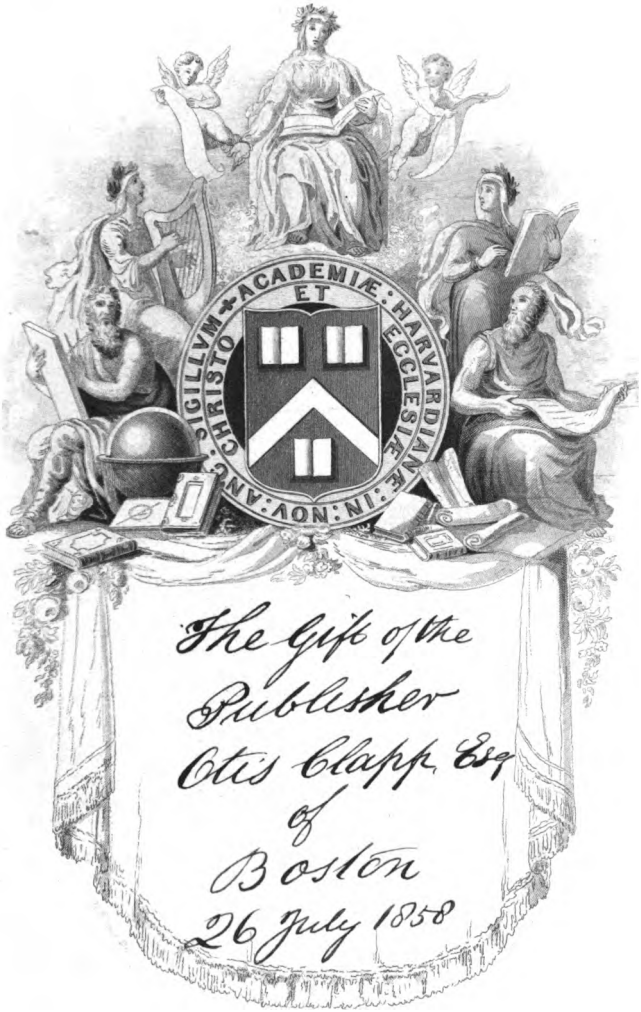

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QUARTERLY HOMŒOPATHIC JOURNAL.

ON THE DIAGNOSIS AND CURE OF ANGINA MEMBRANACEA.

BY DR. ELB, DRESDEN.*

About ten years ago, Dr. Koch was induced to publish the results of Iod. in croup. As I could not, according to my own observations, acknowledge Iod., as Koch at that time believed, to be in all cases the only applicable remedy, I thought it necessary that the circumstances should be mentioned under which other remedies are required. While I had this only in view at the beginning, I soon found that the indications to be given could not be made clear without a consideration of the pathology of croup: to treat of this, therefore, in advance, appeared indispensably necessary. May this first attempt at a pathologic-therapeutical essay, based upon individual experience, and adapted, as I believe, to the wants of homœopathy, meet with a favorable reception by the reader!

Before we enter upon the description of croup itself, it may be advisable to give a short historical sketch of this disease from its origin.

Though we find no disease mentioned by any of the older physicians in the slightest degree similar to croup, it is nevertheless the opinion of several modern inquirers into its history, that it must have occurred in the practice of the ancients, but was not recognized, partly on account of the obstacles to post-mortem examinations, partly in conse-

* From "Homœpath. Viertel Jahrschrift," No. 3, 1851. Trans. by J. B.

quence of the deficient means of diagnosis; and that it was then taken for asthma, or paralysis pulmonarum. Notwithstanding these circumstances, it is difficult to believe, that the old physicians, as good observers, could have totally overlooked the expectoration, though rarely occurring, of tube-like membranes, and not have recognized the existence of a peculiar disease. It is known, however, that croup is not the only disease which has, until a comparatively recent date, developed itself; and it is therefore reasonable to inquire why this development, made possible by various changes of circumstances to which reference will be made, should of late be disputed. It was only until the beginning of the 17th century that we find a disease mentioned, seemingly identical with croup, by Bailou, a Frenchman. He stated that he had found in children, who had suffered from difficulty of breathing with slight fever, on post-mortem examination, a tenacious hard mucus, like a membrane, in the trachea, whereby the entrance of air was rendered difficult, and suffocation produced. Though it appears that after him Rhodius also in 1660, Horris in 1691, Ridley in 1703, Starr in 1744, Ghisi in 1749, Nobleville in 1750 (the last two having seen the first true croup epidemics, the former at Cremona, the latter at Orleans), and Bergen in 1764, have, according to their communications, observed this disease, we find nevertheless the first distinct description given by Home in 1765, under the title of "An Inquiry into the Nature, Cause, and Cure of Croup;" soon after, in 1771, came Crawford with his "Dissert. Med. Inaug. de Cynanche Stridula," and in 1778, Michaelis, with a still more valuable essay, "De Angina Polypora seu Membranacea." From that time until the present, croup seems to have occurred more and more frequently, and have been more widely extended, since not only many English, French, and German physicians have given us valuable monographs, but later authors have also had much more frequent opportunities of observing croup than had previously occurred. Though in almost all cases of croup the same image is exhibited, there are nevertheless some modifications, relating as well to the presence or absence of some symptom, as to the duration or the cessation of the more important ones. On this account it was attempted to divide croup into various classes, founded on these diversities; as, for instance, divisions into perfect and imperfect

croup (presence or absence of membranous expectoration), sthenic and asthenic, simple and complicated, polypous and membranous (the first form comprising the commencement of the formation of the membrane, and its ramifications in the trachea), or according to the seat of laryngeal, tracheal, and bronchial croup.

All these and many similar distinctions seem to be inadmissible, being of no value either to diagnosis or therapeia. The only practical division is, as I believe, made by Haagen, in his "Essay on Torpid Croup," into catarrhal, spasmodic, irritable, and torpid croup. This classification answering the main modifications of the disease, and being wholly sufficient for our purpose, we adopt, in order to describe croup in its various forms, and to mention the proper remedies; reserving to ourself the privilege of making a slight alteration only, viz. in calling the irritable form the inflammatory, to designate more distinctly its character, and in classing the spasmodic (Haagen's second) as our fourth form.

We propose, therefore, as varieties of croup,—

1. Angina membranacea catarrhalis.
2. Angina membranacea inflammatoria.
3. Angina membranacea torpida.
4. Angina membranacea spasmodica.

It is of no use to divide these individual forms again into individual stages; for instance, into stages of inflammation and suppuration, or, as others do, into the precursory stages, the commencing disease, the complete development, the torpor, the paralysis or convalescence; as croup neither runs in all cases through all stages, nor can these be strictly separated, as will be seen from the description of the course of the individual forms.

It is necessary, however, before we consider the individual forms, in order to avoid repetition, to allude to the symptoms of an indisposition which is common to all forms, and usually precedes, in the majority of cases, for a shorter or longer time, as precursor, the outbreak of the real disease. The physician has but seldom an opportunity of observing these precursors himself, as they are frequently overlooked by the relations, and medical aid is not often called for such slight indispositions: on the contrary, the physician will not, until after the outbreak of the disease, be usually informed

of it. There most frequently occurs a slight catarrhal fever several days before the commencement of croup, or else the child has a cough only, with dulness and redness of eyes, want of appetite, or is stupid and sleepy, with coryza or total suppression of the secretion of the nasal pituitary membrane. The not unfrequently existing tenderness of the larynx* and trachea, or a peculiar hoarseness, are to be considered as more distinct precursors of the disease. Such precursory symptoms, however, fail entirely, as frequently as they appear; and croup sets in perfectly developed at its commencement.

I. Angina Membranacea Catarrhalis.

This first and slightest form of croup appears in general suddenly, and mostly in the night. The children awake with a dry, deep, hollow-sounding cough, occasionally with a scratching sensation in the throat; with a fever slight at one time, and more severe at another; with frequent, full, and hard, but never small pulse, the respiration quicker than in the natural state, but without any unusual sound; the voice is likewise as often natural as hoarse, this hoarseness, however, being more catarrhal than the one found in the other forms of croup. The course of this catarrhal cough is mild, not increasing after its first appearance, but remaining generally, if left to itself, for several days at the same point, though during this time the cough is more frequent without being decidedly paroxysmal; from the third or fourth day,† however, the fever abates, the cough becomes more dry, and the respiration is normal. The crisis of this disease is determined like a common catarrh, by general perspiration and expectoration, or coryza, and terminates usually on the seventh day. Its duration may be rendered shorter by proper treatment; the hollow, dry cough may, even in a few hours, be transformed into a simple catarrhal cough, with, at the same time, an abatement of the fever, while the course is similar. The freedom from danger, and

* Larger children describe this sensation as though there was a plug in the throat, and the larynx was compressed. Hahnemann seems to have considered this symptom characteristic enough to direct attention to the curative power of Spongia in croup.

† If there is no improvement at that time, and the fever increases, then a complication with tracheitis and bronchitis is to be apprehended.

absence of symptoms, peculiar to other forms, as well as the anxiety, the singular sound in inspiration, the painfulness of the larynx, and the plastic exudation, induced most authors to consider this form as not the real croup; but it is in our opinion to be regarded as the benignant form, bearing the same relation to the more severe varieties of croup as seems to exist between cholera sporadica and Asiatica. The fact, that this form frequently changes into another, particularly the inflammatory, and that, on the contrary, children who have suffered from other forms of croup are often attacked by this catarrhal form, is strong evidence of its near relationship to genuine croup. It should be stated, that, though the catarrhal form resembles the so-called "sleeping-cough," it is not identical with it; the course of the latter is more rapid, and is also without fever.

II. Angina Membranacea Inflammatoria.

When croup is spoken of in general, this form is usually referred to. As it is unquestionably of the most frequent occurrence, and commences with the most alarming symptoms, it is by many, principally on account of the latter circumstance and its consequent easier recognizance, declared to be the only genuine croup. Perceptible precursory symptoms are rare; and it appears, in general, suddenly, and principally at night, being completely developed at its commencement in the following manner, viz. — children, seemingly well on the previous day, awake at night, more frequently after than before midnight, with short quick respiration, the respiratory sound connected with a whizzing noise, resembling the sawing of wood, with great anxiety and restlessness, increasing occasionally to such an extent that the children attempt to jump out of bed; constant, dry, deep, hollow cough, with a whizzing tone during inspiration, whereby dyspnœa is often produced even to imminent danger of suffocation. These symptoms are accompanied by high fever, dry, hot skin, red face, livid lips, hard, full, and frequent pulse, the voice during an attack being totally suppressed on account of the violent cough; pressure upon the larynx, causing undeniable indications of pain. This state of anguish is, however, of short duration, the disease having a remittent, occasionally even an intermittent character; and, after the first violent attack

has passed, there follows a remission of shorter or longer duration. At first the cough ceases, and, even if returning during the time of remission, is not constant, sounding occasionally looser, but unattended by expectoration; the anxiety and dyspnœa decrease considerably, and, instead of the audible whizzing tone in inspiration during the attack, there remains only a rough, sawing tone, remitting also occasionally, yet only for a short time; the voice is no longer suppressed, still having, however, a hoarse sound mixed with shrill tones, which may be compared to the crowing of a young cock; the painfulness of the larynx remains the same; the remission of the fever consists only in the diminished frequency of the pulse; at times, however, perspiration appears. The further natural course of the disease, if not changed by medical measures, will lead to recovery as well as to death, though the latter termination is much more frequent than the former; it seems therefore necessary to describe the progress in both cases.

Termination in Death. — After the above-stated remission has lasted for a shorter or longer time, even for hours, a second often more severe attack suddenly sets in, with greater danger of suffocation, and more violent fever; though the cough sounds looser, it is, on the whole, unaltered, and continues dry; this loose sound is accounted for by the fact, that the process, peculiar to croup, of forming a pseudo-membrane in the larynx, has commenced. This attack lasts longer, the succeeding remission is shorter and less perfect than the previous one, dyspnœa is increased, there is *more* rattling and sawing audible in respiration, and the fever is less remittent. Changes occur in this manner sometimes for several days, the attacks recurring more frequently and violently, without removing the morbid product; anguish and extreme dyspnœa continue to increase, the remissions become shorter and less decided, the sawing tone in respiration is constant and increasing, the fever more severe, the pulse continues rapid, almost uncountable, consequently small and weak, the face pale or ash-colored, the lips blue, the voice entirely gone, or, if existing, very hoarse. When the disease has arrived at this stage, there is no further alternation of exacerbation and remission; the cough is almost incessant; and, though much mucus and even tube-like substances be expectorated, there is but seldom much relief afforded. (In extremely

rare cases, the whole pseudo-membrane will be removed, and a cure thereby effected.) At this height the heat of the skin is replaced by coldness, with clammy perspiration, the head is continually bent backward, and death follows by suffocation or exhaustion. Rarely does the first attack terminate fatally; death usually takes place from the second to the seventh day; this form admits of no longer duration. The consciousness is from the beginning to the end undisturbed. Should, in other instances, the exacerbations be less frequent, and also less violent, without the appearance of decided improvement, a transition to the torpid form occurs, of which we shall treat hereafter.

Termination in Recovery. — To the above-described course, we find the reverse relation taking place here. After the first remission passes away, another attack sets in, but generally not more violent than the former; at times even less. Though the remissions are, during the first twenty-four hours, of no longer duration, the patients in the meantime feel, nevertheless, much relieved. The morbid product will be formed here also; the greatest part of it, however, by violent turns of coughing, will be expectorated or vomited; and this is attended *with great alleviation*, characterized by longer and more distinct remissions, during which the dyspnœa is trifling, the sawing tone audible only at intervals, and the roughness subsides, resembling more the common rattling of mucus. The paroxysms of coughing are still violent during the progress of improvement, but do not last long; the whizzing sound also disappears gradually. Quiet and sleep will occur on the second or third day, with profuse perspiration; the cough being no longer paroxysmal, but having the character of a common catarrh, though still retaining for the next succeeding days the peculiar croup sound. The disease goes on from this time like a simple catarrhal fever, and terminates mostly with coryza on the seventh, seldom on the ninth day. The urine is at the beginning red, afterwards pale and wheyish; this is, however, incidental, as its quality seems to depend only on the fever, and not to stand in any near relation to the disease itself; as it is also with the torpid and spasmodic form. For the sake of completeness and comparison, we here give, as we do with the other forms, the progress of recovery consequent on proper treatment. There is no essential difference here from the

natural termination, with the exception of a more rapid recovery. If, during or shortly after the first attack, effectual aid has been rendered, a second serious attack will be prevented. Diminution of fever, with general perspiration, is after a few hours perceptible; sleep usually succeeds; the sawing tone in respiration becomes less; the dyspnœa abates; the face loses its unnatural redness; the cough is no longer whizzing, threatening suffocation, but retains only the peculiar scratching croup tone; its sound, however, is more loose, and its recurrence less frequent. The voice acquires again its usual tone; the formation of the pseudo-membrane seems to have made no further progress since medical assistance was resorted to; and consequently expectoration of mucus only — not of pieces of membrane — takes place. The danger is therefore rapidly removed; and, after twenty-four hours, no essential symptoms of croup exist, the scratching cough excepted. The disease passes on the third day, like a common catarrhal fever, into the state of convalescence. The inflammatory croup has its seat in the larynx and in the upper part of the trachea, and therefore is by many called laryngitis exudativa. In case of its seizing, during its further course, the lower part of the trachea, its character generally becomes changed, and it passes into the torpid form. Notwithstanding the improbability that this transition be unnoticed by the observing physician, it would nevertheless present many difficulties, should another though seldom-occurring species, to be described more particularly hereafter, be ranged under one or both of these classes. On account of its comparatively milder symptoms, it does not belong to the inflammatory form, and its rapid course does not admit of its being considered as the torpid croup: it is a combination of all that is most dangerous in both forms. Like the inflammatory croup, it attacks suddenly at night; the cough has the croup tone, without, however, being whizzing; respiration from the beginning very *harsh and sawing;* the larynx is sensitive on pressure; the fever not as violent as in the inflammatory form; the voice is very hoarse and deep; shortness of breath exists, but still the anguish is not as great. The membrane-like formation commences with the outbreak of the disease, and its progress is so rapid, that, within the first twenty-four hours, a fatal result may be apprehended. In the majority of cases,

not even a second real attack comes on. Whether death is caused here by the rapidly forming exudation or by paralysis, I will not undertake to decide; the termination, however, of this species is fatal, without proper medical aid. The child becomes more quiet after the first attack, and even falls frequently into a seemingly quiet sleep; the fever often abates under general perspiration; every thing appears to be favorable; the respiration, however, remains very harsh and sawing; the cough recurs only in single efforts, without turning into a regular attack; and death suddenly happens, frequently even on the first night. The first improvement in convalescence, as the result of medical skill, is perceptible by a change of the harsh sawing respiratory tone into a rattling sound, which soon after becomes natural, with simultaneous remission of fever, and general perspiration; the cough, frequently occurring, though not in severe turns, becomes looser; the hoarseness of the voice and dyspnœa abate; improvement progresses so rapidly that the disease is in most instances terminated within twenty-four hours. Suddenly as death takes place, equally sudden is the recovery. It will be noticed by a comparison with the first and second form, that there is some resemblance to the inflammatory in one, and to the torpid form, in another respect. This middle form, as well as the inflammatory croup, attacks principally robust, well-conditioned children.

III. Angina Membranacea Torpida.

The torpid croup, happening much less frequently than the inflammatory, has induced many on this account to deny its existence; the circumstance, however, that it comes on with seemingly mild symptoms, progresses slowly, and causes death without great disturbance, may sometimes give rise to a mistake in the diagnosis. The modern pathologist, however, declares it to be the only genuine croup, on account of its greater danger, and considers the other forms as pseudo-croup.

It occurs as a secondary, as well as primary, affection, as has already been stated; in the first case, it is preceded by an uncured laryngeal form, mostly the inflammatory. The primary affection, however, never seizes the larynx, but has its seat in the trachea and its branches. We see, in consequence of the difference of parts affected, symptoms ap-

pear which deviate greatly from each other; therefore its division into two subdivisions cannot be avoided, viz. into a torpid *tracheal and bronchial croup.* A debility of the nervous system is in this form more predominant than an inflammation; consequently the fact is easy to be accounted for, that strong and robust children are less frequently attacked than poorly-fed, scrofulous, nervous children.

The torpid croup always terminates fatally, if left to itself.

(*a*) ANGINA MEMBRANACEA TORPIDA TRACHEALIS.

This form, unlike the preceding, is exhibited only after precursory symptoms have for a longer time appeared. First, there is usually, though not always, a catarrhal fever, which can be sthenic as well as asthenic; with this is frequently connected the unpleasant sensation in the larynx, described under the precursory symptoms; and therefore the physician can in the majority of cases foresee with some certainty the outbreak of a croup, though not its character. The catarrhal will be connected with other more important symptoms, those which are trifling becoming dangerous; so that the perfectly developed disease (which development is perfected within a few hours) exhibits at its first attack the following appearance: Respiration is short, and but seldom connected with the whistling sound described above; on the other hand, the whizzing, sawing, rattling sound is much more fully developed; the anxiety very much less than in the inflammatory croup; the cough neither as severe, nor as constant, nor as suffocative; and, notwithstanding its tone peculiar to all forms of croup, it does not sound so metallic, but is more hoarse and deep; there are cases even where there is no cough at all. The voice is continually hoarse, but not crowing; the laryngeal region not very sensitive on pressure; the temperature of the skin not very high, in the more serious cases even below the normal point, and covered frequently with clammy perspiration; the face is not very red; the accompanying fever has no synochal character; pulse frequent and hard, but not full. After this first attack has passed away, known by the cessation of the cough, the abatement of dyspnœa, and the sawing respiratory noise, the children become generally lively, and enjoy their usual sports, or fall

asleep, to which those suffering from this torpid form have a particular inclination; the remission of the fever only consists in the subsidence of the pulse. The period of alleviation is considerably long here, and is only interrupted by single, short efforts of coughing; from twelve to twenty-four hours may elapse before a new paroxysm comes on; these later paroxysms also are neither longer nor more violent than the first; on the contrary, they occur less and less frequently, and are weaker; the dysyncœa, the rattling and sawing respiration, and the hoarseness of the voice, however, are augmented gradually during the later remissions to an increasingly higher degree, owing to the slow, but incessantly progressing formation of the membranous substances in the trachea, which substances are not capable, on account of the diminished susceptibility of the nerves, peculiar to this form (which is also proved by the trifling complaints having no corresponding relation to the danger of the disease), of causing powerful coughing, as other foreign substances in the trachea will do; by reason of which the tone of the cough becomes loose, while but little or nothing is expectorated. Shorter and less frequently occurring turns of coughing alternate in this way, with long intermissions, affording no relief; the gradually increasing anguish consequent upon the increased accumulation of the morbid product, owing to the rare and feeble cough, remains now constant; respiration becomes more and more rattling and sawing; the voice ceases entirely; the face is pale, the skin cold, with partial perspiration, especially on the head; the pulse weak and intermittent; and the patient dies slowly by suffocation. In other instances, we observe occasionally, about twenty-four hours before death, that an amelioration of all the symptoms, even of the anguish, takes place, without any alteration of the pulse, however, and a general warm perspiration is present, to be accounted for only by the increased torpor of the nervous system. Death is here caused by debility.

The course of this treacherous form is not rapid; it very seldom terminates in death within the first three days; generally not before the eighth or ninth day. The gradual increase of the disease is so slow in some cases, that, according to numerous observations, it can only terminate, when fatal, within three weeks. I believe it will be plainly seen from the above statements, that the inflammatory and

torpid croup do not, as is by many affirmed, differ from each other in degree only, but also in character, and that there are no great difficulties in the way of making a distinction between them.

The transition into recovery to be effected by the application of proper remedies stands in direct relation to the natural slow course. The genuine torpid croup is not to be cured under five or six days. If aid be rendered shortly after the outbreak of the disease, the first remission is not of long duration, being soon interrupted by the most violent paroxysm of coughing, frequently severer than the first. The succeeding remissions are not longer, but more alleviating; the cough increasing in power, looseness, and frequency; a mass of tough mucus is frequently, but not always, expectorated; the respiratory noise is more rattling; the fever turns gradually into a synochal, and the voice remains for several days hoarse and deep. Such alternation of exacerbation and remission continues usually to the fourth day, when the cough abates in frequency and violence, losing the croupy sound; and the disease proceeds, like an inflammatory croup, to rapid convalescence.

It seems as though the torpid croup could not as such be cured, unless a transition into the inflammatory be first effected, as it is not possible to treat the torpid croup in the same manner as the inflammatory, nor by any means so readily avert danger.

(*b*) ANGINA MEMBRANACEA TORPIDA BRONCHIALIS.

By this designation is to be understood a croup of the extreme bronchial ramifications; the only affection of both main branches of the trachea, which is moreover of rare occurrence, and on account of the homogeneousness of their symptoms, I class it with tracheal croup. Although generally proceeding from the latter, it also occurs primarily; my own observations in this respect are sustained by the fact, that the pseudo-membrane has been found on post-mortem examinations not only commencing in the larynx, and from thence extending to the finest ramifications of the bronchiæ, but has also in other instances been seen only in the very extremities of the ramifications. This form is the scarcest of all those which have been mentioned; and in consequence of the absence, in its commencement at least,

of several characteristic signs of croup, its diagnosis is also more difficult. The view hitherto generally adopted, that in croup only negative results could be gained by auscultation, admits, according to my experience, of an exception here, as a correct diagnosis is made possible only by a comparison of the auscultatory signs with the other symptoms of the disease.

The physician has but seldom an opportunity of observing this disease from its commencement; and it would be difficult even to recognize in a given case its commencement, especially if it appears secondarily. As medical aid is generally called for only when the disease has arrived at its height, we must first look at the disease, as it appears when developed from another form. The respiration here is short, more rattling than sawing, rarely whistling; the anguish seems to be great, judging from the countenance; the voice is totally suppressed, low groaning only being occasionally audible; there is either no cough at all, or it is very feeble and loose, though without expectoration, and having the *tone of croup;* the face is pale and sunken, the skin cool, and covered with clammy perspiration; the pulse small, weak, and quick; at times there is painfulness of the trachea on pressure; the children are perfectly quiet, and apparently indifferent. On examining the thorax, it will be found that it does not rise during inspiration, and that its walls are only moved a little outwards, and that the respiratory movements are only performed by the abdominal muscles. By auscultation we hear only bronchial respiration, with rattling in the larger branches; in the affected smaller ramifications, at first a feeble, bronchial, but later, however, no respiratory sound is heard. The course is quite simple; the dyspnœa, the sawing tone, and anguish increase; the cough, when existing, becomes scarcer and weaker, until it ceases entirely; the pulse becomes smaller, uncountable, intermittent; the skin icy-cold, the function of respiration ceases entirely, and the patient dies slowly from want of air. The disease does not, from the time of its perfect development, continue more than three days, and may be of much shorter duration.

The statement of Rokitansky, that croup of the extreme bronchial ramifications is connected with pneumonia, like pneunomia notha in catarrhal inflammation of the smaller bronchial branches, may be proved by post-mortem exami-

nations; such a complication is nevertheless, in favorable cases, by no means a necessary consequence of bronchial croup. It appears that pneumonia becomes connected with it only a short time before death, of which circumstance we might have been better informed, had Rokitansky stated the stage of pneumonia, which he failed to do. Bock states that bronchial croup occurs principally in conjunction with tracheal croup and pneumonia crouposa.

The transition into recovery, possible only through proper medical aid, is, in the main, similar to that described in tracheal croup. The first signs of improvement are not perceptible in the local affection; symptoms of returning reaction will gradually appear; that is, a feverish state, with a somewhat harder, but not stronger pulse at the beginning. Upon these feeble reactionary efforts only the improvement of the local affection will proceed, by the advent of a cough, gradually becoming more frequent and strong, and, when sufficiently powerful, assuming also the croup-tone, — as sure a proof of the correctness of the diagnosis as are the solid cylinders found by dissection in the extreme ramifications of the bronchias. When so far improved, the walls of the thorax will more perceptibly expand, the dyspnœa will abate, expectoration will take place, the voice also will return, and the subsequent course will resemble the inflammatory croup, the affected parts excepted. The progressing improvement in the affected parts will be ascertained with the most certainty by auscultation. Feeble bronchial respiration will be heard in the extreme ramifications, instead of the formerly imperceptible respiratory sound, and soon becomes united with rattling, growing gradually stronger like the bronchial respiration itself, increasing in proportion to the expectoration and solution of the morbid product, and successively passing into vesicular respiration. The time requisite for a cure differs, according to the quantity of the existing plastic exudation, and the state of vigor; from five to eight days, however, are generally sufficient to remove the disease.

The primary form, on the other hand, appears like any other, independent, either after precursors of short duration, or without any, mostly sudden, with great dyspnœa, anguish, sawing, whizzing respiration but not severe; some cough of a more hoarse than barking tone, without whistling, and with fever. This first attack is, in the natural course, suc-

ceeded by an apparent remission; the disease, however, increases rapidly, though a repetition of the first attack does not occur; the cough soon ceases entirely, the feverish pulse changes into a small, weak, and quick pulse; the heat of the skin is replaced by coldness, the respiration becomes successively shorter, more and more rattling and sawing, and the disease terminates frequently during the first twenty-four hours in death. The secondary form, as described above, is also after some time apparent in other cases, and then the course is also quite the same. We hear, at the commencement of the disease, aside from the rattling sound, some harsh vesicular respiration; this being, however, inaudible after a few hours, and in its place only feeble, bronchial respiration will be noticed; proving that a complete obstruction of the minuter bronchias takes place quite rapidly.

When properly treated, the improvement occurs as follows: — The fever abates with the appearance of general perspiration, and so also does the dyspnœa, together with the sawing, rattling tone; the cough, on the other hand, becomes more frequent and strong, and its former hoarse tone more and more clear and scraping, occasionally whistling and loose. The fever in this way gradually ceases under constant critical perspirations, the respiration becomes normal, the cough loses the croup tone, changing into a pure catarrhal cough, and, within three to five days, health is restored. The auscultatory signs, perceptible during convalescence, are the same as those described in the secondary form.

The course of improvement of the second modification takes place precisely in the same manner as is presented in the secondary form, with the exception that in many cases less time is required for recovery.

Bronchitis being nearly related to bronchial croup, and, on account of its great similarity of symptoms, easily confounded with it, it will be advisable to state briefly the principal points of distinction between this disease and the primary form of bronchial croup, as it resembles much less the secondary form; and, by considering especially its mode of origin, the liability to mistake will not be so great. A distinction of these two diseases, as accurately made as possible, is not a mere diagnostical sophistry, but indispensably necessary in order to their cure.

The course of bronchitis is not so rapid as that of bronchial croup; the first outbreak not so violent or sudden; the tone of the cough is, however, similar, but the cough itself consists principally in short paroxysms frequently repeated; in the first stage, at least, the fever continues longer, although remittent, and the inflammatory stage goes but slowly into the exudative, while the secretion of urine is frequently diminished during the latter stage. Respiration is short and quick, not rattling at the commencement, at least, and never becomes sawing or whistling.

Anatomico-pathological signs. — The matter exuded in bronchial croup consists of compact cylinders, obstructing the entire canal of the bronchias; upon the mucous membrane inflammation exists, excepting which nothing morbid is to be seen; the parenchyma of the lungs around the affected parts is healthy, but void of air. The entrance of air to the vesicles of the lungs is in the acute bronchial catarrh obstructed by a thick, puriform secretion, the canal of the bronchias somewhat dilated, the mucous membrane inflamed and swollen, the parenchyma of the lungs around the inflamed minute ramifications infiltrated with serous matter, somewhat condensed, and void of air; in the chronic bronchial catarrh * we find, besides turgidity and fungous incrassation of the mucous membrane, dilatation of the bronchias, emphysema of the lungs, and knotty condensation of the parenchyma around the affected parts.

To these anatomico-pathological signs the auscultatory also correspond, as we hear in tracheal croup, when at its height, either *bronchial respiration* only, or no respiratory sound at all, whereby a complete obstruction of the vesicles of the lungs is recognizable, and no other sound is heard † indicative of a distension of the mucous membrane, or of a *fluid* secretion in the vesicles of the lungs; on the other hand, we hear in bronchial catarrh, with viscid secretion, fine folliculous rattling, whizzing, and whistling, with less viscid secretion, and only fine folliculous rattling, *with* vesicular respiration when the secreted matter is in less quantity, and when in greater quantity *without* vesicular respiration. Skoda directs our attention to the fact, that, occasionally, with small secretion in the vesicles of the

* This should be mentioned here, on account of its frequent relapses into acute inflammation.

