals and medical societies, if any such exist in the neighborhood ; they have no resources for original matter, except the voluntary contributions of members of the profession, and, what is equally bad, they have no positive views of medical polity, medical education, or sanitary science, with which to give their own editorial space a positiveness and individuality calculated to attract attention and command respect.

By personal solicitation they succeed in obtaining contributions enough from their friends to make a respectable show of original matter for the first few numbers, but this resource is soon exhausted, and they are obliged to increase their selections from other journals, to fill up the required number of pages ; the fear of offending some interest, whose patronage is needed, deters them from doing more in the editorial department than to write commendatory notices of books, or call attention to some new advertisement, until heartily tired of the enterprise, they discover that they have not *sufficient time* to devote to the work, and either let it die, or induce some new man to undertake it, and go through the same process.

In other instances, where the editor holds out more tenaciously, notwithstanding his scanty supply of material, the publisher, after one or two years, discovers that the benefit he derives from the advertising medium is not equal to the deficiency of receipts, as compared with the expenditures, and he withdraws, leaving another printer to be found, who, in turn, arrives at the same conclusion in a few months.”

The cure the Dr. proposes for this state of things is a higher standard of medical education, but this cure has had a trial many years, and fails. We have heard of this “higher standard” a long time, but do not see anybody coming up to it. Further relief he expects to find in the harmonious working of the members of the association which he was addressing—a hope which our acquaintance with human nature leads us to distrust.

But, leaving the Dr. to improve his own school and his own journals as best he may, we take the liberty to add our reflections upon a journal for our school—if we have any. And we can do this with the more freedom, as we are about to lay down the editorial pen—as we hope—forever.

Our school—if we have any, as before said—needs a journal of the highest order, as a representative of its standing, as a defender of its rights and interests, as an instructor of its members. Establish a first-rate journal where there are half a dozen or more poor ones, and those which do not

die out will improve at once. But this cannot be done by any journal which is in any private interest, if for no other reason, because every other private interest is against it. It should not represent a College, a Pharmacy, a clique of any kind, but the whole profession. It should have such a subscription list as would not only pay the printer, but support the editor so that he could give his whole time to the journal, and *pay* his contributors roundly for their communications. On no other basis, we venture to say, can a living, progressive Medical Journal be sustained: on such a basis, such a journal can be sustained, and will be sustained, as soon as Homœopaths learn to forget their own private interests, and appreciate, in some just degree, that they are under some obligation to the cause.

Meanwhile, we wish all success to all who feel called upon to assume the arduous duties of journalists, and especially commend to the good graces of our readers those who succeed us in the management of this Journal, the more particularly as we are informed, as well as our readers, in a subsequent page, that *new life will be infused into the enterprise*.

Our thanks are due to our fellow-editors and correspondents, and we take leave of them with regret that we have been unable to give them more substantial tokens of our appreciation of their services.

UTICA CITY HOSPITAL.

THE CITY HOSPITAL.—At the meeting of the Common Council, last evening, the proposition of the Utica City Hospital Association to take charge of the City Hospital was considered and acted upon. Dr. W. H. Watson was heard by the Council in behalf of the Homœopathic physicians of the city. He asked that this public property be not surrendered to any medical sect, but that half the Hospital be placed under the charge of the Oneida County Homœopathic Medical Society.

After debate and several motions, the report of the Committee, in favor of agreeing to the proposition of the Hospital Association, was negatived by the following vote:

Yeas, Ald. Everts, Lux, Ney, Pearson, Ross, Sayre, West and Yates — 8.
Nays, Ald. Clogher, Faass, Hill, Hollingsworth, Johnson, Merriman, Platter, Quinn, Wasmer, Weaver and the Mayor — 11.

THE PROTEST.