† If no simultaneous affection of the larger bronchia exists.

lungs and fine bronchias, no sound whatever can be heard, excepting when the respiration is feeble and *slow*. As the latter circumstance, however, never happens in bronchial croup, it may serve as one sign of distinction. The last-mentioned rattling sounds in croup are audible only during convalescence, and are connected with other signs as mentioned above, which prevent its being mistaken for bronchitis.

IV. Angina Membranacea Spasmodica.

This last, undoubtedly the most rarely occurring, form, has, in common with the inflammatory, a sudden, violent outbreak, mostly at night; and it attacks, like the torpid croup, weak, sensitive children rather than the robust; it is preceded as frequently as otherwise by catarrhal affections, and exhibits on its first appearance the following symptoms: Short respiration immediately on awaking, with great anxiety, and cough of the genuine croup sound, with very moderate fever however, the voice hoarse and dull, the whizzing, sawing, by far inferior to the whistling sound; oppressed breathing, and a choking sensation in the larynx, are the only symptoms complained of. The disease, which resembles very much the inflammatory form at its commencement, soon displays its true character. The cough, for instance, will be very infrequent, and only in individual paroxysms, its sound being very hoarse and dry; while the anxiety increases gradually to a very great degree, the patients not being able to rest in any position; the sitting posture alone, with head bent forwards, as in hydrothorax, affording some relief; the skin, not having been very hot even at the commencement, becomes cooler and cooler, at last icy-cold, and remains dry; the face is very red and hot; (secondary congestion) the pulse increases in frequency, being small and hard, and at last scarcely perceptible; the spasms in the larynx, and in the consecutively affected pharynx, increase occasionally to such an extent that it is entirely impossible to speak or to swallow; the voice, when not wholly suppressed, has a hoarse sound, and is very weak. At the height of the attack, the respiratory sounds are hardly audible; and only individual, short, whistling inspirations are perceived. With the violence of the attack grow the urgency of complaints for want of air, anguish,

restlessness, oppression in the chest, and strangling sensation in the larynx, the latter itself not being painful on pressure. The thorax hardly rises; the abdominal muscles, however, being the more active. The duration of such an attack varies very much, yet is, at any rate, much longer than any of the other forms; I have seen it last four hours without the least remission, and continually increasing. The severity of the symptoms will, however, finally abate, respiration be gradually deeper, the abdominal respiration will cease, the anguish grow less, the skin warmer, the cough more frequent, the pulse more slow and full, and speech and deglutition return. Not a remission, but a real intermission, takes place, with the exception of somewhat hoarse coughing from time to time; this intermission will even continue for twenty-four hours. When it ceases, the paroxysm suddenly returns with the former or still greater violence, and the patient dies in the second or third attack from paralysis of the lungs; death may occur even on the first attack.

When children seized with this croup are to be restored, the attack will terminate in the same manner as above stated, but shortened by medical aid; a remission only will occur, not an intermission. After an abatement of the coldness of the skin, and the cessation of the symptoms threatening suffocation, a synochal fever will set in, speedily succeeded by general perspiration, the spasm becoming reduced to its proper limits; the inflammatory affection remains; the respiration assumes, yet only at indefinite intervals, the peculiar, rough, sawing tone; the whistling is but seldom audible, and in the course of several hours a real attack of croup happens, of short duration however, and very likely, on account of the exhausted, morbid disposition, to be unattended with much anguish, like that described in the inflammatory form. The subsequent progress corresponds to the inflammatory croup in its stage of convalescence; still it may nevertheless assume the torpid character as well as the inflammatory croup, and terminate accordingly.

The croupy character of this form has been denied by many on account of the predominant spasm, the absent, or, at least, trifling cough and fever at its commencement, and is declared to be asthma Millari. When in manuals a possible mistaking of this asthma for croup is mentioned, the spasmodic form only can be meant, this being as dif-

ferent from any other form as it is different from any other disease. Yet, in the further course of spasmodic croup, its true nature is undoubtedly manifest. It being of the greatest importance in order to a cure that a dangerous disease especially should be accurately known at its first outbreak, as well as during its subsequent course, it will not seem unnecessary to state briefly the distinctions between these two diseases, so similar in their appearance, and so different in their nature. I must mention here that I never had an opportunity of observing asthma Millari, and take its peculiar symptoms therefore from the observations of others, for the purpose of comparing them with the disease under consideration.

The voice, in asthma Millari, is dull and hollow, like the barking of a dog; in croup, however, it is only hoarse. In asthma Millari, the expiration, though of a deep tone, has never a rattling, sawing sound; while in croup the latter exists, although weak at the commencement of the attack; and, up to its cessation, is a whistling tone often very distinct during inspiration. In asthma Millari, urination is frequent, and of a watery quality; neither of which I observed in croup. In both diseases we find cough at the beginning; in asthma Millari, of a catarrhal sound; in croup, scratching and whistling. The physician, however, will seldom be present at the outset of the attack, and has consequently, in regard to these important signs of distinction, to depend upon a generally inadequate description by the persons around the patient. The want of expectoration in coughing is no sufficient proof of the existence of asthma Millari; as, in croup also, there are at first neither membranous substances nor mucus expectorated. Respecting the other characteristic symptoms related by observers of asthma Millari, — as, for instance, its sporadic occurrence; its seizing principally weak, sensitive children; a cold being its most frequent cause; its sudden outbreak at night; the absence of fever; the rapid and small pulse; the low temperature of the skin; the intermittent character; the abdominal respiration; the alleviation in a sitting posture, and death, consequent upon paralysis of the lungs, — we find all of these also in sporadic croup; they cannot be useful, therefore, to the distinction. The best proof of the difference of the diseases is the subsequent course, and the post-mortem examination, since in asthma Millari traces of inflammation are never to be found, but plethora of the lungs only.

Notwithstanding Haagen has of all authors the most accurately recognized and described the nature of spasmodic croup, he nevertheless believes in its identity with asthma Millari, in consequence of its non-inflammatory character at the beginning. Yet it may come nearer the truth to suppose that inflammation exists in the spasmodic form at the commencement, but is not sufficiently distinct on account of the predominance of spasm; while the asthma Millari is a pure spasmodic affection.

The same motive in referring generally to the precursory symptoms common to all forms, before giving a description of the individual forms, avoiding all repetition as much as possible, induces us also to mention a circumstance here which may happen in all forms. The change of croup, when terminating favorably, into a loose, catarrhal cough, is, after the cessation of croup, that is, after the removal of the pseudo-membrane, replaced by a short, dry, almost constant cough, very molesting to the patient, with a tickling or scratching sensation in the larynx or trachea, and a continual or increased fever, depending upon a pure inflammatory affection of the larynx or trachea. This state may continue even for several days; yet I never saw it terminate unfavorably, but, changing into a common catarrhal cough, always end in recovery.

We have already, in relating the course of the individual forms, mentioned the frequent occurrence of one form passing into another; yet we see in these natural transitions that the milder form usually* passes into the more dangerous, as the catarrhal into the inflammatory, the inflammatory into the torpid tracheal, the latter into the torpid bronchial croup. The change of another form into the spasmodic I have not yet observed, but only its transition into the torpid croup. The transition of a dangerous form into a mild one s the result only of proper medical treatment.

All modifications of croup retain, after their first onset, a tendency to relapse; these succeeding attacks being very seldom, however, of a milder form, or, at least, do not appear, when in the same form, less violent; so that frequently the catarrhal croup only is observed after several repetitions. This latter, however, is sometimes an excep-

* The inflammatory croup alone, as an exception, spontaneously passes into the catarrhal.

tion to the rule; as I had frequently opportunities of observing, that relapses, especially when occurring after short intervals, were much more obstinate than the first attacks.

We believe we have stated every thing worthy of consideration occurring in patients seized with croup. It now remains for us to relate the appearances on post-mortem examination of cases terminating fatally. Notwithstanding numerous observations at the bedside, I have yet had very few opportunities of making post-mortem examinations, and am compelled, therefore, for want of personal experience, to depend almost exclusively on the reports of others; which, however, for the sake of completion, I cannot omit.

The mouth and throat are generally natural, though occasionally these parts are inflamed, and covered with a membrane; the larynx, especially after a long continuance of the disease, is swollen; the glottis partly open, partly spasmodically contracted, and frequently inflamed. In the larynx or the trachea the product of the disease is always to be found. This is a fibrous exudation, either a tenacious, compact mass, or, as is generally the case, a membrane-like substance, from the thickness of parchment to that of several lines; obstructing occasionally in some places the whole canal, or leaving but a narrow opening. It may extend from the larynx, through the trachea, into its minutest ramifications, being in such instances toughest and strongest in the larynx, and looser in the lower parts; which circumstance confirms the opinion previously expressed, that the disease may extend from the larynx to the trachea, but not the reverse. In other cases this membrane is to be found in individual parts only, either of the larynx or the trachea, or in their ramifications *alone* (proof of the primary occurrence of bronchial croup); the membranes here are solid cylinders, showing an impression of the fine bronchias (distinction from bronchitis). The pseudo-membrane is mostly tenacious, at times easier, at other times more difficult, to be detached from the mucous membrane, occasionally closely combined with it; its color being whitish-grey, sometimes with red spots or reddish stripes, which are not regarded, however, as blood-vessels. Between the pseudo-membrane and the mucous membrane is often to be found a mucus-like fluid, the mucous membrane being excoriated, or covered with ulcers. In most instances it is inflamed also; yet, in many reports of dissections, it is particularly remarked that

no traces of inflammation were found. We observe in other cases, that the whole trachea, instead of being covered with a membrane, is filled with an aqueous fluid, and the mucous membrane overspread with brownish, velvet-like exudations. That this fluid is to be considered as fibrous exudation not yet consolidated, or has its origin in the liquidation of the fibine product, I will not take upon myself to decide; but I suppose that the former is the case.

The pseudo-membrane is soluble in alkalies, as well as in acids and alcohol, and leaves by combustion, as residuum, natrum carbonicum and calcarea phosphorata. According to Schoenlein, the nervus vagus, especially its recurrent branch, is surrounded with an exuberant retiform plexus.

Whatever has been found in individual cases on other organs within the thorax may well be passed over here; as abnormities from the natural state are observed here only as consequent upon accidental complications, and not upon the croupous affection, with the exception of the greater supply of blood in the large veins in proportion to the arteries. Scharlau saw frequently polypi of the heart and pulmonary arteries, and asserts that this circumstance was always of importance to the diagnosis, and the only cause of death; adding, however, that inflammatory symptoms, with membranous products, have been found occasionally also in the œsophagus and stomach.

Were we to infer the nature of this disease from the reports of the post-mortem examinations which in other instances give us the surest information, we should be led into difficulties by the inflammatory symptoms, which exist as frequently as otherwise. There is on this account a difference of opinion; and two views especially are in direct contradiction. While one party declares croup to be a peculiar inflammation, favoring the production of pseudo-membranes, and for this reason called by the moderns for convenience' sake croupous inflammation, another denies the inflammation as a conditional impetus, and admits it, at the most, to be an unessential concomitant of the disease; seeking the causes, however, in a spasm or torpor of the nervous system. An impartial investigation of the different opinions, in connection with observations at the sick-bed and the result of post-mortem examinations, favors the following view, as coming nearest to the truth: The fever and the plastic exudation admit no doubt of the existence

of an inflammation; the absence of inflammatory symptoms in the disease is not against this opinion; for the inflammation, providing death does not happen during the first days, is frequently removed before its termination, in consequence of mechanical constriction by the membrane, or by exhaustion of the vital power; inflammatory traces could not therefore be found in such cases; and it is, moreover, very likely to happen that inflammation will be overlooked where there is a very copious exudation. That, in individual cases suddenly terminating fatally, inflammatory symptoms have not been found, is no reason that its existence should be denied; as in these cases, which belong according to the description to the spasmodic croup, death was produced by paralysis; and the inflammation, as we stated above, increases only later in this form in proportion to the disease. As, however, pure inflammations of the larynx, the trachea, and the bronchias are very different diseases from the croupous affections, another cause of disease must be closely combined with the inflammation, in order to produce a croup, which is, to judge from the hoarseness and anguish accompanying croup from its commencement, a spasmodic affection of the nervus vagus, and, indeed, of the ramus laryngeus superior and recurrens. Besides, the frequently-occurring, more or less distinct intermittent character favors this view of the participation of the nervous system. This supposition derives special strength from the fact, that the symptoms absent in simple inflammation of the organs in question, however appertaining to croup, the pseudo-membrane excepted, can be produced only by a spasm of these parts. We hear, for instance, in laryngismus stridulus or tussis convulsiva, the whistling tone during inspiration, the attacks of suffocation, and the hoarse voice in asthma, a harsh sound very much resembling the croup tone in several spasmodic coughs. Every one who has had an opportunity of observing laryngismus stridulus will admit that a fatal termination may happen suddenly in consequence of a pure spasmodic affection.

That the complication of two such important morbid causes can occasion the formation of a membranous substance, to the production of which the great activity of the lymphatic system of childhood is so extremely favorable, is the more probable, if we consider that similar membranes

are formed in the intestinal canal, as false productions, in feeble persons suffering from chronic inflammation of the mucous membrane of the large intestines. It is my opinion, therefore, that croup is a nervous inflammation, or, to use Schoenlein's significant expression, a neurophlogosis of the larynx, the trachea, or the bronchias; that inflammation and spasm are equally essential to the production of croup; and that the individual forms only depend upon the greater predominance of one or the other.

In relation to the prospect of a cure, we must remark, that it is quite different with proper homœopathic and allopathic treatment. The latter mode admits of less hope for recovery, as venesection, with other antiphlogistic remedies, as well as emetics and cathartics, are generally unable to stop the progress of the disease; and the natural course, as we have previously stated, is principally fatal. Quite different is the impression of the specific homœopathic remedies. The science is not confined here to antispasis, the experimental removal of the morbid product, but meets the disease directly, and obtains therefore better results. From my rather numerous observations, I can afford a highly favorable prognosis; and it is no exaggeration, I think, to assert that an instance of death from croup is a rarity, those cases excepted which come under treatment during the last stages only, — a result which could not be accomplished in any other acute, and in its natural course equally dangerous disease. Entering into particulars, we have the following remarks to make respecting the value of several symptoms. Frequent repetitions, which darken the prospects in almost all other diseases, are, with few exceptions, favorable to the prognosis here. Respecting the individual forms, we find the termination of the catarrhal croup always favorable; from the inflammatory we can expect a more propitious course than from the torpid or spasmodic form. When a longer time is required for the full development of croup, a dangerous course is to be expected, as, in most cases, is disclosed in the insidious torpid form of the disease. The prospects are rendered as unfavorable in the torpid and spasmodic croup by a feeble constitution, as in the inflammatory croup by a strong and robust one. Moreover, every complication with another disease is unfavorable; with a continual increase of fever, without remission, we have reason to apprehend a rapid, fatal termination. Sleep

is only to be considered as beneficial, when succeeded by a general abatement of the disease; without this, sleep is rather injurious, as during it the disease progresses uninterrupted. Further unfavorable symptoms are a cold skin, a rapid, small pulse, constant hoarseness, or totally suppressed voice, and continual dyspnœa. When in the inflammatory croup the cough becomes scarcer, with diminished dyspnœa and anguish, and occurs in the torpid and spasmodic croup more frequently with relief of breathing, it is a favorable sign, and *vice versa*. The expectoration of the tube-like membrane is very problematical in its results, even if succeeded with alleviation, partly on account of the uncertainty of the removal of the whole mass, partly on account of its tendency to reproduction, as the continuance of the productive activity cannot be prevented by the mere mechanical expectoration. As the only sure signs evincing the commencement of convalescence, we regard — a general warm, not profuse perspiration, with simultaneous abatement of fever, dyspnœa and anguish, and a returning or occurring catarrh. These two symptoms, general perspiration and catarrh, are to be considered as indicating the only genuine crisis.

It may, moreover, be briefly stated here that croup enters also into combination with other diseases, especially with Angina maligna faucium, Variola, Scarlatina, Morbilli, Pneumonia, and Bronchitis:* these complications are, however, in parallel progress rather than in intimate connection.

It would lead us too far from our object, were we to examine individually those symptoms by which croup is distinguished from other similar or related diseases. A mistake in the diagnosis will not be likely to happen, if proper attention is paid to the sound of the cough and respiration, which in combination belong only and solely to croup. The distinction between bronchial croup and exudative bronchitis, and between the spasmodic form and asthma Millari, might offer the greatest difficulties; whatever, therefore, need be stated, is alluded to in the description of these forms.

Croup is the most frequently observed in children from the second to the eighth year of age, and but seldom at the

* Schoenlein denies these complications, acknowledging only a combination with measles. As I have likewise seen none but this, I mention the rest only on the testimony of others.

time of puberty. The primary bronchial croup, however, seems to be an exception to this; the majority of children under my observation being attacked in the first year of their age, mostly nursing infants. Adults are very rarely seized with croup, the cause of which may be the greater irritability existing in childhood, as well as the increased vascular activity: furthermore, the development of the larynx occurs earlier and more energetically in boys than in girls, and this explains also the greater tendency to croup by the former. I will not decide that scrofula predisposes to this complaint, though all croup-patients under my treatment were more or less scrofulous; still I cannot regard this as merely an occasional cause, since in our city there are but very few children without a scrofulous disposition: croup is, however, not more frequent here than in other places. On the other hand, I found the observation made by others corroborated by my own experience, viz. that frequent inflammations of the throat and chronic catarrhs produce a predisposition to croup. Respecting, however, the assertion of many physicians, that catarrh is also an occasional cause, it can be true only so far as that, after its suppression, croup, as well as any other disease, may appear; but I must directly deny that frequent catarrhs produce a croup-disposition, as in the first place croup never happens during the continuance of catarrh; and, secondly, I knew of an instance where a boy, now twelve years of age, suffering from birth an inherited catarrh, was frequently attacked with catarrh, but never with croup. Acute cutaneous eruptions, as Rubeola, Scarlatina, Morbilli, and Variola, almost always combined with inflammation of the throat, become sometimes an occasional cause. It has, however, been seldom observed, that children afflicted with tinea have been seized with croup at the same time. Croup has appeared endemically in low, moist places, in certain inland districts, and in the cities of the coast. L. A. Kraus attributes the cause of the more frequent occurrence in the latter places to the dampness of the dwellings, and that of the whole atmosphere, and in the intemperate use of that description of food which tends to increase vascular excitement; but could we not more justly admit, according to the principle "similia similibus," that the substances contained in the marine exhalations, especially Chlor., Brom., and Iod. evaporations, give rise to the disease? That Chlor. pro-

duces attacks of suffocation is an established fact; and our opinion is further confirmed by an observation of Leroy, that, by accidental inhalation of oxygenated muriatic acid, attacks of suffocation happened; and, in consequence of it, concreted substances were expectorated, very similar to those occurring in croup.* That Iod. is able to produce croup-like attacks we know from its provings. By far the most numerous cases are observed in spring and autumn, in damp and cold weather, and during piercing north-east winds; less in warm, wet, and dry cold weather. A cold is perhaps the most frequent occasional cause, especially when during perspiration the child has been exposed to a draught of air; and next to this follow violent exertions of the organs of the chest by loud speaking or singing in open air. It is said, that the cutting off of the hair of the head, as readily occasioning cold, favors the production of croup; and, for this reason, many physicians have never observed the disease in children of poor Jews, who always have the head covered. I must contradict this, however, as I had, notwithstanding the constant covering of the head, a considerable number of such children under my treatment for croup. Although individual, that is, sporadic cases are observed at all seasons of the year, attacks of croup nevertheless occur in spring and autumn, and only under the stated influences of the weather usually epidemic; which influences have by Schoenlein been termed a neurophlogistic constitution of the atmosphere, without which, as it seems, the disease cannot extend. Simultaneous with these epidemics, catarrhal and pure inflammatory affections of the respiratory organs frequently appear. Other authors have attributed contagiousness to croup on account of the simultaneous occurrence of numerous cases; yet the only circumstance in its favor is, that often several children of one family are attacked at the same time: this, however, can be accounted for more naturally, without the admission of contagion, by taking into consideration that the same accidental injurious influences, independent of the Genius epidemicus, can just as well act upon several as upon one member only of the same family. Not so readily, however, is the subject of locality to be rejected, as it frequently

* The communication of Stark is instructive; viz. that, after drinking water in which new types were accidentally boiled, three children were seized with croup, two of whom died.

happens that all the children of one family are seized with croup individually, one after the other, at different times. In such families, according to my experience, relapses are also the most frequent; and this circumstance seems to indicate an inherited disposition.

Croup being furthermore one of the modern diseases, forces us to ask why it could not have developed itself before from the same injurious causes. It is not improbable that other causes exist, unfortunately not yet ascertained with certainty, dependent upon the altered circumstances of life. The comparatively recent destruction of great forests, by which the violence of winds is less interrupted, may possibly have contributed to its development; it is possible also, that the modern light covering of the neck, and the various deviations from the formerly simple manner of living, have exercised an influence. Haagen declares coffee to be the principal cause, and supports this assertion only by reference to the power, said to be peculiar to coffee, of increasing the plasticity of the blood. There is another point, however, coming nearer his view, but probably unknown to him, viz. that sometimes an obstinate, dry, frequently even scraping and hollow-sounding cough is produced by coffee in conjunction with a partly spasmodic, partly inflammatory irritation of the larynx and trachea, and can, consequently, be cured also by coffee. The use of hard coal, also, becoming more and more frequent in modern times, as a heating material, whose injurious effects upon the respiratory organs in a volatile form nobody will deny, seems not to be quite free from a tendency to produce a disposition to croup.

THE DISEASES OF CHILDREN.

By Dr. Frederick Augustus Günther.

NUTRITION OF THE NEW-BORN INFANT.

1. *The Milk of the Mother.* — "Every healthy mother ought to suckle her child," says Jörg, in his address to mothers. "I will not base this maxim upon the obligations of moral duty. I know too well how little weight these obligations have with mothers that are disinclined to

fulfil them; therefore I address myself entirely to your understanding, taking from the never-erring book of nature alone those reasons which I shall adduce here in support of the principle that it is my desire to inculcate in you. You must know, that, even after the birth of the child, an excess of nutritious matter continues to be elaborated in the organism of the mother, and that the final process of gestation — parturition — causes simply a change in the direction of that excess, which now flows towards the lacteal or mammary glands, where it appears as milk, and continues thus to afford appropriate nutriment to the child. In addition to this, I must inform you, that, in the same way as nature has fixed at nine months the period of gestation, so she has also fixed at nine months the time the mother shall continue to feed the child from her genial bosom. Nature wills and directs that the child be fed and maintained on the natural food furnished by the mother, for a period of eighty weeks altogether, the first half *in utero*, the other half by lactation; and it is acting just as much against the laws of nature to endeavor to shirk and to delegate to others the performance of this nutritive function in the last forty weeks, as it would be to try to do so in the first forty weeks, if such a thing were within the range of possibility. Now the laws of nature cannot be set at nought with impunity; nature never proceeds *per saltum*, and least so, assuredly, in the nutrition of the child through the mother. In the same gradual way as this function progresses and increases from the time of conception to the period of delivery, so it ought to be let decrease again, in the natural way, down to the proper period of weaning. In the first weeks of pregnancy, the fœtus is very small, and requires accordingly but little of the maternal juices; but, as time wears on and the fœtus increases in size, it requires a proportionably increasing amount of nutritive matter; and nature has so arranged, that the child, after its birth into the world, should for six months longer depend entirely for its nutrition upon the maternal breast, and continue after to do so partially for three months more. When the infant has reached the age of six months, and begins to be able to partake of other alimentary substances besides the milk of its mother, the lacteal secretion enters on the period of its gradual diminution, which terminates at last, in a few months more, in its total cessation; that is, of course, if the dictates of nature

have been properly obeyed. But, when the natural power is arbitrarily interfered with, when the nutritive function devolving upon the mother is cut short in the middle, and the suckling of the child delegated to another person, the mother has to pay the penalty: inflammation of the breasts, suppuration of the breasts, too often puerperal fever, and a host of other disorders, are the usual consequences of a mother's refusal to listen to nature's instinct, — the nutrition of the child."

But it is also for the *child's* sake that every mother is in duty bound to afford the natural nourishment to her child. The new-born infant requires a nutriment as much as possible analogous to that which it received *in utero;* and this nutriment is to be found in the mother's milk alone. This fluid, being a product of the same body that maintained the fœtus in life and health up to the period of birth, is alone fit to serve for the nutrition of the new-born infant; it is the only alimentary substance adapted to the capacity of the delicate digestive organs of the infant, which possess only the faculty of absorption, but certainly not that of assimilation.

However, there are, of course, certain obstacles which will interfere more or less absolutely with the *faculty* or *fitness* of the mother to nurse her child. Thus, deep-rooted chronic and infectious diseases, reputed incurable, or at all events known to be curable with difficulty only, as epilepsy, chorea, hysteric affections, gout, scrofula, pulmonary consumption, itch, tetters, &c. ought always to be held to disqualify a mother for the task of nursing her child.

Also mothers, who, though not actually ill, exhibit unmistakable signs that they bear within them the germ of some serious disease, ought to be prohibited from nursing. To this class belong more particularly females of tall and slender shape, with flat and narrow chest, and shoulder-blades protruding, wing-fashion, and with circumscribed flush on the cheeks, and a tendency to perspire; and also women laboring under great sensitiveness, weakness, and irritability of the nervous system.

Habitually sickly and weakly females also had better abstain from nursing, more particularly if they happen to have had a difficult and protracted labor, attended with considerable loss, or if they are liable to violent emotions.

But the glands themselves oppose frequently more or less

serious obstacles to suckling: thus it occurs often in the case of very youthful mothers that the glands are not completely formed and developed: there may be also other physical obstacles. In others there is a positive and permanent suppression of the secretion of the milk; in others, again, the sucking of the child causes a peculiar, sharp, lancinating pain, which extends through the glands to the spine, and manifests itself at times with so much intensity that the mother actually faints away.

The highly-important question, *When is the new-born infant to be put for the first time to the breast of the mother?* has been solved by many practitioners in a most irrational manner. A foolish fallacy has been allowed to prevail on this subject; namely, that the *first* milk of the mother has an injurious action on the child, and that it is necessary to free the bowels of the latter from the excrementitious matter contained in them before it can be allowed to suck. In accordance and conformity with this immensely absurd notion, the unfortunate little creature is, upon its very entrance into the world, treated to a dose of rhubarb-syrup, or of manna, or of aniseed, or fennel-tea, or infusion of camomile, or some other drug, — of course, all for "poor baby's good." Now, if the people who act in this manner would only for one moment reflect upon the delicacy of the infantile organs, they could not fail to see that medicinal agents, even of the mildest description, will and must exercise a most irritating and hence injurious action upon the tender stomach and intestines of the new-born infant; and they would cease to wonder that spasms in the stomach, abdominal pains, dyspepsia, diarrhœa, jaundice, &c. should so readily seize upon the darling, "that surely had every thing done to make it comfortable, and was so nicely purged, and in such proper time."

No, let these foolish, old notions of our grandmothers be discarded for ever: there is no more appropriate purgative for the new-born infant than the first milk of its parent; and nothing can possibly be more absurd than to remove this first milk, as is frequently done, by artificial means. But even if the first milk should fail, as will occasionally happen, to bring about the desired evacuation, there is no need whatever for the slightest anxiety or apprehension on the score of this matter. The innate organic force of the child will mostly suffice to get rid of it in the natural way.

Should, however, twenty-four hours have elapsed after the birth of the child, and the expected evacuation not yet made its appearance, a simple clyster or two with luke-warm water will be sure to bring it about; but on no account whatsoever should purgatives be resorted to.

A few hours after birth, when the mother has recovered a little, and the infant has enjoyed its first sleep, it should be put to the mother, and this even in cases when the mother intends to engage a wet-nurse, since her own safety absolutely requires, during the first days after confinement, that the glands should be relieved. Although the child obtains generally at first only a small quantity of milk, yet by its sucking it contributes to induce a more copious secretion of the fluid. As I have already stated, it will happen sometimes that the breasts of the mother contain as yet no secretion; the attempts at sucking must be repeated, notwithstanding, from time to time during the first twelve to twenty-four hours. On the first day of its life, the child may without inconvenience do without any nutriment at all, if care be only taken to keep the mouth moist by instilling now and then a teaspoonful of milk-warm water There is, accordingly, no danger of starvation for the infant in the continuance of these attempts to bring about a proper secretion of milk. Of course, should twenty-four hours pass without the desired result being obtained, a wet-nurse must be had recourse to, or the child must be brought up by hand.

The first attempts at nursing meet also occasionally with obstacles, in some instances imputable to the faulty manner in which the child is held to the breast; in others, to disinclination of the child, or to some natural defect in the organ of suction. Thus, for instance, the infant may not feel the want of nutriment, or it may be too weak to suck, or the tongue-tie is too long; or the child is held to the breast in a manner to impede the respiration through the nose, &c. All such obstacles may usually be removed with greater or less facility.—*Homœopathic Times.*

SCARLATINA. — METASTASIS TO THE HEART.

This case is offered for consideration on account of the gravity of the symptoms supervening upon the decline of the scarlatina.

The patient is a nice, well-formed child, aged seven years, generally healthy. Called to her this morning, Feb. 1; find her in the second stage of scarlatina. The redness has made its appearance upon the neck and limbs; it is accompanied with a very considerable roughness of the skin, perceptible both to the eye and touch; there is heat and dryness of the skin; the throat is some sore — not much, as the patient swallows easily both liquids and solids; pulse 150 per minute. She had complained the second day previous of lassitude and weariness; on the next, while at school, was seized with vomiting, — supposed by her friends to be the effect of a fall upon the stomach; there were also observed swelling and stiffness of the hands and fingers. Ordered the body to be sponged with tepid water to allay the heat and restlessness; this to be done as often as seemed desirable; left Aconite 5th dil. and Belladonna 6th dil. to be administered in alternation every two hours during the day and night.

Second day. — Patient is much the same, as regards the fever and soreness of the throat; can still swallow without much difficulty; the eruption is out all over the body; pulse 150 per m. (same as yesterday); the mother reports an increase of fever and restlessness at the evening of yesterday, lasting until near midnight; that there was a small stool, natural in appearance. The same remedies are to be continued as on the day previous; but at evening the Aconite is to be given every hour during the exacerbation.

Third day. — The fever is not so burning; the heat less; the eruption is at its height, full and decided; color deep scarlet; roughness of the skin continues very perceptible; the night as the previous; thirst moderate. Give the Belladonna alone for this day.

Fourth day. — The eruption is beginning to fade; fever less; pulse 125; urine thick and reddish; patient complains of a cough, apparently a dry, hacking cough, proceeding from irritation of the fauces, as there is manifest no dis-

turbance of the chest; there is not much thirst; no appetite. Bryonia alba 6th.

Fifth day. — Patient seems a little better; find the cough less; throat a little more painful; tongue red and dry; pulse 125; eruption fading; there was a small, natural stool passed during the night. Administer Merc. 2 att. and Bell. 6th dil. alt.

Sixth day. — There has been considerable improvement during the last day. The skin is cool; pulse 100 per minute; eruption has lost its color, although the skin is still rough; throat and tongue sore; a few specks of ulceration can be seen on the uvula and left tonsil. Continue remedies as on yesterday.

Seventh day, 8½ o'clock, A.M. — Find the child in a semi-recumbent posture; breathing rapid, but no anxiety of countenance or distress perceptible; respirations 100 per minute; pulse almost imperceptible; the throat does not appear to be more inflamed; the spots of ulceration are quite small and superficial; there is no heat or other febrile symptoms; the urine has become clearer; the patient had passed a restless night, but much the same as the others. Prescription: Ars. 12, dil. and China. the 30th alt. every three hours.

Evening, 5½ o'clock. — Find the child sitting up in bed; she had been amusing herself with some books by merely looking at them, not attentively; the family reported her to have been nearly the same during the day; they had observed no change, and the child had made no complaint. At this time the respirations had increased considerably in frequency. The pulse can barely be felt; very weak and tremulous, at times lost entirely to the touch; the heart, upon examination by auscultation, showed a very powerful tumultuous action, extending over a much greater space than naturally; its action was labored like that of a ponderous machine; the respirations are not at all times equally rapid, — at times a little slower, then again quickened. Prescription: Ignatia 6th dil. After five hours, — during which time the breathing improved in the length of the respirations, and also the action of the heart became more gentle, the pulse fuller, — changed the medicine for Ars. and Cuprum, to be given in alternation every three hours during the night.

Eighth day, Sunday morning. — Find the child seemingly

better; the pulse fuller, about 150 per minute; the action of the heart still heavy and energetic; respirations slower and more perfectly formed, although they are wholly abdominal; the thorax is completely fixed; no expansion or contraction can be perceived; the night had been tolerably comfortable; patient voided considerable urine, which had a cloudy appearance upon standing; no change in the condition of the patient in other respects; not much thirst; no desire for any thing. The child's manner is like one suddenly frightened; indeed she starts suddenly from her sleep; but she frequently does the same when in health. There seemed to be no sense of fear in her mind; she said nothing troubled her. Continue Ars. alone every four hours.

Twelve o'clock, A.M. — The child is sleeping quietly; reported to have been very comfortable during the morning; upon careful inspection and admitting more light into the chamber, a blueness is discernible upon the forehead and around the eyes. On awakening her so as to examine the pulse and heart, which her position in sleep prevented, I find the pulse nearly extinct; one or two faint beats, and then an interval of some seconds, but without regularity; the heart's impulse feeble; its motion tremulous and wavelike. The respirations are very indistinct, and so frequent and imperfectly formed as not to be counted; they resemble the panting of a dog that has been running rapidly in the heat of summer; still the child lies perfectly calm and undisturbed, notwithstanding the anxiety she sees manifest around her. She said afterward that she felt sharp, shooting, or stabbing pains in her heart at this time. Aconite 5th. Her condition soon improves. In the afternoon, upon consultation, it was deemed advisable to administer sulphur in alternation with the Aconite every two hours.

Evening. — Her condition is more comfortable; a manifest improvement in the symptoms. Continue the same remedies during the night, with a longer interval between them.

Ninth day. — There had been no relapse during the night; she had been allowed to sleep only a few minutes at a time; there is a marked improvement in her general appearance; the tongue is red and rough; some sordes on the teeth; lips dry and red. Bell. 6th during the day.

Evening. — She has continued comfortable; some alternations of heat and moisture; action of heart improved;

pulse fuller and more regular; the respirations still rapid, but somewhat thoracic; the bowels feel full and soft; there has been some desire during the day to evacuate them, but no motion; advised an enema (of warm water, sugar, and oil); its administration caused a free and copious discharge, natural and accompanied with considerable flatus. As will be observed, there had been no movement of the bowels for four days and a half; and the child was of quite a plump, full habit; and, as the breathing was almost wholly abdominal, the emptying of the bowels would afford a more free space for the action of the diaphragm, and thus have a tendency to improve the breathing. There was, after the action of this, a chill, followed by heat and perspiration, which occurred twice during the night; sleep otherwise as usual.

Tenth day. — Found the patient eating an orange; countenance bright and free; skin natural; some perspiration upon the forehead, forearm, and ancles; no heat; pulse 100, full and soft; heart's action regular and quiet. Ordered china. Left the child with strong hopes of her recovery. At 2, P.M. called. Found the friends in great anguish and despair. The breathing had again become exceedingly rapid; the wrists were pulseless, and the motions of the heart feeble and wavering, indeed very indistinct, almost extinct; the countenance indicated extreme exhaustion. The patient rallied soon, and by night had regained somewhat of her former condition.

Eleventh day. — Found the child improved. Left her under the continued action of the remedy of yesterday. She ate a small rusk soaked in milk, without injury. Noon comfortable; at night the same.

Twelfth day. — Patient has expressed some desire for food; tongue and lips improved; pulse 96, full and compressible; heart quiet and gentle in its movement; some short, dry cough; has had some pain in the abdomen, but not of long continuance. Left, for the day, Bell. to be administered every four hours.

Thirteenth day. — Find the child looking bright; the tongue is less furred, but cannot be protruded far because of pain; posterior part still furred; the enlarged papillæ have all disappeared; the uvula and tonsils some swollen, but no ulceration; pulse 92; respiration natural; heart's action normal; bowels moved twice yesterday; stools na-

tural, and considerable in quantity; skin moist and warm; some roughness still felt; the cuticle has been peeling off from the hands and neck for two or three days, and the patient has busied herself in picking it off; she wants some more food, although she has eaten a rusk this morning. Gave Merc. and Bell. in alt.

Fourteenth day. — Patient has passed the best night she has had since her illness commenced; she now sleeps with her eyes fully closed. Skin soft and moist; mind bright; countenance lively and natural; tongue cleaner, and throat less sore. No other unfavorable symptoms made their appearance; and the convalescence of patient was fully established. — *Communicated by Dr. Wales, of Boston.*

ON CERTAIN FORMS OF NEURALGIA FOTHERGILLII.

By Dr. L. Schroen.*

That two cases identically alike never occur is undoubtedly true, every case varying according to the peculiarity of the individual. Hahnemann objected, therefore, to the adoption of technical names of the diseases, with all treatment based thereupon, and justly insisted on the individualization and the choice of the remedy in accordance with the totality of symptoms in each given case. Nevertheless, various diseases do affect the same organ, and injure it in the same way; and upon this is based the existence of certain classes of disease, which, on account of constant varieties, enter into subdivisions, which again, by the occurrence of peculiarities, embrace separate individualities (forms) of diseases. The advantage of minutely-defined relations is obvious enough. Numbers of medicinal agents for families of diseases are designated, from which the individuality of the case under treatment points to the true remedy. Experience thus gained is not lost in the practice of others; and minutely-defined relations of diseases possess great value as guides in similar cases. For these reasons I communicate a number of forms here, all of which might be designated by the name of Neuralgia Fothergillii, as such affections occur frequently in our elevated districts, which are exposed to north-east winds.

* From "Homœopath. Viertel Jahrschrift," iii. 1.

A lady thirty-eight years of age, of robust constitution, the mother of several children, was from early childhood disposed to nervous complaints, especially when affected by external influences. Beating of the heart, succeeded by twinging pains in the face and pain in the heels, induced her to avoid coffee entirely for years. Of late she had drunk, without experiencing any inconvenience, occasionally in the afternoon, a cupful of weak coffee. On the morning of the day, however, when she was seized with the attack about to be described, she had taken a cup of coffee with a friend. During dinner, it appeared to her, while chewing, as if a hollow tooth had been pressed upon by the food. The pain proceeded from the left upper row of teeth to the region of the infra-orbital foramen, and extended to the ear. It was as if all the muscles of the left side of the face, from the forehead to the neck, and thence down to the left axilla, were torn with red-hot pincers; and a movement of the muscles upon the cheek and around the eye was perceptible, contracting in consequence the eyelid. With this the patient felt excruciating, beating, glowing, twinging pains, in conjunction with violent beatings of the heart. This extremely tormenting pain, which involuntarily caused loud groaning, lasted about half an hour; the pain then abated; but the side of the face affected appeared as if paralyzed. The patient could hardly move the muscles of the left side of the face, and the eye looked somewhat contracted; she was very weak and low-spirited. The same day, during supper, the attack recommenced in the manner described; the excessive pain, however, having been preceded by violent pulsation of the heart. The evening attack lasted about two hours. At breakfast of the succeeding day, which meal consisted only of milk, a new attack came on, lasting still longer; and, at three o'clock P.M. when she took something for the first time since morning, and that only a cup of milk, the attack occurred for the fourth time. At every meal the attack returned in this manner, even when nothing substantial was chewed, each attack continuing longer than the preceding one; so that, on the third day, this horrible affliction seemed to be firmly and permanently established. The patient became almost crazy with pain.

I tried several remedies, — considering the complaint, at first, as the result of coffee, — Nux Vom., Camomile, and

others, which I thought indicated, but without the least effect. The circumstance that the heart always began to beat violently before the commencement of the pain, led me now to Spigelia, which was also adapted to the severe facial pain. Spigelia 1 gtt. vj. in a tumblerful of water, every half-hour a teaspoonful given during the attack, removed the same in an hour; and it has never returned. Since that time, about two years, she has had no recurrence of facial pain. I find Spigelia nowhere mentioned as a remedy for symptoms which are induced or aggravated by eating.

Another instance of Fothergill's neuralgia happened also to a lady twenty-five years old. She was of slender make; the mother of two children; had never been very sick, and had no predisposition to nervous affections. She was taken one night, evidently in consequence of a violent cold, with severe, twinging, paralyzing, burning pains over the whole right side of the face up to the os temporis of the same side, and to the os clavicularis. The pains abated somewhat towards morning; returned in the forenoon; and, when the patient partook of some food at noon, ceased suddenly, or became greatly mitigated. A new exacerbation came on at night; and, after dinner on the following day, an amelioration again occurred. The patient was unwilling to lie down, as all pressure as well as touch, passing from the periphery of the nerves to the centre, or the reverse, induced or increased the pains. It is said of Fothergill's neuralgia, that, by passing the hand along the nerves from their point of emergence towards the periphery, the pains are diminished, and by the reverse manipulation increased. After the affection had lasted for several days, the right arm became numb, as if paralyzed, and the countenance of an ashy hue. When I saw the patient, who was really in a pitiable state, the disease had already continued for ten days. Independently of the violent pain, which followed exactly the course of the nervus infra-orbitalis, from the second branch of the trigeminus, as well as of the maxillaris from the third branch of the same nerve, there was great weakness and relaxation, with tormenting desire for rest and sleep; yet the patient dared not lay down, and every attempt to sleep brought on new paroxysms. I tried several remedies in vain; the patient was too weak for the employment of the extract of Datura stramonium, which I had seen efficacious in similar cases, and to which I referred in the

"Hygeia." Reviewing all the symptoms carefully, and especially the circumstance that the pain increased at night, and in lying, on touching or pressing, but was better while eating, I was led to China; and this relieved marvellously soon. After a few doses of the first dilution, one being given every three hours, the patient fell asleep, and awoke only at the end of eight hours, very much relieved. Some pain still appeared several times; but it was not severe, or of long duration. Allopathy had in this case exhausted its skill in vain.

Dr. J. Gersung, of Teplitz, told me that he had cured a desperate case of such facial pain, which had defied every attempt of allopathy, and in consequence of which the afflicted lady acted like a maniac, uttering only howling, inarticulate sounds, with Verbascum.

Several years ago, I treated and speedily cured a man of a lively temperament, engaged in intellectual pursuits, aged thirty-six, with dark skin, black hair, and sparkling, black eyes, of an attack of facial pain, with Rhus toxic. Great chillness; aggravation of the affection in the open air, with severe exacerbation of the pains in the evening, and dysentery-like discharges, led me at that time to Rhus.

The same man was, a year ago, very violently seized with the same pain, after washing with cold water, when heated on his return from a hunting excursion.

The kind of pain in these cases of facial neuralgia afford no opportunity for the choice of a remedy, as the patients can describe it as no other than "excruciating," "horrible," or call it a twinging, burning, beating pain. Accessory circumstances must lead to the proper remedy.

During the attacks, which were the most frequently repeated at night, the face became quite red and the eyes very glittering; between the attacks, the face looked ash-gray, miserable, and sunken; the patient could by no means retain his head during the pain in one position, but had to move it constantly. As, in the former similar attack, Rhus was efficacious, I of course gave it again, and the Spigelia and Belladonna; but in vain. I now administered Ferrum carbon, which produced speedy relief, and, within two days, a complete cure. I gave two doses a day, each containing six grains, of Ferrum carbon.

Another similar case occurred in a man forty-five years of age, suffering very much with weakness of the rectum

and great inactivity of the intestinal canal in general, at the same time living very high, and who drank, formerly at least, considerable wine. In consequence of a cold, as he thought, he was taken, one morning at ten o'clock, with a violent pain over the whole left side of the head and face. The pain was, according to description, glowing, sticking, twinging, and particularly furious; increasing till towards one o'clock, when it abated, and ceased at three o'clock. Heat was endured better than cold; but the patient could not lie down nor rest in any position. The next day, punctually at 10, A.M. the pain returned, and lasted as long as the first time; and in this way it recurred four days in succession. The patient felt well again in the evening; could then eat and drink, and rest quietly at night. China relieved the pain immediately, and removed it entirely after three days.

CANKER HEALED BY ARSENIC.*

By Dr. Wm. Arnold, Heidelberg.

The employment of Arsenic in canker of the mouth is so nearly allied to the doctrine of resemblances, that I would esteem it superfluous to bring forward in this place any clinical proof of the healing qualities of this excellent medicine in stomachic diseases, if these were not also susceptible of proof in another manner.

During the last summer and winter, I have had frequent opportunity to observe the so-called gangrenous canker in children. Deviations from health, preceded, for the most part only a short time, the appearance of the disease; in a few cases, scarcely any deviations were observed. They consisted in a greater degree of irritability, want of pleasure in eating, and in the usual sports of the child, and occasionally slight febrile paroxysms, with thirst. In those cases where the secretion of saliva was very abundant, the gums and inner surface of the lips were inflamed, so that the child could not bear to have them touched. On examination of the mouth, they found the mucous membrane of various

* Translated by J. O. Noyes.

colors; in one place bluish, in another black; covered with viscid mucus, which nearly encased the lips with a brown crust. The spots, which in the beginning of the disease appeared single, quickly increased in size, and were soon converted into softening, variously-colored, and painful *ulcers*. I saw most of the children when these ulcers had reached a certain grade of development. Their lips were generally much swollen; and there flowed from the mouth a mucous saliva, which, on the cheeks, and even on those places on the hands with which it came in contact, caused sores and ulcers similar to those in the mouth. The submaxillary glands were for the most part swollen and inflamed. In a higher grade of the disease, the gums, lips, and tongue were so inflamed, that those children in whom the disease was strongly marked were not in a situation to take nourishment, or have the infected parts washed. The pernicious employment of Muriatic Acid and Rose-honey, while it evidently was injurious to the ulcerated parts, caused so much pain, that the children forcibly strove against the application. The consequence was, that those children to whom their mothers were more indulgent in treatment than the physicians had been in their prescriptions, came under my care, and, in spite of the previous painful yet fruitless employment of medical means, were fortunately healed by means of Arsenic.

The children treated by me, if they did not suffer from scrofula actually developed, had, at least with few exceptions, an evident lymphatic constitution; more of them occupied damp rooms; a few lived near "The Neckars." Most of them belonged to the middle class of society, and the majority were properly clothed and nourished. A damp summer was, doubtless, a developing cause. All the above symptoms were not so essential as to be considered indications for the choice of medicine to be employed. This I found in the resemblance of *phenomena*, as seen in this use of Arsenic; the symptoms caused thereby having a close resemblance to those of the disease in question. They consisted in swelling of the face, painful ulcers on the lips which prevented sleep, swelling of the lips, pimples around the lips, looseness of the teeth, and pain on moving the gums; falling out of the teeth, swelling of the submaxillary glands, cankerous sores upon the sides and extremity of the tongue, bloody mucus, and frequent secretion of viscid saliva.

All physicians who recognize the doctrine of resemblances will approve the choice of Arsenic; but others will not understand it, therefore they can have no reasonable cause for rejecting the choice; but at the same time they will not suffer this want of knowledge to deter them from the apparent "reason" that Arsenic is a poison, while they daily employ it in poisonous *doses*. Not so accidental will be the judgment of those physicians who in common parlance are termed Homœopaths, concerning the doses which I administered to my patients. The first child that came under my treatment was a well-nourished girl, two years of age. She had been kept clean, and was in all respects well cared for. I knew no reason for the existence of the disease, nor could I find any in the personal condition and relations of the child, unless a lymphatic constitution, and dwelling near "The Neckars," be considered as such. Since neither of these was adequate to produce the disease, we were compelled to attribute it to epidemic influence, which, however, offered no indication as to the therapeutic treatment. When I commenced treatment, the canker had already reached a high grade. I began at once with the sixth decimal division of Arsenic, and gave thereof, the first two days of the treatment, four doses, *half grain each, daily*. No effect was perceived; unless, perhaps, the evil was brought to a stand. I then had recourse to the fourth decimal reduction of Arsenic, of which I gave one grain. The first dose had a remarkably soothing effect, so that the child slept, and, after many hours, woke in a much better condition.

By the daily use of three equally strong doses, the amendment advanced so rapidly, that, after twelve doses had been given, I thought best to leave off medical treatment, since I considered the cure perfect. Two days after, I received intelligence that new ulcers had appeared, attended with much saliva, want of sleep, and other symptoms, all in a weaker grade; the child in the meantime having been exposed to no injurious influences. At once I resorted to the use of Arsenic in the fourth decimal reduction, and the first dose had the same quieting effect as in my former treatment of the case. After the second dose, the child began to take nourishment, and the amendment was so rapid that after four days the cure was perfect; yet, for the prevention of a relapse, I did not abandon means so evidently adapted

to the peculiarity of the affection. For a few days, two doses were administered, which was followed by a permanent cure. A similar result, in reference to doses, cure, &c. was obtained in the other cases. Notwithstanding all my attention bestowed upon the observation of the sick, I never saw any bad effect follow the employment of Arsenic in doses of one grain each, and of the fourth decimal reduction (*decimal verreibung*). Frequently I have had opportunity to observe, that no amendment, or at least a very slow amendment, followed from the use of Arsenic of the sixth reduction. The cures of stomachic affections by the use of Arsenic, which have fallen under my observation, give rise to the following deductions: —

1. Canker is the manifestation of a general affection, and therefore requires the use of medicines which act upon the whole organism, and are suited to the peculiarity of this affection. This has been long known; and yet they have annoyed the sick with the use of local remedies, as acids, &c.; and even to this day there are many physicians liable to this charge. They came, imperceptibly, through theoretical modes of observation (rationalism so called) to this choice of means, with a view of preventing disorganization, or the process of decomposition. The nature of the general affection in canker has been heretofore, neither by physical nor chemical means, so accurately determined, that they could rely upon their knowledge in the choice of treatment. All the propositions and *experiments* derived from hypothetical modes of observation have led to no fixed result. The only way to reach this is indicated in the "law of resemblances;" and this law, during the present year, has led me to the employment of Arsenic, — which is proved to be an excellent medicine in these cases. Unless future observations prove the contrary, Arsenic must be looked upon as the best remedy for canker. Such observations upon the curative effect of particular medicines should now receive attention, in order to make a proper choice of remedies without thereby losing sight of the law of resemblances; since idiopathic medical treatment of disease only advances securely, and is only guarded from the *common* axioms of practice, when clinical observations are used as a polar star to truth, and are not blindly followed.

2. As to the doses in which I gave the Arsenic, the advocates of extreme doctrines in both schools will not be

pleased. Those who adopt material views, and expect curative effects only from large doses, *very large doses*, will laugh at the ten thousandth part of a grain of Arsenic, since they are deceived by their doctrines, and have received it among their dogmas that no effect can follow therefrom upon the organism. Others, for whom the power of medicines cannot be sufficiently divided, look upon the employment of a grain of Arsenic of the fourth decimal reduction as an improper departure from the laws of Homœopathy. They permit their so-called "power" (sogenanntes Potenziren) to be farther and farther divided, and consider it an improvement upon homœopathic teachings if they can outdo Hahnemann himself. With them, every departure from extreme reduction, every employment of medicines in which material particles can be shown to exist, is an offence against Hahnemann, and a departure from Homœopathy. In reference to the former case, the advocates of the "higher power" will not wish to maintain, that, when the sixth reduction had no effect, and the fourth led to a cure, a higher power, e.g. 200 or 400, would have quickly led to a favorable result. Observations as those above communicated by me, of which the number is not small, are appropriate for the Professor's chair; but not the axioms, which are merely an expression of doctrinal aims driven to two extremes, and which, by the decisive and confident manner in which they are brought forward, might lead the inexperienced into error, of which we are obliged to warn them.

3. The healing power of a remedy employed according to the laws of resemblance will, in the case reported, prove so much the more; as the progress of the cure, after the daily employment of Arsenic for some time, not only came to a stand, but even retrograded, and first, with the renewed use of the remedy, was again advanced. Such cases prove much more in favor of the remedy, and for the value of a law in the cure of diseases, than those cases of cure by Arsenic, which have now and then been given to the public; because the possibility of recovery without the use of medicine cannot be urged as an objection.

EDITORIAL.

After an intermission of eighteen months, the "Quarterly" again makes its appearance. Although reduced in size, we trust that it will not be found so in spirit. During the said interval, a number of valuable journals have entered the field with a view to the advancement of the science of Homœopathy; and, while we believe that there is room for others, it may be presumption in us to promise to fill the vacancy. Yet we can safely venture to assert, that exertion shall not be wanting on our part to render this journal worthy of being classed with such as are useful to the profession, and to the cause we advocate. With regard to our policy, we shall adhere to that formerly advanced, and shall shrink from no responsility, — fear no collision to which such a position may subject us, in relation to our cotemporaries, whether friendly or otherwise. Though we cannot, for the present, offer to our readers many original articles on Homœopathy, having as yet but few contributors, we shall endeavor to convey instruction to them through accurate translations of useful practical essays from the best journals of the Continent, and shall give particular attention to Monographs, of which the profession is now greatly in need.

Since the cessation of the old "Quarterly," quite a number of new remedies have made their appearance, to which reference has been made by our American homœopathic journalists. In a publication small as ours, it would be very difficult, if not impossible, judging from the feverish desire now existing, to add to our already large stock of remedies, to give such as have been recently proved, and those at present undergoing probation, a sufficient degree of attention. To satisfy a requirement of this kind, publications exclusively devoted to Materia Medica are necessary, furnishing practitioners with recent provings, in convenient form for reference; and, at the same time, room would be thus afforded in homœopathic periodicals for the insertion of other matter of equal importance and much more general interest. This responsible and somewhat difficult task could, in our opinion, be satisfactorily undertaken only by our Philadelphia colleagues; and to them we offer the suggestion.

INTELLIGENCE.

HOMŒOPATHY. AN EXAMINATION OF ITS DOCTRINES AND EVIDENCES. BY WORTHINGTON HOOKER, M.D.

Some time ago, Dr. Hooker was successfully delivered by the Rhode Island Medical Society of a production 146 pages long,

bearing the above inscription upon its front, and was rewarded by the Society with a premium of one hundred dollars for his extraordinary labor, and as an encouragement for the propagation of similar monstrosities by other individuals. At its birth, it emitted feeble sounds indicative of a short life, and we then intended to inspect and dissect it thoroughly. But we relinquished our purpose, puzzled to decide to what class of productions it belonged. It is an amusing, though tedious employment, to look over such an amount of matter, betraying, as it does, on every page, a total ignorance of the subject of Homœopathy. The imitative propensity of this infant exterminator of Hahnemann and his followers led it into very sickly repetitions of much that had been better expressed by its predecessors, and even the advocates of Homœopathy. Becoming exhausted by its puerile efforts, it threw out in its last struggles invectives against Homœopathy as favoring radicalism and infidelity. When this second offspring of Dr. Hooker first saw the light, another writer, or rider, on Homœopathy, Dr. H. of Boston, denominated it "a smasher." It was so, as it used up a vast quantity of material in attempting to prove that nothing is nothing, and a very sinful nothing withal, which required the assistance of Christianity for its destruction. *Sapientia sat.*

Other homœopathic journals have reviewed it in detail, and even a book has been written by Dr. Marcy to convince Dr. Hooker of his errors; but the attack on Homœopathy never merited such notice, as Dr. H. appears to possess no honest desire to *hear, see, and judge impartially.*

REMARKABLE DISCOVERY OF SIMILARITIES, BY DR. WILLIAM HOOKER.

In the transactions of the Medical Society of the State of New York during its annual session held at Albany, Feb. 2, 1852, we find in the report of the Committee on Medical Education, by Dr. William Hooker, the following remarks, too good to be lost: —

Page 105, he says: "There is one fact, to which we will call your attention in this connection, that merits the most serious consideration: we refer to the fact that very little of the educated talent of this country finds its way into the medical profession. This we have verified by statistics. But a small proportion of the graduates of our literary institutions, we find, enter the medical profession, in comparison with those who enter the professions of law and divinity."

Page 124 the expounder remarks: "It is a well-known fact that the great majority of homœopathic physicians are uneducated

men, or at least men who are very partially educated; and the shrewd among the adherents of this system know, that the uninitiated, furnished with box and pamphlet, are as well qualified to practise it as they themselves are."

Page 118 he condescends to the admission, "that any art by which they associate [regular physicians!] with the common herd of homœpathic practitioners is a misdemeanor which is a proper ground of expulsion" [from the medical societies].

What is coming next? We are in possession of a sure plan to kill Homœopathy and its adherents at once; but, as we live in an age of selfishness, we cannot part with it unless for a respectable premium. We are very anxious indeed to put it down, for it is getting rather too popular for us. We are for a protective tariff.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The ninth annual meeting of this Society was held in Baltimore on the 19th of May last. E. T. Foote, M.D., of New Haven, was elected Chairman. The following gentlemen were elected officers for the coming year: —

William A. Gardiner, M.D., of Philadelphia, General Secretary; S. S. Guy, M.D., of Brooklyn, Provisional Secretary; S. R. Kirby, M.D., of New York, Treasurer.

Drs. McManus, Williamson, and Guy were appointed to present, at the next meeting, an Essay on Small Pox and Vaccination.

Twenty new members were admitted.

A communication was received from Dr. Payne, of Bath, Me., detailing some cases of Membraneous Croup treated successfully with bichromate of potash.

A communication was received from the Chairman, giving the particulars of the death of a lady from the use of chloroform, preparatory to the extraction of a tooth.

Dr. Jeans, from a Committee, reported a circular address to the homœopathic physicians of the United States.

Reports were read from the Philadelphia Branch and the Massachusetts Homœopathic Society. From the former we learn that there are about sixty homœopathic physicians in the city and county of Philadelphia; and, out of a population of 450,000 persons, it is estimated that from one-sixth to one-fourth are among the patrons of Homœopathy.

The Massachusetts Society was formed in 1840, and consisted originally of three members. It has now fifty-nine, forty-nine of whom are practitioners in the State, and ten in other States.

The annual address was delivered by Dr. Kirby.

The Institute adjourned to meet at Cleveland, Ohio, on the second Wednesday in June, 1853.

QUARTERLY HOMŒOPATHIC JOURNAL.

THE

DIAGNOSIS AND CURE OF ANGINA MEMBRANACEA (CROUP).

(Concluded from page 28.)

THERAPEIA.

THE reasons to be given below for the choice of the individual remedies are derived more from experience than from the provings; and our principle, "Similia similibus curantur," will not thereby suffer. It is, however, impossible to select correctly a remedy, only from the symptoms obtained from the healthy, for a disease connected with material changes. The provings can give but hints on the relation of a remedy to such a disease, and can, consequently, be conclusive for its applicability in general, not for the particular indications in the various modifications and stages; concerning which, experience only, based on the above suggestions, can decide.

Aconite. — The generally known efficacy of Aconite in fever of an erethic or synochal character, would alone justify its applicability in croup accompanied with violent fever, if the latter were the most important feature. Aconite, as is known, is, however, by no means beneficial in all inflammatory fevers, but only when the fever appears either without a local affection (pure Synocha), or when its depending inflammatory affection of any organ stands in specific relation to Aconite: consequently, its application is to be restricted to such fevers as are adapted to it. Less frequent is its employment indicated in fevers with a low pulse and

predominant coldness of the skin; and it is important for our purpose not to lose sight of this. In reference to croup, we observe that Aconite causes, if not a real inflammation of the larynx, an irritation of the same, manifesting itself by tickling hoarseness, and mostly dry cough as a precursor of the inflammation. Oppression of the chest, short and noisy respiration, manifest themselves as effects extending from the sympatheticus to the nervus vagus. From this it is evident, that Aconite, as corresponding to the local affection and its accompanying fever, must be a perfectly adapted remedy; and experience confirms it. As, however, still other characteristic symptoms are peculiar to croup, — for instance, the exudation, — its inefficiency in all cases and stages is manifest, and consequently its employment limited. It is beneficial, according to experience, when inflammation still exists, with fever, hard, full, frequent pulse, together with great anguish and noisy respiration. It is therefore to be employed principally at the commencement of the disease, and all therapeutists agree in this, but seldom give any other indication. As we have seen, however, above, that, in several torpid forms of croup, fever sets in also during the stage of convalescence, Aconite cannot therefore be excluded in such cases.

It is furthermore indicated, aside from the cases mentioned, as well where the temperature of the skin is not excessively increased, and the pulse somewhat hard and frequent and if even not full (torpid fever); as where the temperature is below the normal standard, and even becomes cold as ice, with a small, frequent, and somewhat hard pulse; and also in the extreme anguish occurring in spasmodic croup, in conjunction with icy coldness of the extremities and the succeeding fever. The beneficial impression of Aconite does not, however, consist in the direct diminution of the croupous affection, but in the abatement of fever and the production of general warm perspiration; which latter becomes particularly salutary, since the most frequent cause of illness is a simple cold. If this perspiration, however, is not followed by an alleviation, then Aconite is to be abandoned. It reduces, in such a case, the energy of the vital power.