We publish below, by request, the protest of the Homœopathic physicians of Utica against the Common Council's acceptance of the proposal. Following the protest will be found the list of names appended to a similar protest, against a somewhat similar proposal made in 1868:

To the Honorable Mayor and Common Council of the City of Utica:

WHEREAS, On the 8th of April, 1870, a petition was presented to your honorable body, praying that the "care, use and occupation of the City Hospital be transferred and given to a board of trustees, composed of citizens of Utica," the undersigned respectfully represent that the said request should not be complied with, except upon the condition that one-half of

the hospital, if thus transferred to a board of trustees as requested, shall be placed in the charge of such Homœopathic physicians as may from time to time be nominated for that purpose by the Homœopathic Medical Society of Oneida County.

The undersigned would make this request for the following reasons :

(1.) The majority of the signers of the petition above referred to are Allopathic in sentiment, and all of the physicians whose names are appended to the said petition are members of the Allopathic profession, and there is, therefore, great reason to fear that should their request be granted, the hospital would, medically at least, be placed under sectarian control. Such a result, as your honorable body will see upon reflection, would, in the present excited state of the public mind, and at a time when there is such a decided opposition to the conversion of public money and property to sectarian uses, be greatly to be deprecated, as leading to a never-ending and bitter sectarian strife, between the Allopathic and Homœopathic professions and their respective adherents in this city.

(2.) Only by imposing such a condition upon any board of trustees, to whom the care of said hospital shall be given up, can the Council be certain of securing impartial justice in reference to its medical management, and of preventing a violation of the great fundamental American principle of "no taxation without representation." A large portion of the taxpayers of this city, who have already contributed by taxation to the erection of the said hospital building and to whom, equally with other citizens, it now properly belongs, are adherents of Homœopathy, and they are justly entitled to a voice in its management.

(3.) There are large numbers of the poor in this city who are liable to become inmates of the said hospital, and who are in the habit of employing the Homœopathic practice when sick, and on this account the hospital should not be given into the control of one medical sect.

The undersigned would further represent that when a similar movement was inaugurated by certain Allopathic physicians for obtaining possession of the City Hospital in December, 1868, a remonstrance was presented to your honorable body, similar in purport to the above, signed by a very large number of our most influential tax-payers, and the prayer of the petitioners was not granted. The same reasons for not acceding to the prayer of the present petitioners now exists as then, and the movement is essentially the same. Moreover, the whole number of the present petitioners is very small.

We trust, therefore, that the prayer of the petitioners for the City Hospital will not be granted, except with the provision above stated, in reference to the appointment of physicians thereto.

L. B. WELLS,
J. C. RAYMOND,
WM. H. WATSON,
C. JUDSON HILL,
M. M. GARDNER.

Names of signers of Remonstrance of Dec., 1868: L. B. Wells, Wm. H. Watson, J. C. Raymond, M. M. Gardner, C. Judson Hill, J. J. Edic, Samuel W. Fisher, E. M. Van Deusen, A. L. Patton, Wm. Reddy, S. Hanson Coxe, D. G. Corey, A. B. Gregg, Wm. J. Bacon, H. H. Fish, C. C. Kingsley, E. Curran, Thomas Hopper, J. H. Edmunds, T. Buchanan, Jr., Thomas Foster, James H. Williams, N. A. Williams, A. J. Williams, H. H. Hurd, Geo. W. Head, Theo. Pomeroy, A. E. Culver, Isaac Maynard, John S. Peckham, Merritt Peckham, S. Townsend Peckham, W. P. Carpenter, Hawley E. Heath, Seymour & Weaver, T. M. Owens, A. N. Priest, E. A. Hammond, Eli Manchester, C. E. Nettleton, J. S. Capron, Elijah Searls, C. Hackett, R. V. Yates, J. C. Bailey, Henry Roberts, W. S. Taylor, Theo. W. Sims, John Thorn, Orrin Curry, A. Putnam, H. J. Wood, N. Hollister, T. B. Button, S. Collins, Henry S. Miller, H. McShay, J. C. Spafford, E. D. Buckingham, Wm. Dent, J. H. Bronk, Robt. R. Wiseman, H. H. Timerman, A. H. Sheldon, Legrand Moore, M. B. DeLong, James C. DeLong, G. N. Andrews, R. Owen Jones, C. C. Shaver, Hiram P. Huxford, C. D. Faulkner, W. H. Hawley, D. P. White, E. Townsend, J. C. Babcock, E. A. Read, T. L. Morris, B. F. Brooks, Henry Martin, Francis Finn, Curtiss & Childs, Thomas Davies, M. H. Griffiths, James H. Mallory, H. H. Falkner & Co., Wm. England, Geo. W. Cone, James E. Hall, J. H. Read, J. G. Coye, A. Kissam, John O. Jones, D. Everest, J. M. Rice, Silas C. Greenman, John E. Bult, J. H. Van Ness, Horace Barnard, T. B. Howell, Chas. Downer, Dolphas Bennett, E. F. Downer, T. W. Seward, James Dutton, James Bidwell, Jonathan Jones, John E. Hinman, J. H. Howe, John Quick, F. E. Jones, John Clark, John F. Jones, Edward Warr.