Calcarea Sulphurata. — This stands much more in direct relation to the local affection than the previous remedy, the results of the provings showing a considerably clear image

of croup. We observe even an abundant exudation of tough mucus in the larynx and trachea, obstructing respiration. The indications for its employment depend, therefore, only upon the modifications of the disease. Experience has proved it to be beneficial in those cases where the speech is very hoarse, the cough dry, loud, almost barking, frequently repeated, yet not constant, and not combined with great anguish; the breathing may be short, but has more of a rattling than sawing sound; or when violent turns of coughing frequently occur with great danger of suffocation; the latter, however, being caused less by spasm and congestion than by the great accumulation of plastic exudation. Though the tone of the cough is loose, yet there is either no expectoration, or it only happens by vomiting. The above remedy is also indicated when the cough begins to grow scarce and weak, sounds loose, yet without succeeding expectoration or vomiting, and respiration is free from the whistling sound. From this it is evident that Calc. sulph. is more seldom applicable at the commencement of the disease, but more frequently after the production of the exudation, the latter being copious, and consisting more of tough mucus than of a compact membrane-like substance; or only towards the end of the disease, when by previous remedies, especially Iod., the violent paroxysms threatening suffocation have either been removed, or the absorption of the morbid product has commenced, that is, when its consistence more resembles a fluid. I cannot agree therefore with the indication given by Tietze (New Archive, I. 1), that Calc. sulph. is principally useful when exudation has ceased. On the contrary, I believe it to be then less beneficial (comp. Spongia). The benefit of Calc. sulph. consists, according to what is stated, partly in a direct diminution of the croupous inflammation, whereby a metamorphosis is caused of the croupous into a catarrhal cough, and exudation prevented, if properly used at the commencement of the disease, and partly in promoting expectoration by invigorating the cough or in facilitating absorption of the morbid product by direct impression upon the lymphatic vessels.

Iodium. — Though the virtue of Iod. in absorbing morbid exudations has been known for a long time, Jörg by his provings having demonstrated its specific relations to the larynx and trachea, and Hahnemann having finally showed

distinctly the manner of its impression upon these organs, yet no physician observed its beneficial effects in croup, until Dr. Koch published in 1841 (Hyg. XIV. 2) his experience respecting it. This previous non-observance is the more surprising, since in Iod. not only are all symptoms to be found similar to croup, as hoarseness, dry, rough, deep cough, painfulness of the larynx and trachea, accumulation of copious, tough mucus in those parts, and a feeling of obstruction in the larynx during respiration; but those symptoms also which directed Hahnemann's attention to the curative power of Spongia in croup are here more distinctly and in a much higher degree perceptible. Koch's recommendation has also been so completely confirmed, that we now feel justified in regarding Iod. as the most efficacious and most frequently applicable remedy, although, according to Koch's opinion, all cases are not adapted for it, or are curable by it. As Dr. Koch mentioned only in general the benefit to be derived from Iod. in genuine croup without giving particular indications, we will endeavor, in accordance with numerous observations, to give it the proper place, and mention the various states in which it has so far proved efficacious.

1. In violent coughing attacks, threatening suffocation, with whistling tone and great anguish, whizzing, sawing, respiratory sound, painfulness of the larynx, hoarseness and flushed face, with synochal fever, consequently at the first onset of the disease.

2. In long-continuing, loose-sounding, coughing turns, not in conjunction with great danger of suffocation, rendering no relief to the patient, with some painfulness of the larynx, a decidedly sawing and whizzing, but no whistling respiratory sound, temperature of the skin not increased, with a frequent, hard, but not full pulse.

3. When the cough is either of rare occurrence or of short duration, loose, yet not a genuine croup-cough, with constant, apparently not very troublesome oppression of the chest, and rough, sawing, not whistling respiratory sound; cold, moist skin; small, hard, and frequent pulse.

4. When the bronchial ramifications are principally affected, and there is deficiency of cough, or rare short cough without the croup-tone; inaudible vesicular sound; short, accelerated breathing; aphony, with feebly sawing and rather rattling respiratory sound; abdominal respiration;

want of painfulness of the larynx and trachea; pale, sunken face; cold skin, covered with clammy perspiration; with a weak, small, quick, and filiform pulse.

All the symptoms stated show, with the exception of those in first section, that the production of the plastic exudation had already begun; and neither its extension nor quantity has an influence upon the indication of Iod., but the quality; since, according to experience, the effect is the more favorable, the more compact the consistence of the morbid product. Consequently a less mucus-like, but more membrane-like production is decisive in indicating this remedy. If Iod. has, however, as is principally the case in bronchial croup, transformed the exudation from a compact into a more fluid consistence, and the rest of the symptoms are still adapted to its use, then this circumstance alone should not prevent its continuance. It seems, however, in other instances, as if the product was directly absorbed by Iod. without first changing into a more fluid form.

If all subjective as well as objective symptoms in a given case indicate the employment of Iod. while the disease has still a pure intermittent character, then this latter circumstance is to be regarded as a contra-indication, as it is in the use of Calc. sulph. and Spongia.

It follows from these indications, that Iod. is applicable in all stages. If given at the first outbreak, it is able to arrest the disease; and, after exudation takes place, it diminishes it either directly by absorption, or by rendering the exudation more capable of expectoration, by transforming it into a fluid form. When the cough is not frequent, or totally absent, with a low temperature of the skin, and weak, small pulse, which can only happen when exudation has already for a long time existed, it excites the organism to general re-action.

It is advisable to use only recently prepared attenuations; since, when several months old, they lose their efficacy.

Spongia was formerly, with Calc. sulph., the remedy most frequently used. As, however, the employment of Calc. sulph. has of late been restricted by Iod., so has Spongia been almost entirely superseded by it, because almost all its indications given by former observers are to be found in Iod., and the effect of the latter is furthermore still surer and quicker; wherefore the opinion advanced by many, that Spongia is only efficacious in croup by reason of its

containing Iod., gains much probability; yet is nevertheless contradicted by the circumstance that Spongia, as we shall discover, is beneficial, even when the impression from Iod. has ceased. In all the stated indications for Iod. we recognize very violent and highly dangerous forms of the disease; genuine croup-affections, however, also occurring, which, notwithstanding their sudden outbreaks, are less threatening, although they seem to be the most violent. They are attended by severe attacks of coughing, with great anguish and synochal fever, succeeded by great relief of the oppression of the chest, and, but in a slight degree, sawing respiratory sound during the remission. Though the cough sounds hollow, barking, and whistling, it is nevertheless loose, and very painful; the larynx very sensitive on pressure. In such cases, Spongia is always beneficial, but does not supersede the Iod., which is likewise suitable here.

On the other hand, it is preferable to all other remedies, when, after the croup proper has been removed, even by Iod., that is, after the removal of the exudation, there still remains a rough, dry, almost incessantly painful cough, with or without dyspnœa, in conjunction with scraping in the larynx and trachea, still occasionally accompanied by fever.

Tartarus Stibiatus. — The effects of this medicine seem to have considerable resemblance to the symptoms of croup, and it has also by many been used; but there is, in the statement of its indications, contradiction and uncertainty. Jahr, for instance, believes Tart. stib. to be indicated after the removal of the dangerous symptoms, with remaining mucus, and, in contradistinction to this, in a paralytic-like state of the lungs. Bosch resorts to it when the principal violence is apparently subdued; the disease, however, still progressing (transition into torpid croup?). Others, on the contrary, make use of it only when Calc. sulph. and Spongia are ineffectual, without being conscious of any reason for so doing. In all these instances I never had an opportunity to employ it, as the remedies administered by me, in accordance with the given indications, were always sufficient. That state, however, described by Bosch as being suitable for its application, seems to correspond most with the character of its mode of operation, as may be seen from the communicated cases. These cases were, according to the description, inflammatory croup, with a tendency to the

torpid form, where sufficient cough still existed; and only the dyspnœa, in conjunction with rattling at one time, and whistling breathing at another, showed no remission.

I gave Tart. emet. only, and this with surprising effect, when the disease was of a pure intermittent character; that is, when the paroxysms were repeated at regular periods, and there was but little or no cough during the interval; breathing not very much accelerated, but slightly sawing, and fever only during the attacks.

Phosphorus has also been recommended by several, when symptoms of paralysis appear. This might principally be the case where plethora of the lungs or heart is to be regarded as the exciting cause of the paralysis. I have employed it successively only against the incessant, short, dry cough, produced by tickling or scraping in the larynx and trachea, where the breathing may be short, but with no unusual sound.

Bryonia corresponds completely with the indication given for Phosphor. against the remaining cough; the former being preferable to the latter, however, when the cough is less deeply seated in the trachea, or fever still exists. It can, moreover, be effectually employed in bronchial croup, when, after the removal of the dangerous symptoms, the general re-action of the organism is too weak, and the solution of the morbid product so far advanced, that it has become fluid, and yet but little in quantity; that is, when the disease begins to lose its croupal character, and to resemble the stad. exudativ. of bronchitis.

To mention other remedies used in individual desperate cases only, as Sambucus, &c. would transcend the proposed limits; as my object is not to collect and review critically the observations made by others, but to give only the results of my own experience.

It is here also, as it is everywhere, impossible to give definite directions in relation to the magnitude of the dose. The violence of the disease, the age, the state of the vital powers, and the individual susceptibility, must be, as much as possible, taken into consideration. Usually I gave Aconite of the 1st; Iod. Hepar and Spongia from the 2—6; Tart. stib., Phosphor., Bryon. of the 2d or 3d att. in drops or pellets. I have ventured to administer higher attenuations in such a dangerous disease, and I will by no means dispute their efficacy. On the other hand, I never had occasion

to give Iod. in the 1st att. as advised by Koch; and, for this reason, I believe that the succeeding congestions to the head, frequently observed by him, have been fortunately avoided. There still remains something to be added in relation to the manner of administering the remedies referred to in individual forms.

In the treatment of the catarrhal croup, abstractly free from danger, the object is only to produce convalescence sooner than the curative power of nature would do. The two predominant symptoms, the fever as well as the dry rough cough, correspond completely with Aconite. This, therefore, is to be repeated, according to the severity of the case, every hour or two. In most instances, by this remedy, the whole disease can be removed within a few hours; but occasionally there remains, after the fever has left, a croupy cough, requiring the administration of a few doses of Merc. sol. 1st, 2d, or 3d trit. if quite dry and loudly barking; and Calc. sulph. if somewhat loose.

It would take too much time to treat here of the therapeia of trachitis and bronchitis, which may follow or be combined with the catarrhal croup. It is necessary only to remark, that these, as the more dangerous diseases, have to be principally considered in relation to treatment; the combination with this croup requiring no particular notice. The treatment of the other forms is somewhat less simple, and must be based on the proposition previously made, that croup is produced by the union of two different morbid causes. Under the above-mentioned remedies, which are in specific relation to our disease, we shall find none, which *combines* in itself *all* essential symptoms, existing in croup; we find in some either the spasmodic or the inflammatory, the local or general, symptoms more distinctly expressed. We shall be compelled accordingly, in most cases, to administer two remedies in alternation, in order to counteract *all* existing morbid symptoms. This alternate administration of two remedies is by several physicians disapproved of; they affirming that the effect of the one is neutralized by the other, and that such a course is likely to be in favor with those who have an insufficient knowledge of the remedies to be selected. The idea of a neutralized action seems to proceed only from theoretical views, as every practitioner must have had contrary experience in acute as well as chronic diseases. Two different remedies, even

applied *at the same time* internally and externally, do not interrupt each other in their respective actions, but produce, if properly selected, equally beneficial effects upon the organism. This proceeding is not to be attributed, however, to an insufficient knowledge of the remedies, but to the peculiarity of many complaints, whose totality of symptoms are not to be found in one remedy. If the symptoms absent in one remedy are of a subordinate character, then it is of little consequence; but if they are of equal importance with those found, then it is just as necessary that they be removed by another adapted remedy. Otherwise, we pursue but a symptomatic treatment, only a few symptoms of the disease being removed, while others appear in their stead; a result which will always be observed to follow when remedies are not properly selected. Hahnemann knew this, and sought refuge in the so-called interim remedies; and Gross remarked, in relation to it, that the re-active power of the organism becomes sooner passive under a remedy, if frequently repeated alone, than when given in alternation with another relative remedy. It is, however, advisable that the doses of the remedies to be administered in alternation be, as much as possible, of equal magnitude; for if the difference of the doses be very great, then the weakest dose will produce hardly any effect; as for instance, in Tietze's admirable account of some croup-cases, the slow progression of convalescence must be attributed to the alternate administration of Iod. 1. and Aconite 15.

On the other hand, it seems that the administration of three or even four remedies in succession, to alternate with in certain cases, is not worthy of recommendation, as is evident from so many relations of cases. It betrays, undoubtedly, a certain imperfection and uncertainty.

After this deviation, which is made in order to meet in advance eventual censures on the treatment pursued, we return again to our main subject.

The inflammatory form requires, at its first appearance, the alternate employment of Aconite and Iod., according to Koch; the only alteration I make is in beginning with Iod. instead of Aconite, as soon as I am convinced of the existence of croup. The effect of this first dose is surprisingly prompt, providing it is not too strong: the anguish, the dyspnœa, and the whistling cough, will cease, as if by magic; and the shortness of breath will abate to such an

extent, that we can wait a whole hour without apprehension before giving Aconite. The latter will then soon effect an abatement of the fever, attended with a beneficial perspiration, and the danger is within a few hours mostly over. Nevertheless it is not advisable to discontinue the remedies too soon, as the disease may be by them merely suppressed or partially subdued. I continue, therefore, Iod. and Aconite every hour in alternation, until the respiration, even during sleep,* becomes less sawing, and the cough looser; giving them then only every two or three hours. The transformation into an ordinary catarrh is thus completed, and convalescence follows. In less violent cases, Spongia can be given instead of Iod., especially if there is considerable painfulness of the larynx; its impressions being only less rapid and intensive. More frequent repetitions recommended by others, I found unsuitable; observing that by such a course convalescence was not only not accelerated, but that very unpleasant aggravations occurred, which were only to be obviated by longer intervals between the doses. I consider the commencement with Iod. more advisable, as the danger proceeds less from the fever than from the main evil, the local affection. Since pursuing this course, I have observed a more rapid and complete improvement follow than I had ever previously witnessed; and no case has yet occurred to me, where, after the first dose of Iod., a second paroxysm had happened, unless the disease became intermittent, of which we can only be convinced after several repetitions. We are, however, not always fortunate in removing the disease by these two remedies: an intermission takes place only in so far, that the attacks of suffocation cease, and the sawing respiratory sound is diminished; yet in its stead remains a very tough, dry, loud-barking cough, frequently repeated, but not in paroxysms, with a constant, though a decreasing fever. In such cases I gave Aconite and Calc. sulph., in alternation. When the character of the attacks is so far changed by Iod. and Aconite that the danger of suffocation is owing rather to copious, tough mucus than to spasms or hyperæmia of the lungs, and consequently in breathing and coughing much rattling is

* It is of importance, in all forms of croup, that sleep should not be allowed to interfere with the administration of the remedies, as only by their uninterrupted continuance is it possible, especially in the dangerous cases, to stop the progress of the disease.

audible, the latter seldom acquiring a whistling tone, with continuing fever, Calc. sulph. and Aconite are likewise to be given in alternation.

If it happens, whether by Iod. and Aconite, or by Calc. sulph. and Aconite, that all symptoms are removed, with the exception of a rough, hollow, dry, scraping cough, and painfulness of the larynx, then Spongia will be effective; and, if fever still exists, it should be given in alternation with Aconite.

The effect of the remedies applied is limited in other cases to the removal of the attacks of suffocation, the whistling tone in respiration, the painfulness of the larynx, the *attacks* of coughing, and the fever; the remaining cough, however, not approaching the catarrhal, but short, less loud, more hoarse, yet dry and scraping; not great anguish, but respiration loudly sawing, speech hoarse, and absence of fever (period of transition to the torpid character). In such cases it is necessary to give Iod. and Calc. sulph. every hour in alternation, until Aconite is to be resumed, on account of the re-appearance of fever, in alternation, according to the cough and respiratory sound, with Calc. sulph. or Iod.; or until the cough, with absence of fever, becomes looser, the breathing more rattling, the voice purer, when Calc. sulph. is to be continued, up to full recovery.

The interim form, so called, laid down as a species between the inflammatory and the torpid croup, shows no variation in its course, as we have seen, appearing always in the same manner; and, owing to this uniform appearance, the treatment can offer no variety. Aconite corresponds to the total image of the disease. It is, however, necessary, on account of the very rapid increase of the disease, to repeat the dose every fifteen, even ten minutes, and this in strong doses, until the cough becomes loose, the sawing tone during respiration diminished, and the fever ceases, with a general warm perspiration. This improvement follows within a few hours. On continuing the same remedy, yet at greater intervals, health will soon return; no other medicine being required.

Although the torpid form differs much from the inflammatory, there is still no great difference in the treatment of each. Iodine and Aconite are to be given at hourly intervals, though a rapid improvement here is not to be looked for. For the benefit of those who have not often had an

opportunity of observing and treating such cases, it should be remarked that the circumstance of improvement not succeeding the first doses must not prevent us from continuing medication. Enough has been accomplished if the progress of the disease is checked. Real improvement is manifested by an increased, more powerful, and loose cough; that is, an exciting, genuine croup-attack, under abatement of the constant whizzing, sawing, respiratory sound, which approaches either to the natural state, or becomes rattling, and furthermore by short yet alleviating remissions. Even in this stage of violent paroxysms, Iod. and Acon. is to be continued as before, until the cough has assumed a catarrhal character. With the abatement of the more dangerous symptoms, the repetition of doses should be less frequent. If, however, we do not, in individual cases, succeed in exciting the organism to a proper degree of re-action; if, notwithstanding the administration of Iod. and Aconite, the cough neither increases in power nor frequency, the difficulty of breathing, with its accompanying sawing tone, does not abate; then this state must be considered as an aggravation of the disease, and the treatment so far altered that Aconite be replaced by Calcar. sulph., and given in alternation with Iod. Though real paroxysms do not always appear upon this, the body being generally too weak for them, the cough becomes, nevertheless, more frequent and loose; convalescence being in this way produced, though proceeding but slowly. In paroxysms, either before or after the application of Iod., consisting of long-continuing, feeble attacks of loose cough, with copious secretion of mucus, remissions producing at least some relief, and the fever still continuing, the alternate administration of Hepar sulph., Calc., and Aconite will be necessary. When, however, during this stage, fever does not exist, the remissions but slightly, if at all, alleviating; the respiratory sound, notwithstanding the loose tone of coughing, still very sawing; then here also Hepar and Iod. are to be given in alternation.

In case of the treatment being commenced only when the disease is at its height, the cough being already absent or seldom heard, with great dyspnœa and anguish, strong sawing sound in respiration, pale face, cold skin, partial perspiration, and small, rapid pulse, then Iod. is to be given alone, until the signs of general re-action appear, when Aconite is to be added.

The same medical course is to be pursued in the two forms of bronchial croup, the treatment of which is commenced only when the diseases have reached such a height. Primary bronchial croup, however, in its first stage, requires, on account of the fever, Aconite combined with Iod. If the solid, cylinder-like, morbid product in both forms is already so far decomposed that a rattling sound is to be heard in the finer bronchias, then convalescence will be promoted by giving Calc. sulph., either in alternation with Aconite, if fever exists, or with Iod. if the cough is still feeble. Respecting the application of Bryonia, occasionally requisite here, compare the previously given statements.

The spasmodic croup requires from the beginning, on account of the consequent hyperæmia of the lungs, threatening paralysis, and the predominant icy coldness of the skin, Aconite alone; and this in powerful and frequent doses every fifteen minutes, till the attack is over; that is, until the oppression of the chest is lessened, and the icy coldness of the skin diminished; and from that time to be given less frequently, according to the severity of the fever and the succeeding perspiration. At the first appearance of an attack of croup, Aconite is to be given in alternation with Calc. sulph., which latter is at this period always more beneficial than Iod., as these attacks are neither very violent nor attended with great anguish nor painfulness of the larynx, but always with a considerable rattling sound.

Besides the remedies mentioned, I have, in individual cases of great painfulness of the larynx, successfully applied hot poultices as means of alleviation, but never venesections, derivatives, hand or other baths.

A uniformly quiet state of the patient in bed is indispensably necessary in all cases of croupal affections. If this is not observed, there is, at best, but slow improvement: more frequently, however, an unfortunate issue is to be expected. The diet must be strictly devoid of stimulation: cold water as a beverage will do no injury, at least in the torpid forms.

For the better understanding of the forms of rarer occurrence, we will take the liberty of adding a few cases.

Torpid Croup.

Mr. P.'s child, a robust but very pale, scrofulous boy, fifteen months old, just beginning to cut its molar teeth, had for three days slight fever, which was attributed by the mother to teething, and consequently not particularly regarded. On the 13th of November, 1847, the child would neither eat nor drink, and appeared unable to cry as usual; on which account I was sent for, at 4, P.M. The child had violent febrile heat, frequently varying, however, according to the statement of the mother; the pulse was very rapid, the tonsils very much swollen, and, together with the palate, of a deep red, the respiration hurried, and deglutition very difficult.

Administered Bellad. 6 gtt. every two hours. Such a violent angina tonsillarum and faucium in so small a child appearing suspicious to me, and regarding this only as a precursor of another disease, I gave directions that information should immediately be conveyed to me if an aggravation or new symptom should occur. At 10, P.M. I was called; as a change, I was told, had taken place. I found, however, only an exacerbation of fever, with shorter respiration and some mucous rattling in the bronchias without cough. I continued, therefore, Belladonna; impressing, however, upon the minds of the parents, the necessity of watching attentively the slightest change. Nevertheless I received no information till the 14th of November, at 5 o'clock, A.M., and then learnt that the child had a violent cough at 1 and 3 at night, of but short duration, however; with a decidedly scraping, hollow, and occasionally whistling sound, — the child having been uneasy previous to coughing, and suffering from difficulty of breathing. During the whole night, there was rattling respiration and fever. When I saw the child at 6 o'clock, although it slept, the respiration was very short and sawing; and, on its awaking, it could cry but little, and hoarsely. Since 3 o'clock, the cough had not recurred, the temperature of the skin being very much lower than it was on the previous day; the face not more red; the head bent backwards; pulse more frequent, small, and somewhat hard; deglutition much easier than on the day preceding; the tonsils, however, were more swollen, and as red as the palate. There was now no further doubt that, during the night, croup of a torpid character

had set in. (The absence of dyspnœa threatening suffocation, and the seemingly mild appearance of the disease, might have induced me, especially in regard to the throat-affection, to give Hep. Sulph. here, had not the scarce, short cough and the incessantly sawing respiration indicated great danger.) I administered therefore Iod. 4, and Aconite 3, gtt. j. every hour in alternation, commencing with the Iod. Soon after the first dose, respiration improved; the sawing tone was less; the temperature of the skin became warmer; perspiration appeared; the child coughed more frequently, with quite a scraping sound, and was more lively and playful. At 9 o'clock an attack came on, consisting of short respirations, greater oppression, and an increased sawing respiratory sound. There was no cough during the attack, but afterwards it became spasmodic; twitchings of the muscles of the face and convulsions occurred;* there was much dyspnœa, owing to the obstruction caused by the angina, and stoppage of the nasal passages; the tonsils becoming considerably more swollen after the discontinuance of the Belladonna. The cough now existing was not so hollow, but more hoarse, and occasionally whistling. Independent of the remedies to be continued, I administered Chamomilla 3, gtt. j. in case of a return of the spasms; and, to relieve the anginous affection, an ointment of Tinct. Belladonna gtt. xv. and Axungia ʒ j. was applied to the tonsils. Some slight attacks of oppression recurred in the course of the day without cough, the latter happening only during the remissions; the spasms appearing several times, yet much milder, so that there was no necessity for Chamomilla. The temperature of the skin was normal, with perspiration; the respiration was still hurried, and continuing during the remission, though the sound was less sawing. The child expectorated once a piece of membranous substance by coughing. No exacerbation of fever in the evening.

Nov. 15. — The child slept nearly the whole night, and had to be waked whenever the medicine was given. There were no decided attacks. The child coughed three times only from 8, P.M. to 9 o'clock, A.M.; always, however, with the croup-tone. All the inspirations were whistling, and respiration was still sawing in the night. I found the child

* The convulsions appearing during a paroxysm postponed and aggravated the attack to such a degree, that death was every moment feared. Chamomilla, however, soon removed them.

lively in the morning, with no paroxysms of oppression; though the short, yet frequently recurring, cough retained the croup-tone; being, however, occasionally loose. No fever in the evening, and but slight perspiration.

Nov. 16. — The child slept well during the night, and had to be aroused to take medicine. There was no increased oppression; had three attacks of coughing, with croup-tone. The respiration in the morning was more rattling than sawing. The tongue, at first entirely white, had to-day only a whitish coating at the root. The child drank some milk, and eat a cake without difficulty. The swelling of the tonsils was much diminished. Administered Hepar sulph. 3, 1 grain and Iod. every two hours in alternation. The child coughed considerably during the day, and the tone of the cough was still scraping, but not whistling; on the contrary, loose. In the evening a miliary eruption appeared upon the back and chest without fever.

Nov. 17. — The child rested quietly during the night, coughing occasionally, but not of long continuance; respiration was said to have been very rattling during the night. I found but little of it in the morning, and no sawing respiration. Continued same medicines. Through the day there was considerable cough, but seldom, however, attended with the croup-tone.

Nov. 18. — Passed a good night, the sleep but little interrupted by cough; the respiration was said to have been, while sleeping, more loud and deep; on the whole, more natural. Towards noon I heard but a loose cough, with very little scraping. The remedies were now continued only every three hours; and, on the 21st of November, the child had entirely recovered.

This case shows, aside from the complication, some peculiarities, as, for instance, with regard to the cough, which did not exist during the paroxysm on the first day, but only succeeded it. The attacks of oppression cannot be attributed to the miliary eruption, as the former had ceased twenty-four hours before the latter broke out. That it was a genuine croup is evident from the expectoration of a membranous substance; and that it was of a torpid character is also evident from the appearance of improvement occurring only after the increase of the cough and the decreasing temperature of the skin, already perceptible on the first day.

Secondary Bronchial Croup.

In the evening of the 29th January, 1844, I was called upon to see a child, having much phlegm in the throat. It was a robust boy, ten months old. I was informed that he had had for several days some cough and heat, and had been very uneasy; to-day, however, was much more quiet. I found the face pale, the lips blue, the eyes anxiously looking about and half open; no cough; no ability to cry, but only a low groaning was from time to time audible; very short and rapid breathing, very rattling, occasionally sawing; muscular contortions of the features on pressure upon the larynx; skin cool, and covered with viscid perspiration; pulse small and uncountable; the walls of the thorax hardly rising on inspiration, but merely somewhat pushed aside; vesicular sound nowhere to be heard; bronchial respiration, with rattling in the larger branches of the trachea; and in the lower portion of both lungs there was no respiratory sound perceptible. There was no doubt of a neglected croup. The bronchias, with their ramifications, were now more affected than the larynx, in which an already consistent exudation had taken place. The prospects for recovery were, under these circumstances, very unfavorable. Within twenty-four hours, death was to be expected. To omit nothing, however, I administered Iod. 2, gtt. jj. every two hours. I found no change in the morning, but was informed that the child had been more uneasy and hot in the night, which I considered favorable, as a sign of returning re-action. I ordered, therefore, Iod. 2, and Aconite 2, gtt. jj. to be given alternately every two hours: thereupon followed, in the course of the day, some slight turns of coughing; and, in the lower portion of the lungs, the respiratory sound was attended with rattling, a sign of the dissolving exudation. Under the continuance of these two remedies, the child improved, up to the 4th of February, so far, that an almost incessant, short, dry cough only remained instead of the croup-attacks hitherto occurring; the sawing tone in respiration being entirely gone, with only a slight rattling; the breathing more deep, and rough, vesicular, respiratory sound audible. I discontinued, therefore, the remedies, and administered Bryon. 2, gtt. j. every two hours, by which the cough also was wholly removed within a few days. Short

breathing alone remained for some time, but gradually gave way, without any further medication.

Primary Bronchial Croup.

Laura H., a well-conditioned child, five months old, of scrofulous parents, still nursing, had been in good health until yesterday, according to statement; but after it was brought home towards evening, through a considerably sharp air, was seized with short breathing, with flushes and fever. On the 7th of December, 1847, I found the child in the following state: It looked anxiously about, as if for assistance; the face not red, but nevertheless a violent fever existing, manifested by a burning, hot, dry skin, and full, frequent, hard pulse; breathing very short, with some rattling. At every third or fourth inspiration, a whistling sound was heard; the cough was neither then nor previously observed, or at least was overlooked. The child could cry but little; nursed, however, well. On examination of the thorax, I perceived that there was no elevation of its walls during respiration, this being performed only by the abdominal muscles; auscultation showed a widely extended and increased pulsation of the heart; only feeble bronchial, but nowhere vesicular respiration. Administered Iodine, 6, and Aconite, 6, gtt. j. every hour in alternation. In the evening I was informed that after the first dose (Iod.) the short breathing had improved; three coughing turns having occurred during the day, with a scraping and whistling tone. I found the child asleep, the breath not so short as in the morning, the drawing whistling not audible when sleeping, but, in its place, a distinct, strong, sawing sound; the thorax rose somewhat, the face was still pale and bloated; the skin not very hot; the pulse less frequent and hard, and slight general perspiration.

Dec. 8. — The child slept a good deal during the night, had no violent fever, but slight perspiration and three severe attacks of croup. It was lively this morning, but very pale; fever very moderate; breath not so short as yesterday, and the sawing tone not more constant. The passage of the air into the cells of the lungs was distinctly heard, respiration puerile, and some rattling. Medicine only every two hours. Although the cough still had, during the day, a

distinct croup-tone, it was nevertheless looser; fever very moderate; more rattling in respiration; the voice louder, but still hoarse.

Dec. 9. — After profuse perspiration continuing the whole night, I found the child this morning without fever, normal elevation of the thorax, yet some rough vesicular respiration; cough strong, loose, and without a suspicious tone.

Dec. 10. — After a quiet night, only a slight, loose, catarrhal cough remained. Medicine only every three hours. On the 11th of December, I found nothing abnormal.

Spasmodic Croup.