NECROLOGICAL.

DAVID MACLOUGHLIN, M.D., M.R.C.P.,

DIED on the 26th of February, at 22 Maddox Street, London, at the advanced age of 86.

Dr. MacLoughlin's name is familiar to the readers of Homœopathic literature from the impartial and decisive testimony he gave in favor of the great superiority of the Homœopathic treatment of cholera. As this occurrence is an interesting episode in the history of our school, and is associated with the deceased doctor's name, we here reproduce it.

During the visitation of cholera in 1848-9, the Government, concerned for the future welfare of the community, determined to adopt the surest means of deciding what was really the most efficient treatment of this disease. A medical committee of the Board of Health, with the President of the Royal College of Physicians at its head, was formed, and an experienced Medical Inspector of the Cholera Hospitals appointed. Printed forms were furnished to each hospital, so that all the circumstances of each case, its symptoms, treatment, and results, might be recorded daily, under the constant supervision of the appointed inspector. The statistics thus obtained, were considered and digested by this medical board, and, finally, reported to the Government. It is, indeed, a humiliating fact to record

that this paid board, to whom the Government had confided so important a trust, actually suppressed the statistical report of the Homœopathic Cholera Hospital! This report was afterwards obtained by order of Parliament, and published in a Parliamentary return, dated May 21st, 1855, entitled "Cholera," testified that, by the Homœopathic treatment of Asiatic Cholera, the death-rate was 16.4 per cent., while, according to the aggregate statistics of the other hospitals, it was 59.2 per cent. "In what language," said the late Dr. Horner, 'can I truly designate this conduct of the medical board, but as a conspiracy against the truth and against humanity!'

Dr. Macloughlin was appointed a medical officer, by the Board of Trade, to investigate cases of cholera, and wrote as follows to one of the surgeons of the London Homœopathic Hospital:

"I need not tell you that I have taken some pains to make myself acquainted with the rise, progress, and medical treatment of cholera; and that I claim for myself some right to be able to recognize the disease, and to know something of what the treatment ought to be; and, that there may be, therefore, no misapprehension about the cases I saw in your hospital, I will add, that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases which did well under your treatment, which, I have no hesitation in saying, would have sunk under any other.

"In conclusion, I must repeat to you, what I have already told you, and what I have told every one with whom I have conversed, that, although an allopath by principle, education, and practice, yet, was it the will of Providence to afflict me with cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of a Homœopathic than an allopathic adviser."

We learn from a medical contemporary that Dr. Macloughlin was originally in the army, and was present at many engagements in the Peninsula. He was taken prisoner, and was for a considerable time in charge of a French hospital. The services he rendered were so highly esteemed by the Emperor Napoleon, that he made him a member of the "Legion of Honor," the first Englishman, we believe, on whom this distinction was conferred.

It is pleasant to record that, though eighty six years of age, Dr. Macloughlin retained his vigor to the last.—*London Homœopathic World*.

DR. CABARRUS.