On the 9th of January, 1846, I was called to Mr. E.'s daughter, afflicted with a simple catarrhal cough, short and dry, caused by a scratching sensation in the throat, lively otherwise, without fever, and with a good appetite. She is ten years of age; puffed, bloated, scrofulous; too well nourished, but very sensitive. I gave Bryonia 3rd gtt. j. every three hours. At twelve o'clock at night, I was again suddenly called, as the patient appeared on the point of suffocation. I found her standing in the room, clasped to her mother. She had from fear jumped out of the bed; the greatest anxiety was expressed on the countenance; the breath was short and rapid, strongly whistling, especially at a separate, deep inspiration, occasionally sawing. She tried to cry, and could not; the danger of suffocation was great. At first she was able to speak and to swallow. One of my colleagues gave her, shortly before my arrival, Aconite and Iod. in quick succession; diagnosticating croup, on account of the hollow, whistling cough, existing from the commencement of the attack. These doses were wholly inefficient; the disease increasing to such a degree, that, on my arrival, the child could neither speak nor swallow, but constantly pointed to the chest and throat, as if having pain there. The skin was very cool; the pulse, small, suppressed, and frequent. A true cough did not exist; but the child, in order to get air, exerted itself to cough. I ordered it to be put into a warm bed; but it was afraid to lie down, bending constantly forward. Under such circumstances, — the swallowing of even a drop of water being impossible; the child chewing merely when a

spoonful of water was given to it, and throwing it out again, — the administration of a remedy was out of the question. The far-famed olfaction even of tinctures proved inefficient, as did also sinapisms upon the neck and chest, and hot sponges upon the throat. However, after several linseed poultices had been put around the neck, the swallowing of a few drops of warm water was accomplished with great exertion, though nothing further was effected. I then discontinued these applications, being now enabled to give a remedy; and this being the first case of the kind which I had an opportunity of observing, believing spasm to be the main evil, and taking the disease for asthma Millari, I prescribed Bell. Stramon. Veratr. Guaco, but without the least effect. Perceiving now my mistake, I administered, at two o'clock, Aconite 1, gtt. j. in half a teaspoonful of tepid water, to be repeated every fifteen minutes. The skin began to grow warm after the third dose, the pulse somewhat fuller and soft, and the oppression in breathing abated. The frequent repetitions, therefore, were now omitted, and a dose given only every hour. At 3½ o'clock the oppression and whistling respiration had ceased. The child could speak and swallow, and stated that a severe pressure during the attack had been felt over the whole chest, and a constricting pain in the larynx, having been unable to catch breath. A copious perspiration broke out now, with an occasional cough, of a croup-tone. Aconite to be continued every hour.

Jan. 10. — At 9, A.M. I found the child in a violent fever. There was occasionally a scraping cough, with a scratching sensation in the larynx; respiration considerably free. At noon the child was seized with a genuine croup-attack, in which the oppression did not attain the height of the previous night. As it was not very violent, less sawing than rattling of mucus to be heard, I gave Calc. sulph. 2, gr. j., by which the attack was soon removed, and ordered it to be continued now with Aconite and Hepar every hour in alternation. In the evening there was an exacerbation of fever; and the cough, although not frequent, had still a croup-tone.

Jan. 11. — Considerable fever at night; not much rest; occasionally scraping, dry cough. General mild perspiration in the morning; fever less than it was the day previous. In the morning and evening, a genuine croup-attack again

occurred, with considerable rattling of mucus, but without expectoration. Increased fever in the evening.

Jan. 12. — Copious perspiration during the night, with great restlessness; nevertheless, sleep of several hours towards morning. In the morning a remission of the fever again happened. In the place of the croupous cough, however, appeared an incessant, short, dry cough, with scratching in the throat, for which Aconite 2, and Bryonia 2, were administered every hour in alternation. The frequency of the cough had by evening very much abated, neither did the fever again exacerbate.

Jan. 13. — The night was quiet; considerable sleep; copious perspiration; no fever. The cough had become, towards morning, loose; being, consequently, a simple catarrh: henceforth only Bryonia 2, gtt. j. every three hours was given.

Jan. 14. — The loose cough even was now of rare occurrence; fever had entirely left; Bryonia was continued, and the patient to-day left her bed.

On the 16th, that is, the eighth day of the sickness, all traces of it were gone.

This girl had, since that time, been seized twice with similar attacks, each attaining the same height, which could only be removed by Aconite. They so far, however, differed from the former, that no real croup-attack succeeded, but only violent fever; and, in the beginning, a hollow, dry, and later, a loose cough. It is to be observed, that since the first attack, in moist windy weather, a peculiar hollow and dry (less croupous than bronchitic) sounding cough had appeared, preceding likewise the later attacks. Aconite, Hepar, Mercur. were given without effect against this cough; but, since the administration of Spongia, the disease had not recurred, and the recurrence of the cough became less frequent.

ASTHMA MILLARI ACUTUM.

BY DR. KAFKA, OF PRAGUE.

A GIRL, three years of age, light-colored hair, scrofulous disposition, was taken with a barking cough on the 15th of November, 1847, at 3, A.M. I was sent for in the

morning, and found the child in such a comfortable state that I could discover no decided disease after the most accurate examination. Hilarity, playfulness, total absence of fever, good appetite; neither affection of the throat, hoarseness, diarrhœa, cough, nor any painful sensation, existed. Under such circumstances I apprehended an incipient, light, laryngeal catarrh, and prescribed a few doses of Hepar sulph. calc.; every four hours a powder, with the request that the child should be closely observed; kept in bed; and quite mild, not stimulating, food given. On the succeeding day, I was informed by the mother that the child was again seized with an attack of barking cough, after 2, A.M., which continued till towards morning. At the examination, which I undertook with the utmost minuteness, I could not find the least objective laryngeal symptom partaking of a croup or laryngeal catarrhal character. I made, therefore, no change in my prescription from yesterday. In the night from the 16th to 17th, another attack took place before 2 o'clock, A.M. with barking cough and considerable dyspnœa, which frightened the parents, who feared that the child would suffocate. In the forenoon of the 17th, I could not, with the exception of an increased cutaneous activity, yet discover an objective laryngeal symptom. I therefore diagnosed asthma Millari, and directed the parents to send for me at the outbreak of the attack in the night. This happened towards one o'clock, A.M., and at two o'clock I found the child in the following state: It could not rest a moment, but wanted to go to the mother, then to the father, then to the nurse, striking about with its hands; the greatest anguish expressed in the bluish, bloated face; cheeks and forehead covered with cold perspiration; the eyes as if being forced out of their sockets, rolling wildly around; lips blue; mouth wide open; tongue clean; no thirst; cough dry and barking, as in croup, recurring every two or three minutes; respiration gasping, sawing, very laborious, and highly accelerated, as in the most violent laryngostenosis; bloated neck, swollen carotids, with violent pulsation; the larynx violently drawn in at every inspiration towards the root of the tongue; the sternum and epigastrium as in the highest stage of croup. Percussion showed no abnormity; auscultation was impossible; the extremities were cold, and covered with a cold perspiration; pulse contracted, countless. The child was lively all

day, having had neither cough nor hoarseness, and slept quite comfortably in the first half of the night up to the commencement of the attack, which began with a barking dry cough, speedily succeeded by dyspnœa. *The orthopnœa with all the symptoms stated, its concomitant cough, without any objective laryngeal symptoms, finally the periodical appearance of the attacks with perfectly free intervals*, confirmed the diagnosis of asthma Millari, already apprehended the day previous; and I administered, under these circumstances, Ipecac. 3, 12 drops in half a pint of water, every fifteen minutes a teaspoonful. At 3 o'clock the cyanosis, with the coldness of the extremities, were already removed; and the orthopnœa was considerably mitigated. Only a moderate dyspnœa, accompanied by the dry, barking cough, now recurring every ten or fifteen minutes, continued until towards five A.M., when a copious diaphoresis set in, and with this the total disappearance of all morbid symptoms, a quiet and refreshing sleep being induced. During the day, which passed off quite well, I continued Ipecac. every two hours, and no attack recurred the succeeding night. After three days' continued administration of Ipecac. I could declare the child cured.

This case of asthma Millari, related exactly as it took place, is the only one which occurred in my practice of fifteen years. This disease is easily confounded with croup, as the symptoms, during the attacks, resemble very much each other. The principal point in aid of the diagnosis is *the total absence of laryngeal symptoms during the intervals*, which in genuine croup, at the time of remission, never are nor can be absent, as they depend on the existence of the plastic exudation in the larynx. The periodicity of the asthma Millari attacks is of minor importance to the diagnosis, as many croup-cases exhibit such strong remissions and violent exacerbations that the latter might just as well be called attacks. However, let the remissions be ever so strong, certain laryngeal symptoms, *as bronchial respiration, a certain degree of hoarseness, and the peculiar croup-cough*, even if existing only in a slight degree, cannot be overlooked by the acute observer. Many consider asthma Millari as identical with spasmodic croup, which opinion is wholly incorrect. Asthma Millari is a disease *sui generis*, and so is croup. Asthma Millari is produced by spasm of the glottis; croup by a deposition of plastic exudation in

the larynx. The adoption of a special variety of croup under the name of spasmodic croup, is neither practically nor theoretically correct, as *every croup, when arriving at a considerable height, is, in consequence of the excessive irritation of the respiratory apparatus, conjoined with spasm of the glottis.* This, however, does not demonstrate the nature of croup; for it is evidenced only by the plastic exudation that exists in the larynx. Genuine croup can never, for this reason, be cured with an anti-spasmodic remedy *alone*, as is the case with asthma Millari; but one or more remedies will be needed which have particular specific relations to the absorption of the plastic exudation in the larynx.

ACUTE RHEUMATISM.*

Rheumatism has gained nothing from modern researches. Its nature is unknown to us as entirely as it was to our predecessors, and even its diagnosis is none the less obscure. As formerly, so in our day, *every pain in the joints or muscles*, for whose existence we know no satisfactory cause, is called *Rheumatism*, and thus many diseases are included under this term which have no resemblance in character, hardly the most distant similarity, and which even are occasionally in complete contradistinction to each other. In short, there is at present no other diagnosis made, excepting a *mere nominal* one. The correctness of this remark is not affected by the fact that several forms of rheumatism are distinguished by *Rheumatismus febrilis, R. cordis, R. extremitatum, R. gonorrhicus;* and, as the signs of distinction for these divisions are not taken from the manner of seizure, but only from the concomitant symptoms, the seat, the supposed occasional causes, and the morbid process itself, are consequently in this way not more clearly specified.

During the year 1850, we treated sixty-nine cases of rheumatism, viz. twenty males and forty-nine females.

The smaller number of male patients is to be attributed to the less frequent resort of that sex to our institution.

* From the "Homœopathic Clinical Studies," by Drs. F. Wurmb and H. Caspar; the former first, and the latter assistant, physician of the public Homœopathic Hospital at Vienna. Vienna, 1852; trans. by J. B.

From the following table it is evident that rheumatism is a disease of the prime of life, and occurs less frequently the nearer its termination approaches.

We had under treatment—

24	patients	from the	10th	to the	20th	years	of age.
35	„	„	20th	„	30th	„	„
7	„	„	30th	„	40th	„	„
3	„	„	40th	„	50th	„	„
Total 69							

As youth establishes the predisposition to rheumatism, so have we seen, in the great majority of cases, robust, well-conditioned, otherwise healthy individuals afflicted with it. This observation we made especially with the more violent forms of acute rheumatism of the joints.

In reference to the occasional cause, we could trace it, in rheumatism of the muscles, almost always to a previous cold. In acute rheumatism of the joints, however, we never succeeded in discovering the occasional cause. All search for it was in vain, or the alleged one was unsatisfactory. We believe that the occasional cause, which brings forth acute rheumatism of the joints, is as little known as the occasional cause which produces, for instance, Typhus, Pneumonia, &c.; and as in those diseases, so in rheumatism of the joints, we can give no reason why it occurs sometimes very frequently, and at other times not at all. — There are already a great many allopathists who abstain from all medication in rheumatism; thus showing that they expect nothing from the remedies which their predecessors have occasionally so highly recommended, and even pronounced specifics. The so-called rational medicine, however, has, in regard to rheumatism, advanced no further than the administration of a palliative, that is, by large doses of opium to produce sleep and forgetfulness of pain. This lamentable state of the allopathic therapeia, in reference to a disease which is as old as humanity itself and daily occurring, is not strange to us in the least; as allopathy is without a *guiding principle*, and as its advocates cannot yet comprehend that every case in question must be considered and treated as an *individuality*.

Unfortunately, homœopathists have also little reason to be contented with their *present therapeia* of rheumatism; it being in no gratifying state. We will by no means deny

that many of our colleagues have performed very satisfactory cures: nevertheless we believe our assertion to be correct, that so far nothing has been done for the therapeia of rheumatism, generally speaking; that the homœopathist, in contradistinction to their opponents in principle, have yet the disadvantage *not even to know this truth.* How could it be otherwise explained, that we, after our system of cure has existed for more than fifty years, should be the first to direct attention to it?

Whoever reflects upon the difficulties through which homœopathy has had to fight its way and develop itself, will comprehend why the question, on the answer of which once depended the fate of Hahnemann's doctrine, has now lost its former importance. Our predecessors were naturally obliged, in order to establish confidence in their system, to prove, above all things, *that homœopathy was able to achieve more than allopathy.* That they succeeded in this is a fact; but it cannot be denied, notwithstanding, that they attributed to their remedies many cures which nature alone performed. We have at present quite a different and much more difficult question to answer, that is, *What relation has homœopathy to the methodus expectativa, or what does nature and what can art achieve?* This question has only now become ready for discussion, since skepticism leads to the negation of all therapeutics, and to the employment of dietetical treatment. It is much *more important,* as it is, properly speaking, the *life-question* of homœopathy; and it is therefore certain, that on its account another contest is approaching, which will, according to all indications, terminate fully as favorable for us as the one with allopathy: for which, however, we must nevertheless be prepared, and for this purpose must avoid every thing that, through our own fault, has until this time so much retarded the progress of our mode of cure. The chief obstruction is from *our excessive adoration of the system and our self-love.* To satisfy the one or the other, we not unfrequently have remained silent, when our success was not such as we would have wished; and, on the other hand, we sounded sometimes the trumpet when we succeeded. No one, however, has, until now, undertaken to publish the "*total result*" of his medical practice. The homœopathic literature is consequently crowded with numberless successful cures, whereby many of our colleagues become inoculated with a belief in the *infallibility and perfection* of our system.

2. *The frequent change of remedies.* This practice is, properly speaking, nothing else than a successive mixing up; indicating an uncertainty in the diagnosis of the disease or the remedy, ignorance of the cause of the disease, &c. We consider it useless to discuss this point any further.

3. The frequently occurring *neglect*, with regret be it said, *of the diagnosis.* We have repeatedly mentioned already, that a rational therapeia is impossible without an accurate diagnosis, that is, without a diagnosis based on an acquaintance with the entire anatomical and functional condition; and we have only to remark, that by its neglect so many diseases were classed as rheumatisms which deserved quite a different place in nosology: for instance, inflammations of the joints, neuralgies, dyscrasies, commencing with pains in the joints, as scorbutus, morbus Brighthii, &c., were regarded and treated as rheumatisms; the consequence of which was, as error always extends, that many remedies were honored as anti-rheumatic, which neither are nor can be such.

We have called the present state of the therapeia of rheumatism any thing but gratifying; yet we did not mean to say that it would remain so; nor do we think it will injure, but, on the contrary, advance the interest of homœopathy, by attempting to prove what we have asserted by the following statement, as only the knowledge of our defects leads to their removal; and the well-known "*noscete ipsum*" must also be our motto.

Of sixty-nine cases of rheumatism treated by us during this year, twenty-two were rheumatism of the muscles, and forty-seven of the joints.

The muscle-rheumatism is not a serious disease, whether of shorter or longer duration; and it is always a very difficult question to decide, if, in a given case, art or nature has performed the cure. Several instances occurred to us, the course of which, from their commencement to their total disappearance, included four, six, or eight days. On the other hand, however, we have seen others which continued eighteen, twenty-two, and even thirty days. Though rheumatism terminating within four to eight days may be of rarer occurrence with the methodus expectativa, we nevertheless do not believe ourself justified in attributing the cases under our observation, terminating in so short a time, to our medical art; as, by dividing the total amount

of all the days by the total amount of the rheumatic cases treated by us, the number nine will be given, just the division number which will be the result in the pure methodus expectativa.

It is also the same with rheumatisms of the joints. The duration of the cases treated by us varied exceedingly. Some rheumatisms of the joints, from their commencement to their total disappearance, terminated within eight to eleven days; while others lasted fourteen, twenty, thirty, forty, fifty, sixty, and even seventy days. The number of instances, whose course did not exceed twenty days, was only seven; all the rest of the cases consumed over twenty days, more or less. By dividing the total amount of the days by the total amount of the cases, we gain, as a mean number, the duration of thirty days. We have consequently, in common with the expectant method, the eight-day duration as an exception; the eight to twenty days as of rare, the twenty to thirty days as of common occurrence; the thirty to fifty days again as of rare occurrence, and the fifty to seventy days' duration again as an exception.

As much as rheumatism of the muscles and the joints may differ, they yet agree perfectly in reference to their seat. In both, doubtless, are the fibrous tissues, that is, the fibrous and their relative sero-fibrous and serous membranes affected; in both, therefore, only such remedies will be indicated as stand in *direct relation to the fibrous membranes.* The direct impression upon the fibrous tissues is consequently *the first and indispensable condition* which a remedy has to fulfil to be applicable in rheumatic affections.

A rheumatism of the muscles offers no other indication with regard to the choice of remedies than the *affection of the fibrous tissues* and the *local pains*, unless the circumstance, that the total organism takes no part whatever in it, justifies the view that certain remedies are more or less appropriate.

In rheumatism of the joints, there are more prominent indications for the suitable selection of remedies; the principal of which are, — symptoms depending on the *affection of the joints; the participation of the circulation of the blood*, that is, the more or less violent and peculiarly formed fever, and the objectively-proven *hyperinotic crasis*, the *share of the nervous system*, showing itself especially by the almost continual and excessive hilarity; and lastly the *partaking of*

the process of secretion. Certain secretions are increased, as, for instance, the perspiration; others, however, as the urinary and alvine excretions, are diminished; but all secretions assume an acid character, especially the urine, which contains a great deal of uric acid.

The more completely a remedy covers these main symptoms, the more is to be expected from it in rheumatism of the joints, and the easier is its selection. It is, we regret to acknowledge, for the present, with many remedies impossible to decide whether they will answer those expectations or not; and as the object which was not achieved one day may be so the next, we must strive at least to come nearer to it, if we want to keep pace with the science, and to gain a rational therapeia of the rheumatism of the joints. Our provings of remedies so far are too incomplete, and in general not made for the purpose of accomplishing this object alone. Of late, however, the diagnostical school aims to substitute what is needed, so that more completeness may be hereafter expected. While we note with the greatest accuracy the *subjective sensations*, the diagnostical school notes with no less conscientiousness the *objective symptoms*, and looks out for the changes in the organic chemism. While we administer our medicinal doses so minutely that they only cause a *change of vitality* perceptible to the feeling, it gives its doses in *such quantities* that *alterations in the secretions*, and symptoms indicating *textural derangements*, make their appearance. Let our apparent opponents, therefore, quietly proceed. Let us adopt from them whatever is useful; let us even do more, and prove, with renewed ardor, our remedies in the way hitherto adopted, and with all the aids which the science *now* offers; then we shall certainly accomplish our object *in accordance with our principle*, because this path not only leads to truth, but must also lead to its acknowledgment; and, in consequence, the period will arrive soon when the present controversy of the schools will be as little comprehended as we now comprehend the one which was once carried on in relation to the circulation of the blood.

In rheumatism of the muscles, we have given, in the course of this year, Aconite, Bryonia, Pulsatilla, Nux, Ignatia, Mezereum, and Colocynth. For rheumatism of the joints, we administered, with the exceptions of Nux and Ignatia, the same remedies, and in addition, Rhododendron,

Ledum, Ruta, Colchicum, Staphysagria, China, Mangan., Causticum, Sulphur, Merc. sol., Spigelia, Euphrasia, and Lachesis.

CARDIAC DISEASE, ORIGINATING IN RHEUMATISM OF THE HEART,

Unpreceded and unaccompanied by Rheumatic Fever.

BY DR. ACWORTH.

EVERY one who practises physic knows how often organic disease of the heart is the consequence of rheumatism or rheumatic fever; but I think the profession is not generally aware how very often such disease would seem to be of rheumatic origin in patients who have never had rheumatic fever, or suffered from rheumatism in any of their joints. From several cases that have come before me, I am led to believe that disease of the heart is a frequent consequence of an acute rheumatism that expends itself entirely on that organ, without showing itself on the joint *primarily*, or giving rise to what is called rheumatic fever. Just as there are cases of rheumatic fever in which the joints are alone attacked and the heart may not at all participate, so, I believe, there are other cases in which, so to speak, the whole virus of the disease concentrates itself upon the heart alone, and leaves the joints altogether unaffected. It is, I think, very generally supposed that rheumatic fever precedes or accompanies the development of endo-cardial and peri-cardial inflammation, when that inflammation is rheumatic in its character; whereas I believe that such inflammation may occur not only as a *primary* disease in which the joints are affected *secondarily*, but that very often it occurs as such without the joints being touched at all. In other words, I am disposed to believe that acute inflammation of the textures of the heart is, except when rheumatic, of rare occurrence, and that *rheumatic* inflammation is more frequent than is supposed, being often only unrecognized as such, because unaccompanied by affection of the joints, or unpreceded by rheumatic fever. I am not aware that any writer has made this point as clear as it appears to me. It has been

shown how often disease of the heart is a consequence or concomitant of rheumatic fever; but it has not been shown, as far as I am aware, how often the heart is the sole seat of rheumatism, — how often it is invaded by rheumatic inflammation without the joints participating therein. This is my reason for bringing the subject before the notice of the medical profession, though I am sorry to say that the cases I have recorded are far too few to generalize from, or to serve for its illustration. My principal object in the present paper is to call the attention of my brethren to the subject; reserving to myself, at some future time, the task of doing it more justice than at present. Meanwhile, perhaps the following cases, preserved out of several that are unrecorded, may put my views in a clearer light.

E. J., the son of a butcher, a boy of about three years of age, was brought to me, the beginning of last year, suffering, I might say, from general anasarca. Face, arms, legs, abdomen, in short the whole of the cellular texture, was invaded by dropsy evidently depending on organic disease of the heart. Of this there could be no doubt. The very tumultuous action of the heart, the dulness on percussion in the cardiac region far beyond the natural extent, and the strongly developed bruit de soufflet, rendered the diagnosis of the case quite clear. On questioning the mother as to the history of the case, I found it to be this: — The little fellow had been seized at play with very sharp pain in the region of the heart, for which little was done beside keeping him in bed, no medical advice being considered necessary. There was not the slightest pain or swelling in any one of the joints. I catechized the mother very strictly as to this point, but always met with the same answer. I found, however, that a brother of the patient, and older than him by a couple of years, had suffered, very nearly at the same time, from a severe attack of rheumatic fever, which had confined him for more than a month to his bed; and that another brother, a little while previously, had suffered also in a similar way. Here, then, was a case, as it seemed to me, in which acute rheumatism had fixed upon the heart, expending all its energy thereon, without invading any of the joints. In a family of strongly marked rheumatic constitution, the essential elements, so to speak, of rheumatism which, in two of its members, had found in the joints "a local habitation and a name," had, in the other,

made their seat solely in the heart, and never strayed beyond its precincts in the form and with the character of rheumatic fever. Would other cases confirm this view? It was suggested to my mind by some that I had seen, of which unfortunately I had never taken notes; but curiously enough I was led to take notes of the case that I have just narrated from its close resemblance, in nearly all its features, to one that I had seen but a little while before.

A boy was brought to me, about nine years old, suffering from severe disease of the heart, but who had never had rheumatic fever, or pain or swelling in any of his joints. The history of the case was precisely similar to that of the one that I have mentioned. He had been seized with very sharp pain in the left side, — was quite unable to get about for days, and had afterwards more or less difficulty in walking, — all of which symptoms were disregarded, till at last, at the end of three or four months, dyspnœa, palpitation, and anasarca induced the mother to seek my aid. From her report I learned that *he* had never had rheumatic fever, but that a younger brother had had it most severely. This case I never saw but once; but it made a strong impression on my mind, which was still more strengthened by the one that came immediately after, and which I also saw but once. Both patients died soon after I saw them, having been ill but a few months.

Emma H., seven years and a half old, complains of pain in the region of the heart, which she has had more or less for the last six months, so severe at times as to rob her of sleep, and prevent her getting about. On examining the chest, the heart is found to beat most violently, a strongly marked bruit de soufflet is heard accompanying the second sound, and there is dulness on percussion in the cardiac region over a much larger space than natural. In addition to the heart-disease, and perhaps connected with it, she has very decided symptoms of chorea, and moreover seems suffering from ascarides besides. The history of her case is this: Six months ago she was seized, while walking, with such sharp pain in the left side as obliged her at once to return home, where she was laid up for several days. From that time up to the present day, the pain has been more or less severe, and her sleep and appetite have gradually failed, till now her general health is much impaired. About six weeks before I saw her, or four months

after she was first attacked, pain and swelling of the joints came on, which confined her to bed for above a week. Both upper and lower extremities were attacked. Now that here was a case of cardiac disease originating in acute rheumatism of the heart, would seem almost to be placed beyond a doubt by the subsequent affection of the joints. Dr. Watson, speaking of rheumatic carditis in connection with articular rheumatism, says: "It is a curious circumstance that rheumatic carditis is sometimes the first step in the whole disease: the cardiac symptoms, I mean, precede those of the joints, even by two or three days." And then he gives an example. But here was a case where the cardiac symptoms preceded the articular by at least four months, and might well make one think that rheumatic carditis may exist without *any* affection of the joints. I gave Spigelia with the most marked effect in this case. The pain was instantly and thoroughly relieved, and the general health very much improved; but the chorea symptoms remained in statu quo, or at least did not show the same amendment as the others. Upon what do these depend — the cardiac disease? This case is one that I am treating still, and it is one that I shall watch with interest.

The Rev. T. A. S., æt. 50, is under my care, at the present time, for dropsy depending on disease of the heart, for which he consulted me nine years ago. At that time, all that he complained of to me were slight dull pains in the neighborhood of the heart, and "little convulsive struggles in the throat on first falling asleep at night." On examining into the state of the heart, it was found to beat with hypertrophic violence; there was dulness on percussion in the cardiac region to a more than normal extent, and a decided bruit de soufflet was heard accompanying the second sound. Up to within the last six months, he has not suffered much from this state of his disease; but recently, owing to fresh cause of aggravation, œdema of the lower extremities came on, that has now invaded the abdomen.

In this case, though I never was furnished with a history that satisfied me quite of its *acute* origin, there is reason, I think, to presume it was *rheumatic;* for, though the patient never suffered from rheumatic fever, two of his family are completely crippled by it, and have nearly lost their eyesight from rheumatic inflammation. I would observe further, in reference to this case, a remark I only make *en*

passant, that, though the disease is of the gravest kind (the right side of the heart being invaded by it now as well as the left), I have obtained results from the two hundreth attenuation of Arsenicum and Digitalis, which I could not obtain from the thirtieth or the third. The dropsy that would not yield to the third has very much lessened under the two hundredth.

So much for the cases I have taken notes of. I am well aware that they are insufficient to establish the views I have brought forward; but, as I said before, there are others I have seen of which I have never taken any notes. In fine, if any one will turn his attention to the subject, I think he will not fail to come to my conclusion, that rheumatic carditis is not uncommon, independent of any affection of the joints; that its attack is not unfrequently insidious, giving rise to much less suffering at its outset than the amount of mischief would lead one to expect; that on this account, and from being unlooked for except in connection with rheumatic fever, it may have escaped notice as a primary disease; and that, when it *does* occur in rheumatic fever, this is not owing so much to metastasis, or transference of the disease from the joints to the heart, as to the elements of the disease being in the blood, and its seat the fibrous structure of the heart as much as that of the joints themselves.—*British Journal of Homœopathy, July.*

THE EMPLOYMENT OF THE ANAMNESIS FOR THE SELECTION OF REMEDIES.

BY DR. BOLLE, OF PADERBORN.*

In reference to this subject, many contradictory views have already been expressed; some affirming, that, in the choice of a remedy, only the symptoms actually existing at the time must be considered: others, however, regard the *previously existing* symptoms as of essential influence in such a selection. The importance of the subject induces me to offer my own opinion, which is in conformity with the latter view. The anti-anamnestics base their view on the proposition of Hahnemann, that the *ensemble* of the

* From the Allgem. homœop. Zeitung, No. 19, 1852. Trans. by J. B.

symptoms is the principal and sole object that the physician ought to have in view, *in every case of disease*, to guide him in the choice of a suitable remedy. In reference to this I will remark,—

1. That the consideration of the anamnestic symptoms is, by this assertion, by no means absolutely excluded. An unconditional exclusion of the anamnesis in the choice of remedies Hahnemann could not mean; the less so, as his whole Psora-theory is properly nothing more than the selection of a remedy based on anamnesis.

2. I would ask, "Where does every case of disease begin?" If a healthy man is suddenly seized with an acute inflammation of the lungs, there is no doubt that the nausea preceding the chills, or the chills themselves, must have been the beginning of this "case of disease." If this lung-inflammation, however, has developed itself in a syphilitic, sycotic, or psoric system, is no notice to be taken of the syphilis, &c., in the choice of the remedy, because no syphilitic symptoms have *manifested* themselves in this "case of disease"? The *true* commencement of the disease is, under such circumstances, to be looked for in the syphilitic or psoric infection, and not in the beginning of the chills, as the latent psora, syphilis, or sycosis had already existed, when chills made their appearance in the pulmonary inflammation, though perhaps not to be recognized by perceptible symptoms. Supposing in such a case that the choice was pending between Bryonia and Mercury, would we not all decide for Mercury? and would this be any thing else than a choice according to anamnesis?

3. In case a partial disease, so called, poor in symptoms, comes under treatment, we frequently find from ten to twenty remedies claiming the right of choice. Which is now to be selected? Shall it be decided by lot, or by the alphabet? or shall we consider if the anamnesis may not perhaps afford a hint in the case in question for the choice of a remedy? Surely the latter. Supposing that some one complains in this manner,—"I have been daily troubled, for three months, with a constant, at times more severe, but never wholly absent, pressure in the stomach, which has neither been influenced by rest, motion, the time of the day, food, drinks, position, nor mental emotions. The patient complains of *nothing else*. What shall be given in this case? Bryon., Puls., Nux v., Acon., Cham., Chin.,

Bism., Antim. crud., Helleb., Cic., Ignat., Rhus, Valer., Veratr., Sabin., Sil., Bar., or Calc.? If now, on recurring to the anamnesis, it is found that the patient had ten years before been afflicted for a long time, every morning after taking coffee, with a violent abdominal colic, with protrusion and incarceration of a hernia (cured ten years since), including a pain down the inner side of the limb, and sour eructations; and that he has been speedily freed from this evil, according to the statement of his (homœopathic) physician, by Nux vom., I am convinced that even the firmest anti-anamnestic would administer, *first* of all, Nux vom. for the then-existing pressure in the stomach. And is this any thing else than an anamnestic choice of a remedy?