We are indebted to our friend, Dr. Bender, of Quebec, for a paper containing the following notice of the death of a French celebrity:

Our Parisian exchanges are filled with obituary notices of the death of Dr. Cabarrus, son of the celebrated Mad. Tallien, afterwards Princess of Chimay, who died on the 17th instant, at the age of 60. He died of an hypertrophy of the heart, being attended to the last moment with great devotion by two able and eminent Homœopaths, Drs. Cretin and Raymond, also intimate friends of the deceased. Dr. Cabarrus was an erudite advocate and successful practitioner of the Hahnemannian system, and he materially contributed to the progress of Homœopathy amongst the aristocratic

circles of Paris. Dr. Cabarrus took his mother's maiden name, after her divorce from M. Tallien; and through his mother's subsequent marriage to the Prince, he became related to the family of the Empress Eugenie. The Doctor was eloquent and witty, and an ornament to Parisian society. He had the rare gift of making steadfast friends, and never afterwards losing their esteem. His greatest opponents in medical belief acknowledged at all times his ability and kindness of heart. The famous Dr. Trousseau, although holding contrary opinions to the Doctor, invariably expressed for him friendship and admiration. M. Emile de Girardin, the editor of *La Liberte*, announces to his readers the death of this distinguished physician, in the following terms: "He was my friend all my life, from the day of my birth, without ever ceasing to be such; departed this world this morning, as he had lived, with a smile upon his lips. We can almost say death spared him, for the grim Reaper veiled his terrors and half his force in taking him away, lest their terrors should affright him. The numerous patients of Dr. Cabarrus, his many friends will regret him; but none of them will feel the blow as keenly as I will; friends who have been faithful to one another from the cradle to the grave, become truly brothers. I have, then, lost a brother this day. He had preceded me in this life by four or five years; he was my senior; his death now shows me the road I have to follow, with mourning in my heart." These touching sentiments do honor to the heart and mind of the writer, and, as was expressed by a *chroniqueur*, "He who could have suggested them to the great *publiciste*, must be worthy of universal sympathy.

SIR J. Y. SIMPSON

Our exchanges are full of notices of the death of this eminent Scotch physician, and we regret that our limits prevent an extensive review of his life, which was in many points remarkable. We must content ourselves with recording the following resolutions, which, on motion of Dr. Horatio R. Storer, of Boston, Mass., were adopted at a meeting of physicians, in Washington, May 9th, 1870:

"WHEREAS, It is an instinctive and very natural desire among men to lament with those who are in affliction, and to mourn with those who weep; and whereas it has pleased the Giver of both mortal and eternal life, to call unto himself his good and faithful servant, known upon earth as Dr. James Y. Simpson, of Edinburgh; therefore,

"Resolved, That in Dr. Simpson, American physicians recognized not merely an eminent and learned Scotch practitioner, but a philanthropist whose love encircled the world; a discoverer who sought and found for suffering humanity, in its sorest need, a foretaste of the peace of heaven, and a devoted disciple of the only true physician, our Savior Jesus Christ.

"Resolved, That in acknowledging, for ourselves and our brethren, the excellence of him who has gone, and in thus honoring his memory, we would tender to the members of his family in their sorrow our respectful sympathy.

"Resolved, That a copy of these resolutions be sent to the widow of Sir James Y. Simpson, and to the British Minister resident at Washington, with the request of the latter that they be transmitted by him to the several English medical journals, as a mark of the esteem felt in this country for the deceased."

PROSPECTUS OF VOLUME VI. OF THIS JOURNAL.

The undersigned, having purchased, of Mr. C. S. Halsey, the copyright and subscription list of the well known and deservedly popular UNITED STATES MEDICAL AND SURGICAL JOURNAL, take this method of informing its subscribers, and the profession generally, that it is their intention to continue the same as a Quarterly Journal. In so doing the same general form, style, and size of the issue will be preserved. We shall aim to infuse new life into the enterprise. To this end we propose to fill its pages with practical, to the exclusion of polemical, matter.

The body of the JOURNAL will contain papers which are written exclusively for it, by some of the most able and experienced members of the profession. One department will be devoted to the presentation of papers and discussions read and held at the meetings of the Chicago Academy of Medicine. By a recent vote of the Academy, its Transactions will appear in this journal only.

The entire Faculty of Hahnemann Medical College (Chicago) is pledged to contribute freely and regularly to the pages of this quarterly. We shall report the Surgical, Medical, Obstetrical and Gynecological Clinics of the College Dispensaries, and of the Scammon Hospital.