4. In epidemic and endemic diseases, we are frequently compelled to select the remedy according to the anamnesis of a *third* influence, or, what means the same, according to the general image of the epidemy or endemy, though the *given* case exhibits but a slight peculiarity. For example, in a true scarlatina-epidemic, where Bellad. has proved to be the only efficacious remedy, being best adapted to the general image of the disease, an instance should occur, where a child, independent of a general uncomfortable sensation, and other very general insignificant ailings, was only afflicted with œdema of the skin,—what anti-anamnestic in this case would commence the cure with Ars., Sulph., Scill., China, Ant. crud., Rhus, Bryon., Bell., and not administer Belladonna forthwith? Again an anamnestic choice.

5. There are many (occasional) causes of disease which impress upon the whole succeeding development of the disease a very decided character. This decided character may be effaced, however, in time, so that the peculiarity of the occasional cause is by no symptom made more evident. Should the disease experience a metastasis or a metaschematism, then will this peculiarity be the more thoroughly obliterated. It is clear, however, that, in the course of time, the greatly altered disease may still retain the character of the occasional cause, though it has not for years more decidedly manifested itself. Should it happen now, that among the proper remedies was the one adapted to the occasional cause or to the *already obliterated previous* image of the disease, it would be certainly undeniable that

just *this* remedy was deserving of preference. There are cases where the remedy corresponding to the occasional cause, and the long-effaced previous image of the disease, deserves the preference, even when *other* remedies are more appropriate to the *existing image.* An example in my practice may explain this: —

A stout, muscular laborer, fifty years of age, came to see me, and showed me his right foot, on the external edge of the sole of which, under the healthy skin, was a hard swelling, firmly and immovably attached to the metatarsal bone of the small toe, of the size of half a large walnut. The man was very lame, walking on the toes, as the swelling was very painful when coming in contact with the ground. He observed it first seven years ago, when but small, and it had increased in two years to its present size. For five years no change whatever had taken place. This was "*the ensemble of all perceptible symptoms.*" I ask now if the best diagnostician can tell which was the appropriate remedy here, without any "*ifs*" or "*buts*"? Was it Merc., Asaf., Sil., Acid phosph., Calc., Sulph., Acid. nitr., Staph., Puls., Thuja., Ruta, or Lycop.? I do not consider it presumptuous to assert, that my readers cannot answer this question. I was entirely at fault. Recourse was had, therefore, to the anamnesis, and I questioned the patient as follows: "Have you ever been afflicted with other diseases?" "No, I have always been quite healthy: I have had only the small-pox. This was, however, a great while ago; and then I had in former years occasionally erysipelas of the head, which always seized me, after having been thoroughly soaked by rain while at work. But this was all a long time ago." He stated, besides, that he was once, seven or eight years ago, during a journey on foot, thoroughly wet. A storm of rain and snow blew upon his right side, and, though he had been wet to the skin, he became dry again on his march; had not then been seized with erysipelas, but only with a stiffness in the back, very painful on stooping and sitting down. He could not undertake *hard* labor for many weeks, as it increased his back-ache so much, that "the pain went from the back to the hip, down the limb to the foot." The pains were the most violent when he had to take up any thing from the ground; in bed at night, and also in the cold. This painful stiffness went gradually lower down, at

first to the hips; from the thigh down the lower limb, and finally to the foot, when back and hips became free again. In the foot the pain remained the longest. Hardly, however, had the pain left the foot when the swelling appeared *just at the place* where the pains in the foot were the most violent and constant. I ask now, once more, — which is the remedy for this case? None of those mentioned are well adapted to the occasional cause. Now, that the rheumatism, caused by the *wet*, went from the back to the hips, through the limb to the foot, and here produced the hard swelling of the periosteum; that the peculiar character of the occasional cause still rests in the nodus, and that the wet stands to the nodus (notwithstanding the *total obliteration* of the original image) as cause to effect, will certainly be clear to every one. As clearly will every one now see the proper remedy in Rhus tox. This remedy, therefore, had an excellent effect. I gave Rhus 2, in pellets, three evenings in succession; and, after six days, the sensitiveness of the nodus was already so much reduced, that the patient could boldly step upon the entire sole of the foot, without walking lame. After four such doses, given in intermissions of three weeks, the pain had not only *totally* disappeared, but the former very perceptible round swelling had so far diminished that it required a minute examination with the finger to discover a small trace of a swelling, quite deeply seated, where the nodus used to be. Without the employment of the anamnesis, this man might to-day have limped about with his swelling.

In all the cases stated, the employment of the anamnesis in the choice of remedies is not only justified, but scientifically required. I have no doubt that many of my readers might enlarge the list; and I have written these lines partly for the purpose of inducing further communications on the subject.

EXTRACTS FROM THE REPORT OF THE POLICLINIK OF LEIPZIG, BY DR. C. MULLER, FOR THE YEAR 1851.

The best effect in tuberculosis of the lungs was seen from Bryonia, Merc. sol., Stannum, and Ferrum; while Kali carb., Lycopod., Phosphor., were very inefficient.

The principal remedy in Emphysema is Ipecac. Senega is occasionally of service when the thorax is too small, with inclination to deep breathing; Sepia and Sulphur during night-aggravations, on suddenly awaking with asthma.

Hooping-cough disappeared in from three to four weeks, from the occasional administration of Bellad. Ipecac. was successfully given in Pertussis with blueness of the face, bleeding of the nose; Mezereum in night exacerbations; Veratrum in frequent vomiting, pale face, cold perspiration, with uneasiness before the attack.

The eight cases of Pneumonia were cured in seven days by Aconite, Bryon., Tart. emet. Ferrum proved more efficient in Chlorosis, after Natr. mur., or Calc. or Puls., according to the symptoms.

Veratrum and Spigelia afforded relief in cardiac diseases. Natr. mur. removed the irregular and intermittent pulsation of the heart for four to six weeks. Prunus spinosus (1 dil. dec.) cured three times a patient sixty-five years of age, with œdema pedis and anasarca.

In intermittent fevers, Ipecac., Arsen., and China were efficient; one dose of Sabadilla cured a tertian fever of several months' standing, with chilliness, want of thirst, bulimy, alternating with an aversion for eating.

In the torpid form of Ophthalmia scrophulosa, Hepar. sulph. is of great service. Merc. corros. is adapted to the erethic form, with strong and itching secretion, soreness and eruption under the eyes. Rhus, in very chronic cases, with Sulphur and Calcar.

In tumors of the glands of the neck, abscesses, fistulas, Sulph. calc., Baryt.; and, when sensitive, Puls., Merc. sol.

The *internal* treatment of *itch* was unsatisfactory. Psoriasis was cured by Rhus after Sulph. In *ulcers of the feet*, the main remedy was Merc. sol. (Sulph. and Arsen. relieved the itching and burning). Also in carious ulcers and panaritium. Hepar. sulph. in milder cases; Silicia, with affection of the bones.

The first stage of Gonorrhœa was frequently removed soon, according to circumstances, by Cannab. or Merc. sol. In the second were given Copaiva, Canth., Cochlear. Chronic Gonorrhœa, — Sulphur, one or two doses, succeeded by Merc. sol. With swelling of the testes, and periodical pains in the glans; Clematis.

Primary syphilitic ulcers generally needed only Merc. sol.,

one to two trit., eventually Merc. præc. rub. or Cinnabaris, when neglected, or abused by external remedies. In condyloma, Thuja was found better than Acid. nitr. Dr. M. saw, in his private practice, a good effect from T. Euphras., externally in broad condylomata in ano, where Thuja, Acid. nitr., and Cinnab. were inefficient. The burning disappeared instantly; cure obtained in fourteen days.

The *constitutional syphilis* was more obstinate, and required, according to circumstances, Merc. bijod. or corros., Iod., Acid. nitr., Mezereum, Mur. ac., Hepar sulph., Laches., Aur., Graphit, Thuja, Staphysagria, Sulphur.

The number of patients treated during the year were twelve hundred and eighty-four, only five of whom had died; and the death of these was foreseen and unavoidable.

In the September number of the Cincinnati Magazine for Hom. and Hydr., Dr. H. P. Gatchell recommends "Zeptandra virginica" (Veronica virg. L. ed.) against typhoid dysentery, such as appears in the fall after a cholera season. It is also an admirable remedy in some forms of watery chronic diarrhœa, attended with much debility.

Guaco is, in America, an unsurpassed and infallible remedy for the taming of the most poisonous serpents, and the best antidote against their bite. The leaves are to be rubbed between two stones, infused in water, and two small teaspoonsful of it to be taken. The extract is besides inoculated by incisions on the hands and feet, and by puncture of the chest. Even the chewing of the leaves has proved to be a preservative. It is believed that the habit of the serpent-eating Gavilon, a species of vulture, to eat, previously, Guaco leaves, has led to this remedy.—*Zeitschr. für homœop. Klinik.* I. ii.

STRAY NOTES.

BY AN OLD PRACTITIONER.

THE TERMS HOMŒOPATHY AND ALLOPATHY.

It is a very common complaint among those who have been converted to homœopathy after practising allopathy for a long time, that Hahnemann should have marked his doctrine by a separate, strange-sounding name. They

assert, that by thus indirectly cutting off his followers from their former professional habits, and generally from their professional friends and associates, and stigmatizing them in reality as a medical sect, he has seriously impeded the progress and open profession of his system among medical men of the ordinary school, and unnecessarily increased the difficulties with which those who wish to join his standard have to contend with on all sides.

Yet there is scarcely a point of his doctrine itself upon which he insisted, particularly in his latter years, so forcibly and so pertinaciously as upon the necessity of designating his system by a separate name. With his intuitive knowledge of human nature, and taught, besides, by bitter experience, he clearly foresaw that had he not severed his system, *toto cælo*, from the old school, even by a new and odd-sounding term, ere long there would have sprung up all sorts of fanciful, arbitrary, mischievous, hybrid alliances between the two, which would have led to endless confusion, and the gradual destruction and absorption of his doctrine; that everybody, in fact, would have had an opportunity of fashioning his own cloak to hide, shelter, and disguise his ignorance, laziness, and presumption; and that the worst description of easy latitudinarianism would have usurped the place of close application, persevering industry, and all progress in the right direction.

Certainly, if one considers the extraordinary longing which a great number of converted allopaths, even now, evince to graft homœopathy upon allopathy, wherever they possibly can, — if one bears in mind the almost irresistible power of early impressions, preconceived ideas, and long-standing habits, — if one looks at the present state of homœopathic practice (at least what passes current under that name), one cannot sufficiently admire Hahnemann's sagacity and wisdom, even in this particular; and instead of blaming him for inventing a new name for his doctrine, and thereby establishing for ever a broad gulf between his system and allopathy, those who value his doctrine in its purity ought to feel exceedingly grateful. More than once have I talked to him on the subject, and he invariably declared that his object in calling his system HOMŒOPATHY was the one which has just been mentioned; that he did not attach much importance to the name itself, no more indeed than he attached to his individual view of the *modus*

operandi of homœopathic medicines and doses, and that any other name of a similar meaning might have been adopted. It is true, the name HOMŒOPATHY does not express much of the doctrine itself, and perhaps a term like *Homœotherapia*, which is, grammatically, equally correct, would have embraced the subject more fully and significantly; but as the term homœopathy is now universally adopted, and we all know, or at least ought to know, what it stands for, it would be folly to attempt to alter it. As it is, we have, at least, a distinct standard from which to start, and round which to rally, and which in no manner whatever interferes with true progress and improvement.

Even less felicitous than in adopting the name of homœopathy has Hahnemann been in calling the ordinary medical practice ALLOPATHY. Although medical men of that school frequently resort to the *alloion* in the treatment of diseases, yet this is far from being the leading feature of their proceedings: indeed, it would be difficult to say what is *the* leading or even *a* leading feature in their mode of treating disease; for, however scientific and philosophical allopathy *seems* to be in books and lecture-rooms, it sinks into the most variegated and unprincipled routine at the bedside of the patient. Allopaths have neither a law of nature to guide them, nor a well-defined broad principle, nor even generally-acknowledged rules for their proceedings; and it is this total absence of any principle of sufficient importance and universality which makes it difficult to designate the ordinary practice under a comprehensive term. The most significative term I could coin is VETULISM, from *vetula*, an old woman, — old woman's practice; the correctness of which term I hope to prove in the next number. — *Homœopathic Times.*

ACIDUM NITRICUM IN ANGINA GRANULOSA.

BY DR. W. ARNOLD, HEIDELBERG.

A LADY, thirty years old, having lived for several years in India (Pondicherry), and not having experienced any inconvenience from the climate there, and not even being materially affected by a long and tedious return, was seized with angina, during a stay of several weeks in London.

The remedies applied by an English physician produced no effect; and in Paris, to which place she went from London, it was proposed to her that the tonsils should be cut out, which was not done, however, on account of the shortness of her stay. The patient, residing here for some time, proposed to me to undertake the operation, in the belief that she could not be helped in any other way.

At a more minute examination, the following symptoms were ascertained, which daily became more troublesome: Burning pain in the throat, with a very tormenting sensation of dryness there, requiring frequent moistening, which gave relief, however, but for a very short time; a feeling, on swallowing, as if the morsel had to pass over a foreign body, with a cutting sensation, caused thereby; the voice affected, not gaining, but rather losing in distinctness by efforts at speaking; hoarse cough, with frequent hawking up of mucus. At the local examination we found the tonsils and the uvula to be the seat of the disease. The tonsils especially were considerably enlarged, and had a peculiar rough, granulous surface. The mucous membrane appeared on and above the enlargement, as if covered with mucous grains of the size of a mustard-seed. This seemed to indicate, at first sight, a considerable disorganization. Such an apprehension, however, was dismissed on closer examination. The color of the mucous membrane was not remarkably changed; being somewhat reddish on some places, and on others pale.

I could not discover a definite cause for this morbid state of the organs of the throat. Was it the consequence of the sudden atmospheric changes of temperature, or did it have any connection with the customary use of strong spices in India, also adopted by the patient? Respecting this, nothing further could be ascertained, as the evil began to be felt only after a residence of several days in London, progressing rapidly in England, and increasing more slowly while staying in France and Germany. In searching for the cause of this affliction, I suspected Merc. dulc., so frequently used in India; but found out, on further inquiry, that she never took any medicine prescribed by a physician during her abode in India, having used only some domestic remedies.

The success thus far attained in the treatment of such throat-affections was not of the kind to inspire much confi-

dence. From the origin of the disease, no indications could be laid down. There was, consequently, nothing left for me but to be guided in the choice of the remedy by the physiological symptoms. Through the law of similarity, I was led to Acidum nitricum. This acid, given three or four times a day, in five drops of the second decimal dilution, prepared with water, effected, after the first doses, an improvement, which made, after eight days, such progress as to induce me to discontinue medication. The improvement, however, after eight days more, not having advanced, the tonsils beginning rather to enlarge again, I directed the continuance of Acid. nitr. in the above-stated dose for eight days longer, which effected a perfect and permanent cure. Several months afterward, the lady was attacked with angina, attended with swelling of the glands in the neighborhood of the throat; an affection of frequent occurrence here at that time. Mercur., which I usually administered with very speedy benefit, had also in this patient a favorable effect, but did not perfect the cure; as an affection of the mucous membrane of the throat, similar to the former, only in a milder degree, took place. I now administered again, for six days, Acid. nitr. in the above-stated manner, with the best results, as the seemingly complete cure has continued now for more than three months.

SENECIO HIERACIFOLIUS

(COMMONLY CALLED "FIREWEED").

We were recently called upon to see a young lady, and requested to prescribe for occasional hæmorrhages per anum, occurring always after fatigue or mental emotion. The mother mentioned that she had an herb in the house, a little of which would always speedily stop the flux; but she wanted the complaint entirely removed. On examining the herb, we found it to be Senecio hieracif. We went after it, prepared from it a fresh essence, and administered one drop three times a day, in two obstinate cases of profuse hæmorrhoidal hæmorrhage, which we had in charge at the time, with such decided benefit that we feel bound to direct the attention of the profession to this remedy. We do not advocate the empirical use of remedies; but,

when any thing has gained a celebrity in the domestic practice for its specific relationship to certain diseases, we think it worthy of a closer examination; and for this reason we mention these facts, hoping that the medicine will receive a thorough proving. It would, even as a palliative in hæmorrhoids, be a valuable acquisition, as in this branch we are poor enough indeed in truly-efficacious remedies. The essence resembles very much, in color and odor, Conium macul. J. B.

EDITORIAL.

THE "Medical and Surgical Journal," Boston, in No. 8, has given rather a late notice of the revival of the "Quarterly." It finds it strange that there exists among homœopathists a diversity of opinion, though only in reference to some unessential, theoretical dogmas. It also believes the "Quarterly" to be leaning towards allopathy. We can only find the explanation of this notion in the generally prevailing erroneous idea of the allopathists, in reference to homœopathy. They imagine that we have nothing to do with the auxiliary medical sciences; and that, consequently, the attention to the cultivation of anatomy, physiology, pathology, &c., is anti-homœopathic. We can only say that we have never yet been made acquainted with the *unanimity* of the allopathic school, nor have we the least desire to return to its embraces; but, should we happen to come out as Allopathists in the true sense of the term, we shall be careful to give due notice of the same to all of those kind friends who may be interested in our movements.

For the great encouragement that we have received from our friends abroad, through favorable notices of this Journal, and kind wishes for its success, we beg leave to express here our heartfelt thanks. While a pretended disregard of the importance of more material support would be in us the grossest affectation, we yet feel already recompensed, and in the highest sense of that term, for our labors, which might otherwise have been quite burdensome, by the cheering welcome received from those who are battling in the same ranks against a long-established, wide-spread, and most dangerous error. That exertion in a cause like ours bears with it its own reward, is, to a great extent, true; but, without the enlivening music of sympathy and good-fellowship, all progress in life is but a sad, dreary march at best. In the outset of our present

career, we have met with much indulgent favor, which we hope, and shall endeavor, to retain and deserve. But that we may be misunderstood by none, it is perhaps necessary to repeat that we shall pursue the straight-forward course adopted by the old "Quarterly."

To CORRESPONDENTS. — It appears necessary for us, at this time, in consequence of certain misapprehensions in relation to the course of this Journal, to state explicitly that no communications whatever, other than such as are of an instructive and practically useful character, will find admission into its columns. It is our settled purpose to avoid, as much as possible, all controversy; to assail no one, unless previously attacked; to entertain no merely speculative views, — but to present to our readers such articles, and such only, from whatever part of the world they may originate, as will, in our judgment, best conduce to the advancement of rational homœopathy. We have had enough of theorizing; enough, and more than enough, of frivolous assumptions, crude opinions, advanced one day to be discarded the next; and verbose, inflated, self-laudatory notices, occupying room that should be devoted to reliable information, deduced from positive experience; and which may be made available and profitable in every-day clinical practice. Simple, unembellished relations of facts, not provoking doubt and discussion; pathological or therapeutical developments, clearly defined, expressed plainly, and without comment, are needed. We have full faith in the progressive character of our principles, and of their ultimate universal prevalence; but there is little reason for expecting very rapid advancement, while vague speculation, far-fetched inferences, a tendency to diverge in various directions, and a wild elevation of fancy, prevails, to the exclusion of sober, faithful, satisfactory demonstration.

An "Address," in pamphlet-form, from the Trustees of the "New York Homœopathic Dispensary Association" to the "Friends of Homœopathy" in that city, is now before us. It is an earnest appeal to the public for material aid in the establishment of a Hospital in New York, on the plan of those now existing in London. We sincerely hope that ample means for such a desirable purpose may be immediately advanced. The members of the "Board of Trustees" are gentlemen of the highest respectability, and the "Medical Officers of the Dispensary" are physicians of talent and influence. Under such able management, there can be no room for doubt that a vast amount of good would be effected, not only in services to the sick, but in the opportunity afforded for comparison with opposing practices, — openly submit-

ting, to the scrutiny of friends and foes, proof incontrovertible of our lofty position. The energy of our New York co-workers in the cause of truth merits hearty and substantial encouragement. For their sakes, we wish them "God speed;" for our own sake, also, we pray for their prosperity, — as the successful establishment of their object may stimulate us to a like experiment; and nothing but the publicity which hospital treatment will afford is now wanting here to confirm the wavering persuasion of many minds, ever distrustful, perhaps not without cause, of intelligence derived from private sources.

We have recently received and perused a concise and very able "Reply to a Report read by Worthington Hooker, M.D., before the Connecticut Medical Society, on the treatment to be pursued toward Physicians who become Homœopathic Practioners." Said reply was written by Dr. Vanderbrugh, of New York, and sets forth, in a full, clear light, the lamentably prejudiced and grossly unjust course which a body of *soi-disant* enlightened professional men see fit to take against those of their fellows who dare to think for themselves. Such an illiberal policy of a State Medical Society can conduce to no other or better end than to accelerate their own decline and fall. Small will be the regret, and but trifling the loss of the three gentlemen "notoriously in the practice of Homœopathy," in consequence of their exclusion from the companionship of those who have not yet emerged from darkness into light; who still pertinaciously allow themselves to become bewildered and lost in the beclouded paths of empiricism. The time is coming, and cannot be far distant, when the existence of exclusively allopathic associations will be one of the strangest wonders of a wondrous past.

Dr. Liedbeck, of Sweden, states that alumina 4, one drop daily for three weeks, succeeded in completely curing an habitual constipation of ten years' standing; calcarea 5, five drops thrice a day for six days, cured a headache in a young woman twenty years of age, which had been constantly present for four years. He also states that Vinum stibiatum proved almost infallible in the cure of small-pox.

Vaccine matter, the dry virus pustule, triturated with sugar of milk, is highly recommended by Lachmann as one of the best remedies for whooping-cough; he asserting that "the field of vaccine is the nervus vagus, and whooping-cough is nothing else than an affection of that nerve."—*Zeitschrift fuer Homœop. Klinick, No.* 6.

In the March number, 1852, of "Allgem. Homœop. Zeitung," Dr. Gross, of Jüterbok, remarks: — "It would be interesting to learn if such of our colleagues as are practitioners of midwifery have ever, in cases of prolapsus of the umbilical cord (with unlacerated membranes), succeeded in replacing it by homœopathic remedies. This must be considered a priori at least as possible, since the main cause of that abnormity arises from a deficiency of contraction of the lower part of the uterus."

PERIODICALS RECEIVED.

AMERICAN.

The North American Homœopathic Journal (quarterly), August, 1852. New York.
The Philadelphia Journal of Homœopathy, No. 6, September, 1852. (Monthly.)
The North-western Journal of Homœopathy (monthly), Chicago, Ill.
The American Magazine, devoted to Homœopathy and Hydropathy; Cincinnati, September, 1852. (Monthly.)
The American Journal of Homœopathy (monthly), August, 1852. New York.
Homœopathic Medical News-Letter, St. Louis. (Monthly.)
Michigan Journal of Homœopathy (monthly), Detroit, July, 1852.
Medical and Surgical Journal.

FOREIGN.

British Journal of Homœopathy, July, 1852. (Quarterly.)
Homœopathic Times, London, July, 1852.
Homœopathische Viertel Jahrschrift, Leipzic. Edited by C. Müller and V. Meyer. Vol. III. 1 and 2.
Zeitschrift für Homœopathische Klinick. Edited by Dr. B. Hirschel, Dresden. Vol. I. Nos. 8, 9, 10, 11.
Allgemeine Homœopathische Zeitung. Edited by Drs. F. Hartmann and F. Rummel, Leipzic, June, 1852. (Weekly.)
Zeitschrift für Erfahrungs Heilkunst. By Dr. A. Bernhards, Berlin, 1852. Vol. V. No. 2.

QUARTERLY HOMŒOPATHIC JOURNAL.

ON INFLAMMATION OF THE EYES.*

BY DR. TULFF, BRESLAU.

INFLAMMATION of the eyes, though manifesting itself by the same symptoms as an inflammation of any other organ, is nevertheless of more importance by reason of its results, and of the delicate and compound structure of the eye, combining the most diverse tissues in the most intimate connection.

The pathology of ophthalmia has received, consequently, a great degree of attention; and, while heretofore the semeiotic part has been principally regarded, now the anatomical obtains deserved acknowledgment, and consequently increasing light will be thrown upon this dark subject. Unfortunately these acquisitions of pathology have been of no advantage to the therapeia. Though the enemy is better known, the weapons of warfare remain unchanged. The old school directs its agency against the most minute diagnostical distinctions, according to general principles, into which it forces nature: venesection, leeches, diaphoretics, and cathartics, chiefly calomel, blister-plaster, finally the various eye-waters and ointments, are the principal variously-combined remedies, which meet our eyes in the manuals for almost every inflammation. Homœopathy has partly supplied this serious deficiency already, and will, progressing by the aid of its incontestable principle, become

* From the Homœopatische Viertel Jahrschrift, iii. 2. Translated for the "Quarterly" by J. B.

more and more efficient in the cure of this disease. As with other diseases, so it offers remedies also for those of the eyes, which affect specifically, either a particular tissue or a particular species of disease; and it is the ultimate purpose of the physician to select, by the combination of all the various circumstances relating to the individual case, the individually-adapted remedy. To facilitate this object, we will have regard to ophthalmias simply, omitting all systematical, artificial distinctions (internal and external, acute and chronic inflammation).

1. As to the individual tissues of the eye. We shall see which tissues are the most exposed to inflammation; in which the latter appears the most violent and dangerous; what modifications of the tissues are conditional or the products of inflammation; what symptoms of the inflammation prevail in the individual tissues.

2. According to their specific characters, which depend principally on the causes, and the dyscrasies perhaps existing at the same time in the body.

The attempt has recently been made to deny the specific distinctions of catarrhal, rheumatic, scrofulous, and arthritic inflammations of the eye, or to regard them only as different forms or varieties of degrees of one and the same disease (inflammation). Grateful as we must be, however, for the acquisitions of pathology through anatomical researches, we must, nevertheless, be on our guard against one-sided inferences, and never forget that anatomical investigations are only means to the end, and that this ultimate end is simply the cure. Such one-sided inferences only favor too much generalization, and, of course, do not agree with our principle of cure. We readily admit, on the other hand, that the names, scrofulous eye-inflammations, &c., are improperly selected, and might be supplied by better ones; but names are unimportant, if we do not suffer them to lead us astray, to grasp mechanically different anti-remedies, when we but merely regard them as significations with individual diversions ever-recurring complexes of symptoms (forms of disease).

In this view we shall consider ophthalmia in relation to the two particulars above stated.

1. The inflammations of the individual tissues of the eye, that is, the pure or idiopathic eye-inflammations. Even this isolated consideration and division may seem un-

natural and bold: unnatural, as, in consequence of the intimate connection of all parts of the eye, one portion will soon draw the surrounding parts into the sphere of affection; bold, as the individual parts of the eye are partly withdrawn from observation by their concealed position. But one portion will always be primarily affected, the other only consecutively; and, in affections of those which are concealed, we obtain the diagnosis by negative symptoms.

In reference to the extension of the inflammation in particular, it occurs — 1st, from one eye to the other; 2d, from one part (tissue) of the eye to another. The cellular tissue favors especially the second form of extension; and the looser this tissue is, the easier will be the transition.

I. Inflammatio Conjunctiva.

Subjective Symptoms. — Slight photophobia, pressure between the eyelids and the ball, as from sand; faint mist before the sight, causing a constant inclination to rub one's eyes.

Objective Symptoms manifest themselves differently according to the anatomical situation of the conjunctiva. There is observed upon the eyeball a superficial, easily movable, vesicular network of rose-like coloring; but on the lids a more equal velvet-like, yellowish redness, with slight swelling and increased secretion of mucus agglutinating the edges, especially at night. The fever depends on the degree of the inflammation and the occasional causes.

This inflammation terminates usually in lymphatic or serous exudation, showing itself in different forms according to the intensity of the inflammation; as increased secretion of mucus, phlyctænæ, superficial ulcers, chemotic swelling. Only under favorable circumstances (dyscrasies, contagious influences) it is apt to pass into blennorrhea and pyorrhœ. So we see inflammation of the conjunctiva preceding an inflammatio neonatorum, gonorrhoica, and ægyptiaca.

Conjunctivitis is the most frequently occurring of all inflammations of the eyes, as the conjunctiva comes the nearest in contact with the obnoxious external influences. Mechanical injuries, chemical, atmospheric, and contagious pernicious influences, produce principally conjunctivitis. Of the morbid processes, however, the catarrhal is the first

of all that attacks the conjunctiva. The prognosis and cure depend on the causes of the inflammation: we shall therefore refer to them during the description of specific ophthalmias, especially of the catarrhal.

II. Inflammatio Corneæ.

There is a diversity of opinion among anatomists in reference to the different tissues and membranes of the cornea. Henle makes the following distinction, — 1st, the epithelium, as a continuation of the exterior tunic of the eye-ball; 2d, the so-called cornea proper, of a foliated structure; 3d, the descemetic membrane, a compact, gristly lamella; and, 4th, simple plastic epithelium. He denies that the external and internal epithelium, as well as the descemetic membrane, have any vessels, and believes the cornea to be moistened by the aqueous humor. Yet, though the presence of vessels on the cornea of a healthy adult cannot be directly demonstrated, the successful injections of the conjunctiva corneæ, and the descemetic membrane of inflamed eyes, the presence of vessels of the cornea in the fœtus of sheep, and, finally, the consideration that ulcers and excoriations upon the cornea are not easily conceivable, render it *very probable* that the conjunctiva does, as such, with its vessels, extend upon the cornea. That the vessels on the conjunctiva corneæ are less numerous than on the conjunctiva bulbi, may be explained by analogy of the synovial membranes: there the free part possesses more vessels than the part covering the ends of the joints. It is farther to be considered that a simple portion of vessels is difficult to be recognized on a dark background. Lastly, there is nothing unreasonable in the supposition that those most minute vessels contain, in their normal state, only the liquid part of the blood. The opinion of the continuation of the conjunctiva with its blood-vessels upon the cornea seems therefore to be quite reasonable.

Subjective Symptoms are, in this inflammation, seldom observed. A slight pressing pain upon the bulbus is experienced, together with some heat, photophobia, and dullness of sight, according to the degree of dimness of the cornea.

Objective Symptoms. — The cornea becomes dull, dim, rough as if soaked; in the progressive state of the inflam-

mation, the injected vessels are visible, and perceived to be running in a straight line from the periphery to the centre. The inflammation of the cornea occurs, mechanical injuries excepted, not often isolated; generally other parts of the eyes are simultaneously or previously inflamed; it occurs just as seldom pure, dycrasies being generally at the foundation; and, above all, it is the scrofulous dyscrasy which affects the cornea.