The Review department of the JOURNAL will present the merits and demerits of all recent medical publications, domestic and foreign, in order that practitioners everywhere may know what to buy, and what to read. Our list of exchanges affords superior advantages for collating every variety of valuable resource from all quarters, and this information will be so arranged as to be of the utmost service to the busy practitioner.

But in order to make this JOURNAL reflect the experience of the whole profession, it is absolutely necessary that individual physicians from every section should contribute thereto. We already have a very extensive correspondence from which to glean; and we hereby invite all our brethren to collect, collate and forward every item of professional importance coming within the range of their observation.

The following is the Table of Contents for the October number, which is now in press, and will appear promptly September 1st:

I. ORIGINAL AND TRANSLATED PAPERS.

Amblyopia, by Dr. A. E. Small; Amputation, by Dr. W. Danforth; Dysentery, by Dr. C. C. Smith; Urethritis, by Dr. T. S. Hoyne; Spinal Irritation, by Dr. D. A. Colton; Roth's Glonoine, translated by the late Dr. Beers, New York; Deafness from Scarlatina, by Dr. A. H. Hull; Neuro-Pathology, by Dr. R. N. Foster; Topographical Anatomy of Thorax, by Dr. S. P. Hedges; Spurious Pregnancy, by Drs. Wilbur, Streeter, Fletcher, and Hedges; What is Puerperal Fever? translated by Dr. S. Lilienthal.

II. REVIEWS.

The Cell Doctrine, by Dr. Tyson; The British Homœopathic Pharmacopœia; Acton on Prostitution; Transactions of the American Institute for 1869; Transactions of the New York State Society for 1869.

III. EDITORIALS.

Our Journal; The last meeting of the American Institute; Our Colleges.

IV. TRANSACTIONS OF THE CHICAGO ACADEMY OF MEDICINE.

List of Officers; 1. Dr. Grosvenor's essay on Entozoa, and the discussion thereon; 2. Dr. Danforth's essay on Diagnosis of Stone in the Bladder, and discussion; 3. Dr. Foster's essay on Inunction, and the discussion.

V. SURGICAL PERISCOPE.—Practical Items.

VI. GENERAL MEDICAL AND SCIENTIFIC NEWS.—Dr. F. A. Lord.

VII. BOOKS AND JOURNALS RECEIVED.

A. E. SMALL, M.D.

R. LUDLAM, M.D.

W. DANFORTH, M.D.

N. B.—All subscriptions, remittances, business letters, etc., concerning this journal, must be addressed to Dr. W. Danforth, No. 1222 Wabash Avenue, Chicago. All articles designed for publication, papers, magazines, exchanges, books for review, etc., should be sent to Dr. R. Ludlam, No. 297 Wabash Avenue, Chicago, Ill.

OUR EXCHANGES will please notice change of management, and direct their favors to DR. R. LUDLAM, 297 Wabash Avenue, Chicgao.

TO OUR SUBSCRIBERS.

It has already been announced that the copyright of The United States Medical and Surgical Journal has been transferred by me to Drs. Danforth, Small and Ludlam, as agents for Hahnemann College of this city.

My best wishes for the success of the publication accompany it as it passes into other hands.

Due regard for the interests of the Journal leads me to say that my motive in thus disposing of its publication was both to free myself from the care and responsibility it involves, and to place this periodical where the claims of my pharmacy business and my other publishing business would not interfere with its interests.

It is generally conceded that the U. S. M. and S. Journal in the five years of its history has acquired a higher position than any other Homœopathic quarterly published in America, not only by reason of the energy and ability of its editor-in-chief and his talented assistants, but also in large measure by reason of the ready appreciation of its value and the cordial sympathy with its aims manifested by the leading ones of our profession.

It is my hope that the new management of the Journal may be able to greatly increase its usefulness and advance its position among the medical periodicals of our time.

THE PUBLISHER.

Chicago, June 30, 1870.

UNIVERSITY OF MICHIGAN
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