Terminations are, independently of dispersion, generally phlyctænæ and formation of abcesses. The *phlyctænæ* leave no superficial erosions, disappearing with or soon after the election, and penetrating into the deeper portions only in existing dyscrasies.

The *abscesses* appear at first as small grayish-yellow spots, with indistinct edges, gradually rising and filling up with a grayish-white fluid; on their circumference more vesicular development is perceptible, becoming more and more pointed until they burst after five to seven days, when the pus is immediately carried off by the lids and the fluid of the eye; the opening of the abscess towards the anterior chamber of the eye is of rarer occurrence. When dyscrasies do not exist, the abscessses will remain superficial, without leaving any changes: with simultaneous dyscrasies, however, they will penetrate deeper, and produce numerous new troubles, as, for instance, —

1. Scars.

2. Hernia corneæ. If the abscess reaches the membrane hyaloidea, the latter will occasionally be protruded as a limpid bladder upon the cornea, producing the so-called hernia corneæ. It is complete, according to Beer, when the iris is included in the prolapsed part of the descemetic membrane. According to Benedict, however, "when a dense exudation took place in the prolapsed part, so that the transparency of the swelling seemed entirely gone." The prolapsus may recede, if small; larger ones usually burst, causing the discharge of the aqueous humor, and not unfrequently, also, prolapsus iridis. The protruded portion may be thickened by exudation, and fill up the hernial canal, leaving a protuberance, which becomes gradually somewhat smoothed by the lids, and may also cause new inflammations of the conjunctiva palpebrarum.

3. Prolapsus iridis. In case the abscess on the cornea penetrates the hyaloid membrane, the aqueous humor will

run out, and, provided the opening is large enough, a prolapsus iridis will take place, which either recedes or developes itself into a staphyloma iridis, by adhesion to the edges of the abscess, or by the formation of a grayish-white thickening of the cornea. These staphylomas are variously named, according to their number or form.

Causes of Keratitis are mechanical and chemical injuries, hard edges of the eye-lids, trichiasis and dystichiasis, &c.

The prognosis and cure depend on the causes, the degree of inflammation, existing dyscrasies, and other circumstances. In regard to the treatment of the inflammation, *vide* the specific inflammations of the eyes.

III. Inflammatio Scleroticæ.

Subjective Symptoms. — Violent pressing pain, as if the whole eye was compressed and forced out of its socket; also tearing and piercing in the supra-orbital region; the rigid eye-ball is very sensitive to touch, and there is considerable photophobia.

Objective Symptoms. — Straight and parallel-running vessels exhibit a clear, equal redness. Near the cornea only, we see the vessels form, by numerous anastomoses, a vesicular network. Dryness of the eye alternates with sudden discharge of hot tears. The other membranes are easily drawn into sympathy by the sclerotica. The conjunctiva becomes very soon injected, when its superficial, more varicose, dark, movable vesicular network is plainly distinguished from that of the sclerotica situated below it. Iritis, hyaloidea, and choroidea may also at the same time be produced, causing a modification of symptoms. In a severe state of the inflammation, the whole vesicular system suffers, and fever sets in.

The *terminations* of the pure isolated sclerotitis are dispersion and exudation, chemosis, abscess-formation of rarer occurrence, mostly on the edge of the cornea. Other terminations depend on the transfer of the inflammation to other membranes.

Causes. — The rheumatic morbid process is the chiefest of all, occasioning inflammation of the sclerotica. Mechanical injuries may also produce such inflammations.

In reference to the treatment, *vide* rheumatic ophthalmia.

IV. Inflammation of the Serous Membranes, Membrana Descemeti, Capsula Lentis, and Hyaloidea.

(a.) *Inflammatio hyaloideæ, cameræ oculi anterioris.*

Anatomy. — Most anatomists entertain the view, that the descemetic membrane lines the anterior chamber, and adheres firmly as well to the hard surface of the cornea as to the anterior of the iris up to the pupil's edge.

Symptoms. — This inflammation is seldom to be observed as an independent disease, and causes, as such, hardly any *subjective* symptoms. Among the *objective* we perceive, first, a condensation of the posterior surface of the cornea, causing it to look like dull cut glass. An observation of the eye from the side will prevent the mistaking this for a condensation of the anterior surface of the cornea. The inflammation soon extends to that part of the descemetic membrane covering the iris, and exhibits the so-called iritis chronica of Benedict. The iris changes color; the pupil is contracted or distorted; the dim, aqueous humor not unfrequently deposits a sediment at the bottom of the anterior chamber resembling the hypopion. The course of this inflammation is slow; its terminations are dispersion or exudation, plastic or serous: the plastic occasions synechia, closing of the pupil, and dulness of the cornea; the serous occasions hydrops cameræ anterioris.

(b.) *Inflammatio capsulæ lentis.*

This inflammation also offers few or hardly any *subjective symptoms.* The obstruction of sight is owing to the dimness of the capsula lentis.

Objective Symptoms. — Smoky, pearl-like dimness of the capsula lentis, mostly appearing in isolated patches near the somewhat discolored pupil-edge of the iris; few vessels extend upon the capsula lentis, whose anterior wall swells and pushes towards the iris. In a longer duration of the inflammation, the lens itself partakes also of the dimness; and its injection seems, according to Walther, to proceed from the posterior wall of the capsula. This inflammation is also of slow progress. There remains especially dulness of the capsula and the lens, cataracta capsulæ lentis hydrops capsulæ lentis. Suppurations, ulcerations, and dry

sphacelus (cataracta aride siliquata) have been observed as consecutive diseases of this inflammatory process.

Causes are mechanical injuries, excessive exertion, especially looking at the fire, taking cold in existing cachexia and dyscrasia. For treatment, *vide* the rheumatic and scrofulous eye-inflammation.

(c.) *Inflammation of the Hyaloidea.*

The diagnosis is difficult, owing partly to the concealed situation, partly to the intimate connection of this membrane with other membranes. It is seldom recognized at first, as a dark red, œdematous swelling of the tarsi palpebr. photophobia, mist before the eyes, and chemosis can be combined with any other inflammation. However, if vision becomes more and more indistinct, a gray, greenish dimness perceptible, deep in the eyes behind the pupil, the iris being immovable, then no doubt will remain as to the seat of the inflammation, and to this photopsy will be united; and total loss of vision concludes the lamentable picture. Choroidea or retina, often also the posterior wall of the capsula lentis, as well as the sclerotica, take part, when the latter exhibits a dirty look, and the development of varicose vessels.

A severe degree of the inflammation may produce hæmophthalmos posterior, or hypopion posterior, synchisis, dropsy, or atrophy of the bulbus. The therapeia of this inflammation will be specially treated of in the description of rheumatic inflammation.

V. Inflammatio Choroideæ.

This inflammation progresses sometimes mildly and slowly, at other times quickly and violently. It seldom remains, however, in either case, long isolated, but soon extends to other membranes, especially the sclerotica, retina, and iris.

Subjective Symptoms. — Pressure, heaviness, fulness in the bulbus, dulness of sight, sparks, or fire before the eyes, pains in the forehead. If the course is acute, the pain and photophobia are very great, and vision is almost gone.

Objective Symptoms. — The pupil, at first dilated, becomes gradually contracted; the iris is mostly funnel-shaped, with

the interior edge drawn backwards and discolored, together with the sclerotica, which, in a slight degree of inflammation, exhibits a dirty look; in a higher degree, a transparent bluish redness, owing to the dilated vessels of the choroidea.

The participation of the iris, the retina, and the vitreous humor, is evidenced by the symptoms peculiar to the inflammation of these parts.

The inflammation, when of slow progress, terminates readily with lymphatic exudation between the choroidea and sclerotica, or the retina and choroidea, by which these parts grow together; and incurable amblyopia is produced. During a rapid course, or transition upon neighboring tissues, suppuration may arise, and, in consequence of it, rupture of the whole bulbus.

Among the *causes* are especially traumatic injuries, contusions, blows, exertion of the eyes, the looking upon shining, glistening surfaces, especially with sensitive eyes and poor light. Suppression of normal or morbid secretions, however (menstruation, hæmorrhoids, feet-perspiration, ulcers, eruptions), not unfrequently produce this inflammation.

There can be only an unfavorable *prognosis* given, on account of the great tendency of transition to other membranes, the bad terminations of this inflammation, and especially the pathological changes to which the retina is by it subjected.

For treatment *vide* the arthritic and hæmorrhoidal eye-inflammation.

VI. Inflammatio Iridis (Iritis)

Occurs the most frequently of all internal eye-inflammations, so called, and is very apt to be connected with inflammations of other membranes.

Subjective Symptoms. — Pricking, tearing, pressing pain in the eye itself, in the frontal and ciliary region, with considerable photophobia and weakness of sight.

Objective Symptoms. — The discoloration of the iris is no pathognomonic sign, as it also takes place in inflammations of other portions of the eye. Contraction and distortion, however (the latter especially in dyscrasic, and particularly in syphilitic inflammation), are essential symptoms of it.

The other usually stated symptoms of iritis seem to depend partly on its termination, partly on its transition to other membranes. Among the latter is principally vesicular development in the sclerotica, especially around the cornea and in the conjunctiva.

The course is rapid, the inflammation terminating usually in lymphatic and plastic exudation, more seldom in suppuration and abscess formation.

The lymph-exudation may take place either on the surface of the iris or in its substance. In the first instance, dimness of the aqueous humor results; sediments form in the anterior chamber of the eye, which may simulate a hypopion. A fibrous substance may also appear in the exudation, which closes up, more or less, the pupil, or causes an adhesion of the iris to the capsula lentis. In the second case, when the exudation takes place in the substance of the iris, a more or less extended swelling appears, with various coloring of the surrounding parts. The iris itself is forced towards the cornea, whereby the anterior chamber of the eye is contracted; the pupil becomes stiff and immovable; occasionally, also, small extravasations of blood have been observed in the substance of the iris (*Benedict*) or in the anterior chamber.

The more seldom occurring, but rapidly-forming abscesses of the iris produce hypopion by rupture.

Causes. — Excessive irritation of the eyes, looking upon shining surfaces, continued fine work, wounding, especially tearing at the operation of an artificial pupil, rheumatism, gout, syphilis.

Prognosis. — Not absolutely unfavorable, but doubtful on account of its terminations.

VII. Inflammatio Retinæ (Retinitis), (Amphiblestroiditis).

Both a slow and a rapid course are also peculiar to this inflammation. In the first case, inflammation is usually produced by sympathy with other portions of the eyes. The symptoms of this low degree of retinitis are photophobia, the appearance of colors, colored circles around objects, almost total blindness, pressure and pain in the eye, contraction and stiffness of the pupil, seldom inflammation of the conjunctiva and sclerotica; it progresses often for weeks

and months, and not unfrequently leaves, even in the most favorable case, weakness of sight.

The course of the acute and violent form, which seldom occurs, however, and scarcely ever alone is different, being mostly joined with inflammations of the choroidea, hyaloidea, and sclerotica; severe pricking, tearing, penetrating pains felt deep in the head, even with delirium, insupportable photophobia at the height of the inflammation, and subsequently an appearance of fire before the eyes, great sensitiveness of the bulbus, injection of the sclerotica and conjunctiva.

VIII. Inflammatio Oculi (Ophthalmitis). — *Inflammation of the whole Eye-ball.*

All the inflammations thus far mentioned, especially retinitis, choroiditis, hyaloiditis, occur seldom isolated, several tissues being usually at the same time affected, or the inflammation passes soon from one part to another. All parts of the bulbus may be affected; and, in this case, the cause may either simultaneously affect the whole eye, as in severe wounds, or the inflammation extends suddenly from one point to the whole eye. In this morbid form, therefore, no new symptoms will appear; but the more violent the already known symptoms are in this conjunction, the more rapid will be the course of the inflammation, and the whole organism will be generally drawn into sympathy.

Subjective Symptoms. — Sensation of pressure, tension, and fulness over the whole eyeball, violent pains affecting the whole head, photophobia, photopsia, and weakness of sight.

Objective Symptoms. — Injection of the conjunctiva, as well on the bulbus as on the lids, not unfrequently chemosis, injection of the sclerotica, the inflammatory symptoms of the iris, the eye at one time dry, at another flooded in hot tears.

The inflammation, if dispersion cannot be effected, terminates soon in suppuration; the whole bulbus being transformed into an abscess. This transition manifests itself by an attack of chills, feeling of coldness and heaviness in the eye itself. The pricking, tearing, and piercing pains pass into beating pains; the redness becomes more dark; the swelling increases; the whole eye is pushed forward;

the pus finally issues through the cornea and sclerotica, and, by continued suppuration, the bulbus becomes more and more shrunken and withered.

The prognosis is always doubtful, and, after suppuration has taken place, entirely unfavorable.

IX. Inflammation of the External Membrane and the Cellular Tissue (Blepharitis).

This inflammation may appear simultaneously, or in consequence of an inflammation of other portions of the eyes, as well as isolated and independent. The inflammation of the cutis is usually caused by wounds, burns, or bites of insects. The inflammation of the cellular tissue appears on the cutis as pseudo-erysipelas, so called, and seizes oftener the upper than the lower eyelid. A pricking, burning pain, increased by touch and motion; rose-red coloring; stiff, shining, œdematous swelling, which may increase to that degree as to render it impossible to open the eyes; diminished lachrymal secretion, and photophobia, — these are the symptoms of the inflammation rapidly terminating mostly in abscess-formation. The inflammation of the cellular tissue also is produced by mechanical injuries, bites of insects, &c.; yet it is also frequently a symptom of a deeper affection of the eye, especially of the arthritic inflammation.

Prognosis is favorable, as also with respect to the sinuous ulcer remaining after the rupture of the abscess, which admits of a speedy cure.

Treatment. — If the inflammation has been directly caused by mechanical injuries, cold or warm fomentations of water (according to the wants of the patient), with or without the addition of Arnica tinct. will soon remove the evil. Burns, without loss of substance, are here, as on other parts of the body, the most quickly cured by the application of diluted tincture of Cantharides.

In inflammation of the cellular tissue, Bellad., Rhus., Merc., must be given to prevent the transition in suppuration and abscess-formation. If inefficient, then Hepar sulph. will often succeed in effecting dispersion, or, in the opposite case, to accelerate suppuration. If this has taken place, then Silicea and Calcar. will be the main remedies, and will cure this disease in a proportionately short time.

I myself have not treated a case of this kind homœopathically. Schweikert told me, that, in 1850, he observed a pseudo-erysipelas in the child of a peasant in Tschechnitz, on the upper eyelid, which passed very rapidly into abscess-formation. The opening was not far from the internal canthus, and went certainly half an inch deep in the orbit. The child was very scrofulous, and was also afflicted with atrophia mesenterica. Silicea X. and Calc. carb. 15 and X. removed both evils permanently, so that the child is perfectly healthy now.

A peculiar form of the inflammation of the cellular tissue is the *Anchilops*, an inflammatory swelling of the cellular tissue on the internal canthus over the lachrymal sac, developing itself under a sensation of tension, warmth, and itching; gradually exhibiting an elongated, rigid, shining, hard swelling, becoming more and more dark red, frequently connected with erysipelatous and œdematous swellings of the neighboring parts, the eyelids and cheeks. The lachrymal canals being involved sympathetically, the cause of the lachrymal secretion is altered. Through the sympathy of the whole organism, the inflammation passes into suppuration. If the pus, under great increase of the pains, forces an outlet through the cutaneous coverings, abundant in nerves, then one or more sinuous ulcers will appear (Ægilops). In other cases the inflammation progresses inward upon the lachrymal sac, and not unfrequently destroys its external wall, whereby an imperfect fistula lachrymalis is formed, which may become perfected by longer continuance and progress of the evil; even the bones themselves may be destroyed, recognizable by the diminished secretion, by the carbuncles sprouting from the bottom of the ulcer, and more certainly by a cautious examination with the probe.

This form of disease occurs especially in scrofulous and arthritic individuals, and is caused by change of temperature, injuries, and also the penetration into the eyes of sand and dust.

The prognosis is favorable, as long as suppuration has not taken place, as, with proper treatment, resolution is easily accomplished. It is less favorable in Ægilops, or existing fistula of the lachrymal sac. The treatment is the same: *vide* the scrofulous eye-inflammation, as well as fistula lachrymalis.

X. Inflammatio Glandulæ Lachrymalis (Dacryadenitis).

At first a pressing, afterwards pricking, piercing pain in the upper part of the orbit, extending to the forehead and temples, and increased by motion of the eyes. The colorless, painful swelling appearing under the upper orbital edge, pushes the eye inward and downward; photophobia arises, with photopsia, and disturbance of vision, rigid pupil, at first an increased, and, as inflammation progresses, a suppressed lachrymal secretion, whereby frequently, as the swelling prevents a complete covering of the bulbus, inflammation of the conjunctiva is produced. The vesicular system is almost always involved in the inflammation while at its height, and even delirium may arise.

If resolution does not follow the inflammation, then the latter will terminate in induration or suppuration. Increased redness and tumefaction, œdema of the surrounding parts (forehead, temples, and eye-lid), beating pain with chills, are announcing signs of suppuration. The pus may penetrate the upper eye-lid, or force its way between it and the bulbus. The inflammation readily extends to the periorbita.

Consecutive diseases are induration of the glandula, especially in a chronic course of the inflammation, fistulæ, and caries of the orbital bones.

The *prognosis* is always doubtful. As soon, however, as suppuration has taken place, it becomes unfavorable.

The treatment is the same as in rheumatic ophthalmia.

XI. Inflammatio Glandulæ Palpebrarum.

(a.) *Inflammation of the meibomian glands. Blepharadenitis.*

This inflammation, manifesting itself by slight redness, pressing itching pain, hardness and swelling, acrid secretion, a chronic course, terminating in induration, is generally the product of dyscrasies, especially of scrofulosis, and is frequently a symptom of scrofulous inflammation of the eyes.

(b.) *Inflammation of the capillary glands. Hordeola. Sty.*

This is an inflammatory swelling *upon the external orbital edge, involving one or more eye-lashes*, and which is deve-

loped under pressing itching pains, somewhat obstructed movableness of the lid, slightly increased secretion of mucus and flow of tears, and not unfrequently also œdematous swelling of the lids, of the size of a barley-corn or a pea, very hard, red, and shining, passing, after four to seven days, into suppuration or induration, often resisting all remedies, and known by the name of Chalazion. If several hordeoli occur simultaneously or immediately after each other on the same lid, which do not at all or but imperfectly disperse, a circumstance frequently happening in scrofulous individuals, then a knotty induration of the whole orbital arises (Tylosis palpebræ).

A definite occasional *cause* is seldom found. It has generally its origin in a dyscrasic state, mostly scrofulosis, occasionally also arthritis; the first in younger, the latter in older subjects. The prognosis is, on the whole, favorable. Only in case the induration has for a long time existed, or knotty induration of the whole orbital edge has taken place, it is unfavorable. If the depending dyscrasy is well developed, relapses are much to be feared.

Treatment. — The *principal remedies* are Pulsatilla and Staphysagria, with Hepar sulph. Conium, and Thuja.

Pulsatilla will be particularly efficacious in recent cases, when the hordeolum occurs isolated, perhaps simultaneously with a catarrhal state.

Staphysagria and Conium will be, on the other hand, beneficial in such cases on a recurrence of the evil, when one or more hordeoli indurate, to pass again into inflammation at the next opportunity. Aurum is in similar cases, especially "in scrofulous subjects with obstinate nasal obstruction and ulcerous scab in the nose, as also in redness and swelling of the eye-lids," considered almost a specific by many homœopathic physicians for this affection (*Hartmann*). With Thuja I have several times, when other remedies failed, cured the most obstinate form of hordeoli. If the frequent production of hordeoli is occasioned by scrofulosis, then Calc. carb. will eradicate this morbid disposition.

The following are also recommended against this disease: Ammonium carb., Bryonia, Ferrum, Graphit. Lycopodium, Phosphor, Phosph. ac., Rhus, Sepia, Stannum. The simultaneous external use of the internally-given remedy, in the form of fomentation, which, however, must be made tepid,

as coldness favors the induration of the inflamed glands, is in all cases to be recommended.

XII. Periorbititis.

Symptoms are violent, tearing pain, extending frequently over the whole head, and increasing at every motion; consequent immobility of the eye-ball; a sensation as if it were protruding from the orbit, which actually happens at the height of the inflammation; photophia, disturbed vision, diminished lachrymal secretion, œdematous swelling at first of the upper eye-lid, then of the whole circumference of the eye. Under an aggravation of all the symptoms, and a high fever, the inflammation passes into suppuration, and leaves blindness, fistulæ, caries; and may also produce meningitis by transition to the cerebral membranes.

The *causes* particularly worthy of mention are injuries and rheumatism.

The *prognosis* is always doubtful: if dispersion cannot be effected, it is unfavorable. For treatment, *vide* rheumatic ophthalmia.

XIII. Inflammatio Sacci Lachrymalis (Dacryocystitis).

Deep-seated, dull pricking, afterwards tearing, piercing, pain; sensation as if the bones were torn asunder, redness of the internal canthus and the lachrymal carunculæ, shrivelling of the lachrymal points; the tears, obstructed in their natural course, flowing over the cheeks. On the side of the lachrymal sac rises a circumscribed, very painful, rigid swelling, œdema of the surrounding parts frequently attending it.

The *termination* is seldom in adhesion of the walls of the lachrymal sac. In a chronic course with existing dyscrasy, especially scrofulosis, it terminates in Blennorrhœa; in abscess and suppuration, if an acute course, leaving one, rarely more, fistulæ sacci lachrymalis.

Treatment. — If Aconit. Belladonna, Bryonia, Mercur. Hepar sulph. &c. do not succeed in dispersing the inflammation, then begins the treatment of fistula sacci lachrymalis. *Vide* ibid.

XIV. Encanthis Inflammatoria.

The lachrymal carunculæ themselves, the membrana semilunaris, the internal canthus, and the internal side of the conjunctiva scleroticæ, over whose surface this inflammation usually extends, assume a high red coloring; the carunculæ and the semilunar membrane being disturbed. The pricking pains are aggravated by every motion of the eye and the eye-lids, the lachrymal passage obstructed, the tears flowing over the cheeks; the nostril of the same side, however, being dry.

Termination is usually in suppuration. The lachrymal carunculæ may increase to the size of a hazel-nut. There is seldom fungous degeneration (encanthis fungosa) observed, and this only in scrofulous individuals.

The *prognosis* is favorable, as the inflammation is easily dispersed; and even the remaining ulcer, after suppuration has taken place, rapidly heals. For treatment, *vide* catarrhal ophthalmia.

B. The Specific Eye-inflammations

Are characterized by the causes producing them. The ophthalmia may *either* be an essential symptom of a specific morbid process, as in some acute exanthematas; *or* a specific morbid process directing itself towards the eye, as in the catarrhal inflammation; *or*, *thirdly*, an eye-inflammation taking the place of a physiological or pathological secretion.

We can, according to this, particularly distinguish *three* groups of specific ophthalmias.

1. The first is dependent on external, generally extensive, causes; atmospheric, miasmatic, and contagious: consequently here belong the catarrhal, rheumatic, the Ægyptic, the eye-inflammation in connection with acute exanthematas, ophthalmia gonorrhoic., ophthalmia neonatorum.

2. The eye-inflammations of the second group are only reflections or localizations of a general internal constitutional evil. Here belong the dyscrasic eye-inflammations, the scrofulous, arthritic, abdominal, syphilitic, scorbutic, cachectic, psoric, and the ophthalmias of aged men.

3. Finally, to the third group belong the metastatic eye-inflammations, especially ophthalmia hæmorrhoidalis and menstrualis.

(To be concluded in the next number.)

REMARKS ON HYDROCEPHALOID.

BY DR. J. SCHWEIKERT.*

THERE is a form of disease very much resembling in its symptoms the hydrocephalus acutus of children, with which it is often confounded. It is hydrocephaloid, described by Marshall Hall, a secondary brain-affection, principally produced by exhaustion of the nervous vitality of the brain and anæmia of the same, consequent upon violent acute diarrhœas or loss of blood. Three times I have observed this disease, and have treated it always successfully, according to the homœopathic principles. As I could find, in the whole range of homœopathic literature, nothing in regard to the course, nature, and treatment of this singular disease, I shall venture to relate these three cases; premising by a general sketch of this complaint, as given by Marshall Hall, in his excellent work, "On the diseases of the nervous system."

The conditional cause of this disease, as already mentioned, is exhaustion; which is, especially in small children, produced by acute diarrhœas or catharsis, with or without vomiting; and, in the later periods of childhood, by loss of blood, with or without exhaustion, and excessive secretions of the intestinal canal. The diarrhœa may have had its origin in improper food, intestinal irritation, a cold, or even in laxative remedies. The venesections have generally been performed *lege artis* by our allopathic colleagues. Marshall Hall subdivides the disease into two stages, — the stage of irritation and of torpor; which I found corroborated in the three instances to be mentioned. A slight inclination to reaction seems to exist in the first stage; in the second, the vital power is already very far gone. Many of the symptoms of these two stages resemble the first and second stage of hydrocephalus.

1st Stage. — Stadium irritationis, restlessness, sleeplessness, feverish pulse, red face, hot skin, erethism of the nerves

* From "Viertel Jahrschrift," iii. 4. Translated for the "Quarterly," by J. B.

of sensation, sudden starting of the child on touch or unexpected noise, with groaning and yawning during sleep. Abdomen bloated, diarrhœa of mucous or greenish offensive masses. Besides these symptoms, vomiting existed in the cases treated by me, which Marshall Hall did not observe.

2d Stage. — Stadium torporis. The secondary brain-affection is here distinctly exhibited. The face becomes pale, the cheeks cool, the eye-lids half-closed, the eyes themselves unsteady, not attracted by any object held before them, the pupils immovable on the approach of light. (I never found this immobility so complete as in hydrocephalus.) Respiration irregular, and wheezing voice, rough with an occasional sharp scraping cough. If the strength continues to fail, then the breathing becomes rattling, and the feet cold.

In this stage I further observed the following symptoms: It appeared in one case with convulsions. In all three, the respiration was irregular, sometimes quicker than slower, and from time to time a deep sighing respiration was noticed (respiratio cerebralis). The eye was covered with an unctuous fluid like the white of an egg. Some parts of the conjunctiva, especially its lower portion, had a dirty-red aspect. Pulse small and quick, 150 to 160 beats, hands cool, and covered with a viscid perspiration. This was, in two instances, accompanied by a very considerable aphthous affection of the mucous membrane of the mouth.

The second form of hydrocephaloid, having its source in the exhaustion of the strength of the child, and the arterial system, consequent upon loss of blood by venesections, leeches, &c., exhibits, according to Marshall Hall, no essential differences in the cerebral symptoms. I have as yet had no opportunity of observing this.

The principal mode of treatment recommended by M. Hall against this disease, consists in the regulation of the bowels, then in the administration of strengthening and stimulating remedies. For the first purpose, opium tincture and chalk, mercurial pills, rhubarb, and magnesia are administered. Furthermore, ass's milk, or, still better, nurse's milk, if the child has previously been nourished by artificial means. For stimulants, he prescribes especially spiritus ammonii aromaticus and spirit. vini; of the latter, from five to ten drops, with arrow-root every one or two hours. In the stage of irritation, he thinks a warm bath is a very effi-

cient remedy. Against coma, blister-plasters and sinapisms on the neck.

In reference to the homœopathic treatment of this highly dangerous disease of children, I have been extremely successful, since I became better acquainted with its nature. As principal remedies I will mention Phosphor., Zinc met. and Calcar. carbon. In the former years of my practice, I remember to have treated such cases, but almost always with the worst result. At that time I was not acquainted with the work of Marshall Hall, and took the cases under my observation for hydrocephalus acutus. The homœopathic remedies given against it failed in most instances, and the children died. My father, an old experienced practitioner, had no better success: such cases he always classed with the genus hydrocephalus, and treated them accordingly, but with unfortunate results. It is highly important that the second stage of hydrocephaloid should not be confounded with the second stage of hydrocephalus. Both forms differ from each other, according to my experience, particularly in the five following points:—

1. *The state of the eye.*—In hydrocephalus the pupil is dilated in the highest degree, immovable, absolutely distorted, and *completely* insensible to light. In hydrocephaloid the pupil is not dilated in that high degree, *never* really distorted; and contractions of the iris take place on approaching the light, but are slow, however, and very imperfect.

2. *The state of the abdomen.*—In hydrocephalus there is obstinate constipation; the abdomen, however, neither bloated nor painful. In hydrocephaloid there are mucous, green, offensive diarrhœa discharges; the abdomen is hot, and seems to be somewhat painful.

3. The *pulse* is in hydrocephalus slow, from 50 to 70 per minute, and frequently intermittent; in hydrocephaloid extremely frequent, 150 to 160, and small.

4. *The head* is hot in hydrocephalus, but in hydrophaloid as cool as the face and hands.

5. *The palms of the hands* are in hydrocephalus frequently covered with Formey's exanthem, which never occurs in hydrocephaloid.

All the remaining symptoms offer no sure point of distinction. The paleness of the face, and its coolness; the half-closed eye-lids; the uneasy movements, or squinting

of the eyes; the albumen-like secretions, and dirty-red coloring of the conjunctiva; the incessant vomiting, and the respiratio cerebralis, are symptoms peculiar to both diseases.

I will now relate the cases treated by myself: —

1. Hulda Kammler, a girl fifteen months old, came under my care on the 19th Oct. 1850; she had then been sick for a week, and had been attended by an allopathic physician. The disease had commenced with a violent diarrhœa and vomiting, and was treated with saturations and emulsions. These symptoms were, on the fifth or sixth day, according to the statement of the physician, accompanied by an inflammation of the brain, against which calomel in large doses was administered: this inflammation, however, passed into exudation notwithstanding. The child, given over on this account by the physician, then came under my care; and I also believed it irretrievably lost, imagining the complaint to be hydrocephalus at the end of the second stage. The child was in a decided comatose state, the eye-lids half-closed, and the eyes turned upwards; the dirty-red conjunctiva was covered with a tough mucus; the pupils somewhat larger than in the normal state, not really distorted, however, and but little sensitive to light; pulse small, weak, and very frequent, about 150 per minute; face pale and cool, respiratio cerebralis, mucous greenish diarrhœa (calomel stools); incessant vomiting, and the mouth full of aphthæ. I administered Bellad. 30, and Veratr. 30, to be given alternately in water. On the succeeding day, the child was much worse under the use of these remedies as an almost complete sopor, and a still more serious collapse had taken place, indicating the full development of hydrocephaloid in the second stage, as described by Marshall Hall. I gave now Tinct. phosph. 2 every half-hour i. gtt. upon sugar, and Zincum met. 2 every two hours, one powder. Under the action of these remedies, on the next day the child was very hot, the cheeks red, incessant motions of the limbs back and forth, the pulse fuller, but somewhat less frequent. I considered these symptoms as a sign of the returning vital power, and gave only every hour one dose of Phosph. and every four hours one dose of Zinc. The next day these reactive symptoms had considerably abated, and the brain was evidently more free; the child began to take notice, and had some appetite, vomited less,

while the pupils contracted more normally. I gave now Phosphor. every two hours, and continued this up to the 25th; on which day the condition had so much improved, that I omitted the remedies hitherto given, and administered against the rest of the disease, consisting now only of an increased intestinal secretion, with great prostration, Calc. carb. 6.

2. Augusta Scholz, a poorly-conditioned, eighteen months old child, whom I had attended six months before, for an inflammatory fever, complicated with congestion to the brain, came again under treatment on the 29th of January. The first visit was made by my assistant early in the morning, who administered Bellad. 2, in water, diagnosticating a similar state as in the first sickness. When I saw the child in the evening, I found it in the second stage of hydrocephaloid. It had been afflicted for several days with a violent diarrhœa, and allopathically treated. It took no calomel. The second stage had become developed much sooner here than in the first case. The general collapse; the coolness of the head, face, and hands; the frequency and smallness of the pulse; the soporous state of the brain; the somewhat dilated pupils, the redness of the conjunctiva, and the secretion upon it like the white of an egg; the diarrhœa, finally, and vomiting were too decidedly characteristic to leave me in any doubt as to the diagnosis. There were no aphthæ in the mouth; I gave Phosph. 1, and Zinc. met. 2; one drop of the former every half-hour, and one powder of the latter every two hours. The dose of Phosphor had been evidently too strong, as on the evening of the following day the collapse and sopor were replaced by such a violent reaction in the vesicular system, that I believed the child lost, discontinued the remedies hitherto given, and administered Calcar. carb. 30. This produced unexpectedly, by the next morning, a considerable improvement, which progressed so rapidly that I considered the child as cured on the 6th of February. Afterwards it took Cantharid. 30, against spasm of the bladder, and Sulph. 30.

3. This case refers to a child five months old, and is the most interesting, as I observed, and treated the disease from its first outbreak; no allopathic remedies having been received. I was not able, however, to arrest the disease in the first stage, but saw it pass into the second under my hands.

Clara Grundke, five months old, having been for eight weeks weaned, and artificially fed, consequently a weakly child, had frequently diarrhœas, against which I administered with success Calc. carb. On the 24th of May, a very violent and sudden attack of diarrhœa recurred with vomiting. Veratr., Arsen., and Merc. were entirely inefficient. On the 26th of May, an attack of convulsive motions of the extremities, with distortion of the eyes, set in, which a dose of Bellad. seemed to quiet. On the 27th, the second stage of hydrocephaloid had begun, and was on the 28th fully developed. This case was like the one of Hulda Kammler: I omit, therefore, to mention the individual symptoms. The existence of a very considerable aphthous affection of the whole mouth, which I attributed in the first case to the use of calomel, taught me that this condition may exist without allopathic doses of calomel, and perhaps be characteristic of the disease itself, which is by no means improbable. The same relation it has with the green, mucous, highly offensive diarrhœa evacuations. To avoid such a violent reaction as took place with Augusta Scholz, by means of too strong doses of Phosphor, I gave Phosphor. 2d, as in the first case, one drop every half-hour during the first two days, and every two hours a dose of Zinc. met. 2; both remedies, however, not so frequently on the third day. The reaction in the vesicular system, as perceived in the first two cases, did not happen here; the head, the face, the hands, becoming gradually warmer, the pulse more full and slow, the eye more clear, and the contractions of the pupils more regular; the peculiar sighing, respiratio cerebralis, giving way to a regular and quiet respiration. On the 30th, the brain was entirely free; the aphthæ began to assume a better aspect, and healed completely by the 5th of June, through the action of Calcar. carb. 30; on which day the state of the bowels was also perfectly normal. This case was the more satisfactory to the parents of the child, as they had already lost two children from diseases of the brain; one of which, according to the description, was probably also hydrocephaloid, but diagnosed by two allopathic physicians as brain-exudation, and *lege artis*, with leeches and calomel, suffered to die. I must remark here that I employed a nurse on the 28th, to which circumstance I believe a part of the recovery is to be attributed.

HOMŒOPATHIC LITERATURE.

BY E. V. M.

ALL science is more indebted to its literature than its facts for its general adoption; and just in proportion as the literature of a science is valuable or worthless, is the science itself esteemed or neglected. An increase of publications affords no evidence of the increased usefulness of any scheme; it is no proof of ability, and no sign of superiority, to have pages covered with illustrations, and books crammed with cases; but when we find the literature of a science increasing in tone and power, when there is less hesitation about its statements, and a more full elucidation of its truths, then we may conclude that that science is in the path to glory, and its discoverer and promulgators fast attaining to honor and eminence.

While it is a matter of lively satisfaction to every genuine homœopathist, that the system he has embraced is becoming every day more and more extensively useful, it is at the same time matter for regret that so much time is spent in parrying the impotent assaults of the enemies of homœopathy; and that so much strength is lost, and labor wasted, in endeavoring by controversial writings to prove its doctrines true. Homœopathists have been led into a great error, and have quite mistaken their proper ground in giving themselves up to defensive measures: so long as they defend, so long will opponents be found to contend. Allopaths have thought (and thought rightly too), that, if the minds of homœopaths could be drawn from progressively prosecuting the study of homœopathy, and pinned down to its first principles and known laws, then its general adoption would most certainly be retarded, and probably its future existence placed in jeopardy. Controversy has ever been found to be a bad weapon, uniformly resulting in disappointment and disgust; and, besides, its effects soon pass away and are forgotten, while the work which aims at the general diffusion of science, and which contains the results of carefully-watched experiments, remains for ever a blessing and a guide to mankind.

A new science always affords ample scope for literary achievements, and certainly one cannot complain much of the quantity of homœopathic literature. Homœopathy has never yet had long to wait for a champion, and few sciences have ever had, or have ever deserved, a greater number than it has; the struggle has been who should be loudest and best in its defence; professional men and non-professionals, ministers and working-men, patients and patients' friends, have all hastened to record their thanks and spread its praise. But now the time has come when this class of writings is no longer needful; it is no longer necessary that the public should be advertised of the existence of homœopathy; it has seen enough to satisfy itself of the power and superiority of homœopathy, and only waits the removal of professional prejudice, or the breaking up of family or friendly ties, in order to the law of *similia similibus curantur* being at once and fully embraced by it.

Homœopathic writers must now cease to address the public; they must, if they would secure for their system a speedy and permanent place among things that are great, write for the profession; they must write their books and prepare their papers solely with a view to the removal of professional doubts, and the overthrow of professional scepticism. No layman has ever advanced one single argument against homœopathy, that was not, in the first instance, suggested to him by some professional man; no class has persecuted homœopathy with half the virulence the allopathic profession has done; and hence the necessity of convincing, of converting it; hence the desirableness of an increased and increasingly powerful general homœopathic medical literature. Not that the writings which now exist are below par, or that they are inferior to allopathic writings of the same class, but the present circumstances of homœopathy demand additional energy; and the present literature is confessedly lacking in that freshness and vigor which characterize the writings of Hahnemann, — is wanting in that fulness of reference and weight of authority which so prominently appear in all Hahnemann's works. Homœopathic literature is defective in plainly-stated, well-assorted cases, — cases that will tell with the profession; not single isolated cases, picked out from amongst hundreds of others, but cases in groups of fifties or hundreds of a class, which, while they establish the benefits of the science,

also show the absurdity of such epithets as "fools" and "knaves." There is a want, a great want, in homœopathic literature, of a thoroughly-digested work on doses, and on the duration of the effects of medicine, as well as of a carefully-analyzed Materia Medica* and dependable Repertory. There is a want of something more masterly and cogent, something more terse and less discursive, than has ever yet appeared on the theory of homœopathy; and, besides all all these, there is a great want of recorded observations on the subsidiaries of homœopathy, — on the causes, whether local, constitutional, or accidental, that retard or facilitate its cures.

All these wants the learning and zeal of British homœopathists are abundantly able to supply; and, till these are supplied, homœopathy will never be any thing but the struggling persecuted system it now is.†

* This want, we are glad to know, is in the course of being supplied by the "Hahnemann Materia Medica."

† The above remarks are from the "Homœopathic Times," published in London, and are as justly applicable to the present condition of homœopathic literature in this country as in Great Britain. The educated professional man, alone qualified to judge in science, or capable of facilitating its advancement, demands clearer statements and more rigorous demonstration than is generally to be met with in journals professedly devoted to our cause. Empiricism of the grossest character, generalizing from individual instances of assumed cures, related in the loosest, most imperfect manner, has addressed itself to public attention, with temporary success, in all ages; and will probably continue to do so for ages to come, or so long as "the people" are content to accept the *ipse dixit* of bold ignorance for established truth. Too much of this "catch-penny," unprofessional mode of presenting medical views prevails with us. A continued dependance on popular appeals will bring us in unpleasant proximity to that large class of villainous quacks who acquire a most unenviable notoriety through the medium of a hireling newspaper press. We claim for homœopathy the character of pure science, in its loftiest form and truest signification; and only through a high-toned, dignified advocacy will its progress be satisfactory, and its success triumphant. — Eds.

ON HERNIA AND ITS TREATMENT.

BY DR. SCHELLING, OF BERNECK.*

The advantages of the homœopathic mode of treatment, above all others, become more and more evident to physicians as well as to the afflicted public, and its qualifications as a specific medicine recognized. While allopathy, in very dangerous and difficult diseases, is forsaken by its so-called rationality, and obliged to adopt an empirical treatment, — which frequently happens, — homœopathy adheres to its reliable and well-tried principle, and it requires only an experienced and cautious practitioner to be generally successful. And in Hernia incarcerations, it is capable of affecting cures easily and rapidly. Though surgery can frequently remove these evils surely and without danger by early and skilful operations, yet many unsuccessful cases have lessened its value, even where early operations were performed under apparently favorable circumstances. Notwithstanding homœopathy may fail in very unfavorable instances, yet it has so often proved successful in cases pronounced incurable by allopathic physicians, that it must ultimately supersede every other. It is a great satisfaction to the physician to have at his command, in such grave cases, medical measures which inspire more confidence than those hitherto applied, which are empirical and frequently inconsistent.

Experience has proved, that Nux vomica is a sure and energetic remedy against incarcerated hernia. I have applied this remedy repeatedly with success. But we should fall into error by considering it a specific for the above-mentioned disease, as in many other affections where none of the known remedies act altogether as specifics.

When Nux vomica proves inefficient, as I have sometimes found it to be, homœopathy can have recourse to other means which may act more favorably. We should not blame the method if a remedy fails of curing; for as various known remedies become, under certain circum-

* "Allg. Homœop. Zeitung," Aug. 16, 1852. Translated for the "Quarterly," by J. B.

stances, able to remove the same disease, incarcerted hernia may also assume different characters, causing a medicine to act specifically in some cases, and in others not at all.

Some twenty years since, Lycopodium was successfully administered in various forms of hernia, and even in severe incarcerations, I myself found sometimes this remedy to be curative, when Nux v. failed. Symptoms of flatulency and dyspepsia mostly preceded the incarceration, or were connected with it, or there occurred at the same time certain forms of affection to which Lycopodium was adapted (*vide* Hygea).

Since that time, not a few cases have occurred where neither Nux v. nor Lycop. could with the like rapidity and security remove incarcerated hernia. Repeated doses of one or the other would partly remove the pains or other difficulties; but the reposition of the intestinal portion could not be accomplished, and a continuation of the medicines alluded to could not be permitted without risk.

Such inefficiency in remedies chosen according to their similarity, we observe now and then, where patients have been weakened by allopathic treatment, and who are brought into greater danger and have less chance of cure. Such previous allopathic measures, however, must by no means be considered as the only cause of the unfavorable result. The selection of the remedy may also be unsuitable; and this will not unfrequently happen, when the homœopathist regards only the symptoms, instead of directing his attention both to the predisposing and occasional causes. The impossibility of medical aid, or its highly difficult and doubtful application, is also sometimes owing to the violence of the incarceration, or the intestinal inflammation approaching gangrene.

During the last two years, I have observed several more or less severe cases of incarceration, where the inefficient application of Lycopod. induced me to choose another remedy, where in other instances this remedy had proved remarkably quick in its beneficial action.

These latter were mostly old, occasionally very large hernias, with predominant spasmodic or flatulent incarceration. One case is remarkable, of a poor broker, fifty-four years old, who had carried about for years such an enormous intestinal protrusion that he could hardly walk;

his pantaloons being filled up as though containing a four-pound loaf of bread. He could not remember that the hernia had been replaced for years, nor did anybody dream of the possibility of doing so. The partaking of old Indian-corn bread caused an indigestion, which, however had spontaneously disappeared. A few days after, he felt severe pains about the inguinal ring, and the incarceration of the hernia took place, becoming very hard and sensitive; violent, tearing abdominal pains, nausea, vomiting, and hiccup followed. The usual domestic remedies, frequently employed in such cases, were ineffectual. The poor man believed his end approaching, and only upon urgent solicitation could be induced to take any more medicine. After two doses of Lycopod. 20, within half an hour, the pains were not only removed, but the whole enormously-large hernia could be replaced into the abdominal cavity, which could not be accomplished previously by medical or surgical aid. This happened in 1849. Since then, the same patient was three times similarly afflicted, and Lycopod. was every time the effectual remedy, and to which he had given unconditional confidence.

A few days ago, I was again called to the same man. It was on the 26th of Nov. 1851, a cold winter day. But why did not the remedy relieve this time, though taken in full confidence? The patient suffered as formerly with violent pains, yet the hernia could not be replaced: he applied cold and warm fermentations, and took a powder of Lycopodium, but in vain. Nausea, a sinking sensation, vomiting, hiccup, a small spasmodic pulse, and abdominal pains, increased every minute. He was troubled constantly with rigors, and had cold extremities. Some days before, he had exerted himself very much in cutting wood. At every motion he felt a straining in the limbs, and drawing pains in the back. A solution of Nux vom. was administered to be taken every half-hour. The first dose produced an abatement of the pains. The patient slept before an hour had elapsed; and, in the short space of an hour and a half, the hernia went back with a loud noise, and the difficulty was removed.

Rhus tox. might very probably have been efficacious also in this case, as it had, in the winter of 1850, several times proved to be appropriate.

In the autumn of 1849, I was called upon to see a robust

man, sixty years of age, who until then, some acid eructations from the stomach excepted, had enjoyed perfect health, on account of rheumatic pains of the limbs, back, and hips, of recent origin, after a fall upon the back. Immediately upon the fall, no remarkable pains occurred, but was felt only two weeks after, in cold rough weather. The patient complained also of a small inguinal hernia, since then observed, and which protruded occasionally, especially after exertion, and in walking about. By a few doses of Rhus, the pains in the limbs were removed, and a suitable bandage kept the hernia in place. The patient noticed, however, that the bandage was not sufficient to retain the hernia in the cavity, especially when exposing himself, if even slightly, to a cold wind, or a wet cold night-air. The hernia protruded, notwithstanding the exact adaptation of the bandage to the inguinal ring, when at other times, at which however he feels comfortable, he has not the slightest difficulty, neither pressing in the hernia. The pressing upon the inguinal ring was at the same time also connected with abdominal distention, pains in the thigh and the small of the back, occasionally with pressure, and tearing pains in the epigastrium, and disturbed sleep. An incarceration produced by climbing a hill, in 1850, induced me, according to the preceding causes, to give Rhus, which relieved in a few hours, and not only caused the voluntary reposition of the protruded intestine, but removed also the other troubles. The man remained free for some time, and could perform his domestic labor without a bandage. The difficulties were, however, renewed afterwards by colds, but were again removed by Rhus. Since then, he has been perfectly free from them by the aid of the bandage.

Hardly a week after this case happened, another opportunity occurred to make the important observation, that sometimes, under the most unfavorable circumstances, homœopathy may be beneficial, and that Rhus may prove an excellent remedy. It was in the middle of January when my assistance was required by an old man of seventy years, who was to be operated upon for incarcerated hernia.

The peasant, known to me as a robust, healthy man, wore for twenty years a truss for an inguinal hernia of the right side. To this was added, in later years, a new hernia in the left side. The latter became incarcerated; and this was attributed to the partaking of cold fruit and whiskey, as the

old man had an excellent appetite, and wanted frequently something between meals.

A cautious physician, besides several attempts at reduction, employed internal and external remedies, though without effect; and expressed his opinion, that, without a speedy operation, the patient was lost. The hernia, of the size of a small fist, was very painful, and could hardly bear the touch; the hardness, tension, the bloated, painful abdomen, resembling in touch a hard cushion. The frequent, painful hiccup, vomiting, and eructations, were unfavorable symptoms particularly as they constantly increased. The patient not only looked as though suffering, but was deathly pale, cold perspiration covered his forehead, and the hiccup always produced agony. Upon vomiting, which was of an offensive odor, he seemed somewhat easier. The pulse was small, and rather accelerated; the voice weak; and the hands cold.

Under such circumstances, as fæcal vomitings had already taken place, preparations were immediately made for an operation. I found it, however, necessary to combat those symptoms of threatening exhaustion, and administered a few doses of Arsen. 40. After this, the patient vomited less frequently, and felt a little restored by the medicine taken; two doses of Lycopod. 24 were given to him, and at the same time cold moist compresses applied. The patient was very anxious that the operation might be postponed, and grew less inclined to consent to it, as he thought himself too old. He was put into a warm bath, but could hardly endure it fifteen minutes, and had to be taken out nearly fainting. Soon after, vomiting again took place, of brownish yellow offensive matter. Pulse was small and frequent. He took now, every fifteen and afterwards every thirty minutes, a dose of Rhus t. 200. The pains became more tolerable, hiccup less frequent, vomiting not ceasing, the inclination to it still continuing; but the patient felt so much exhausted and feeble, that we gave way to his refusal to the operation, the more so as the operation, it being already dark, must have been performed by candle-light. Depressing sensations and physical pains produce much more injurious effects upon the morbid state, where vitality is already feeble, than in a healthy and lively person. The medicine was therefore continued during the night. The patient grew gradually more quiet, fell asleep after midnight, and his skin became moist; nevertheless, he still

vomited four times; what he expectorated early in the morning, consisted of black highly offensive fæcal matter. At eight o'clock, A.M. an increased rumbling took place, extending in the hernia region, which did not pain him any more. Immediately after, the patient found the hernial region soften; and he succeeded in its reduction without trouble. After a quiet sleep, and the restoration of the alvine evacuations, he felt well again. At noon he could hardly be retained in bed, so heartily glad was he to be freed from his suffering without instruments.

Although herniotomy, cautiously executed, may be considered a harmless operation, it is nevertheless, by particular conditions of the patient, and external influences, very frequently dangerous; and unforeseen circumstances but too readily cause a fatal result, even should the operation be skilfully performed. The assertion is then generally made, that it was too late for the operation, gangrene of the intestinal portion having already taken place, or had afterwards become developed. After reduction through the inguinal ring, there has been frequently found an internal incarceration in a fold of the peritoneum. Though incarceration is very often owing to a mechanical obstruction, its original cause lies full as often in a morbid state of the intestinal canal itself, or other organic parts. All morbid symptoms may still, even after a successful operation, continue, as it has often been observed, if the intestinal tract or individual parts of it are affected. In other cases, incarceration disappears with its local cause; for instance, rheumatism of the transverse abdominal muscles. An inflammatory state of the intestines is also frequently the cause; and, even for several days after the operation, no evacuation takes place, the patient still complaining of pains and uncomfortable sensations.

The physician, of course, believes then, *lege artis*, that antiphlogistica are required; or he gives, finding these inefficient, cathartics, in order to produce intestinal action. It is fortunate for the patient if he can withstand such attacks. I remember, from former experience, that such proceedings were harmless at one time, and injurious at another. Such a mechanical practice, with due respect to the skilful operator, cannot be satisfactory, unless the human organism is to be considered a machine, dependant only on mechanical influences.

Several cases I remember, where a replaced hernia caused in the abdominal cavity pinching and tearing pains, and no evacuations took place. If it was owing to wind or spasms, inflammation or mechanical incarceration, I do not recollect; but this much I know, that in the one case Sulphur, in another Lycopod., and in several instances Rhus, removed immediately the suffering. The constitution of the patient, as well as the atmosphere, is frequently the surest guide for the physician, who understands how to value those influences. It has the same relation, if similar symptoms continue after herniotomy. Though an operation might have been performed, the after-treatment was the same, as the disease is not to be regarded as a mechanical, but a dynamic or vital affection.

In February, h. a. I had an opportunity of observing, that, after the removal of the mechanical obstruction, the symptoms still continued, without the existence of real inflammation or gangrene. A blacksmith, forty-three years old, addicted to wine and an irregular diet, who, after having been unwell two weeks previous with diarrhœa, worked, exposed to a strong draught of air, felt immediately afterwards a pain in the back, as well as a considerable protrusion of an inguinal hernia. A physician of his neighborhood administered a cathartic, without, however, affording relief. On the contrary, an incarceration of the hernia took place during continued vomitings, hiccup, violent, tearing, and burning pains, obstinately opposing all means for its reposition. This patient, four miles distant, I was called upon to see; he had suffered already, for more than two days, violent pains, vomiting, nausea; was very much exhausted and weak, with distorted features; considerable meteorism, and anxious suppressed respiration; a quiet, small, irregular, accelerated pulse, and whose hard, inflamed hernia, of the size of an egg, could not endure the touch. I attempted, nevertheless, to give Lycopod. and Rhus; but stercorous vomitings had already taken place several times, and no time could be lost if any thing was to be expected from an operation.

Gastrotomy was executed in a few minutes without difficulty; but the intestinal structure was red, and even livid. There was no difficulty in its reposition, though it seemed to me as if it did not take place in the customary rapid, quickly yielding manner, while the intestines felt as if slip-

ping from the fingers: on the contrary, the latter remained near the abdominal wall. The patient declared, after the reposition, that he still experienced tearing and cutting pains in the abdomen. At a closer examination, it was found that the intestinal portion was retained within the inguinal ring by a sac-like fold. It was an adhesion to the peritoneum, externally not recognizable, as the intestinal fold was quite free in the hernial sac: they were, however, successfully separated, and the intestines slipped into the cavity. The patient was quiet, vomiting did not recur, and the wound was sewed together. It was, however, noticed now, that nausea and hiccup still continued; that air would not pass any more down the intestinum crassum, much less further down or off. An unpleasant compressed sensation in the abdomen also remained; no evacuation on the following day, the abdomen still remaining distended; there was but little sleep, without any perspiration. Rhus and Lycopod. were now administered every two hours in alternation, producing rest, cessation of the pains, moist skin, and an evacuation on the following morning. It was at this time that the patient began to feel well. The wound was healed on the twelfth day.

In November, h. a. I prescribed Bryonia to a woman sixty-eight years of age, suffering with tolerable, but continually-increasing pains, from a small crural hernia of the size of a nut. She had eaten cold grapes, and felt soon afterwards pains in the hernia and abdomen. She did not succeed in replacing the hernia; nausea set in, with vomiting, hiccup, cold perspiration, anxiety, and oppression. I could not possibly see the patient earlier than the succeeding morning, as I resided six miles distant; and therefore I sent her a dose of Bryonia. The first dose made a favorable impression: the patient felt, the moment after taking it, an abatement of the violent pains, a quiet sleep followed an hour after, and she awoke in the morning free from pain. Though the incarceration had not attained a high point, it is nevertheless to be attributed to the rapid relief that further aggravation was prevented.

Perhaps the question will arise, why Rhus or Nux were not given here, and what the indications are for Bryonia. This may be answered by the frequently-repeated maxim, and by the fact, that, at the time of the occurrence of this

case, Bryonia was the best adapted remedy under the existing circumstances.

Valentine Thurnher, of the same place, fifty-two years old, was, in September, seized with diarrhœa, attended with tenesmus and flatulence, succeeded by costiveness and pain in an inguinal hernia; fomentations were applied, but the hernia did not recede. The pain in the hernia increased rapidly, vomiting followed with all the signs of incarceration. A few doses of Rhus and Lycopod. were sufficient to remove the pains; and in two hours the hernia returned voluntarily.

THE EMPLOYMENT OF BROMINE IN THE TREATMENT OF MEMBRANOUS CROUP.

BY A. S. BALL, M.D., NEW YORK.

I DEEM it important that the following cases of diphtheritic inflammation of the throat and larynx, which were successfully treated by me, with a remedy not long in common use by the profession, should be made public, as any drug offering a chance of success is worthy the consideration of all who are called to meet this most frightful disease. I am anxious that the variety of the disease, of which the following cases are examples, should be distinctly understood; for there is altogether too little discrimination as to the different varieties of croup in the reported cases of our medical journals. Not unfrequently it is a difficult matter to decide whether ordinary spasmodic or catarrhal croup, or the pseudo-membranous form, is intended. Now, the value of statistics in the treatment of croup depends upon a clear exposition of the characteristic of each variety; and it is the non-observance of this requisite which produces such disagreement as to the proportion of fatal cases.

Ordinary spasmodic or catarrhal croup is met, attacked, and vanquished every day. There is also a species of false membranous croup more fatal than the former, yet frequently cured, as the records of medical experience abundantly show. This variety has its origin and seat in the

larynx itself, where the inflammation, and the subsequent deposit of false membrane, take place; but, otherwise, there is a healthy condition of the throat.

Another variety still, and that with which we are at present concerned, is almost universally fatal. This form differs materially from that just mentioned, and is more fatal; first, because it occurs in more depraved constitutions, with greater predisposition to the deposit of false membrane; and second, because the disease, covering a larger extent of surface, renders the controlling action of the remedies less hopeful. It is a form of exudative inflammation; but the plastic exudation *in the larynx* is preceded by certain symptoms, lasting from two to ten days. The disease begins in the throat and fauces, which are red and inflamed, producing some difficulty in swallowing, and soreness about the parts. So analogous are the initiatory symptoms to those attendant upon a common cold, that the patient is not usually seen by the physician until the lapse of several days has given rise to some new and more alarming symptoms.

The distinguishing mark between this and all other forms of croup is the discovery of the plastic exudation upon the tonsils and walls of the fauces, occurring sometimes in patches, and often completely lining its whole cavity with a thick white or yellowish deposit. This may be seen when there is no dyspnœa, but little cough, and no hoarseness of voice, the inflammation not yet having invaded the larynx. This latter step occurs very gradually, and is accompanied with more or less hoarse cough, with slight difficulty in respiration. As the exudation takes place in the larynx, the symptoms of the sufferer correspond; the cough, losing its hoarseness, becomes husky, and finally lost; the voice is reduced to a whisper; the dyspnœa is frightfully increased; and, unless the disease be arrested, the little patient dies, with all the horrors of slow strangulation. This form of croup is represented by our American authors as a very rare disease. Of its fatality, however, we may judge from the words of Prof. Wood, of Philadelphia, who says: "I once attended the case of a little girl, who, when first visited, was running about the apartment, with no other apparent disease than a whispering voice, and perhaps some little difficulty of respiration; yet she was at that moment almost as surely condemned to death as

though she had been in the last stage of the disease; *for the membrane was already formed, and no effort could prevent its fatal progress.*"

This form of croup is comparatively rare, but I am inclined to think by no means so uncommon as Prof. Wood and others suppose it to be. I have met with six cases in the last five years. In the two cases reported below, the deposit had already taken place in the larynx when the treatment commenced, and this adds new interest and importance to their history.

Case 1. — On the 29th of March, I was called to see a female child, seven years of age, who was reported to have suffered from sore throat for a week. On the night of the 27th, she awoke with symptoms of croup, — hoarse cough and difficult respiration; she soon obtained relief by the use of some domestic remedies, and on the following day only complained of sore throat, with slight difficulty in breathing, and an occasional croupy cough. Two days subsequent to this, when I first saw her, I regarded her case, from past experience, as beyond the reach of remedies; and, upon expressing surprise at such delay in the treatment, I learned that her mother, acquainted only with spasmodic croup, supposed, from the fact that the child had sore throat, that there was no danger of croup, and imputed her difficult breathing to the presence of coal-gas, which had accidentally pervaded the house. The fauces and tonsils were entirely covered with the diphtheritic deposit, which had already extended into the larynx so that there was complete loss of voice, and a dry, suppressed cough, with a long, shrill inspiration, made with great exertion. She had been getting worse daily since the night of the 27th, and the little patient was now very much exhausted.

A few doses of Spong. and Hep. 3, were given in alternation, until the Bromine could be procured. A solution was then made of the strength of fifteen drops of the tincture of bromine to an ounce of water, and from three to five drops of this were given in a teaspoonful of water every hour.

30th, 9 o'clock, P.M. Found the patient evidently worse; her breathing so laborious that she was in constant agitation, moving about, seeking relief, her face approaching lividity, and drops of perspiration standing upon her forehead. About every twenty minutes, she had paroxysms of

choking and coughing, with a discharge of stringy mucus, which afforded little relief: between these paroxysms, she was unable to cough at all. Continue the Brom. and alternate Hep. 2, with it every hour.

31st. Towards morning the child seemed a little relieved, but still breathed with great difficulty. Treatment continued.

P.M. Patient slightly improving. A consulting physician, who now visited the case with me for the first time, remarked, "I would not give a pin for her life." He recommended, however, as his favorite practice, Tinct. phos. and Ant.: he had never used the Bromine. Continued the Brom. and Hep. through the night, resolving, if she were alive in the morning and no better, to change the remedies.

April 1st, A.M. The patient wonderfully relieved. Cough loose, raising pieces of thick, hard, tough mucus; one piece of tubular membrane, one and a half inch long, was discharged entire; her little sister ran a string through this, and wore it as a necklace. Continue treatment.

P.M. Still improving; breathes without much difficulty. Alternate Iod. merc. 3, with Phos. 3, every two hours.

April 2d. Discharged cured.

On the 4th I was called again to see her. The cough had become harder and more croupy during the past night; the nurse thought the child had taken cold; considerable and increasing dyspnœa. Resume the Bromine every hour as before.

P.M. It was evident that the false membrane was forming again in the larynx; great anxiety of countenance and laborious breathing; the cough became more and more suppressed, voice once more reduced to a whisper; and, before the morning of the 5th, all the distressing symptoms of strangulation were again present, so that we expected death from hour to hour. Continue Brom. as before.

5th, A.M. The most distressing symptoms seem a little improved. Continue treatment.

P.M. Is certainly relieved again; cough loose, and expectoration as before. Continue treatment.

6th. No croupy symptoms remaining, and no recurrence of them.

Case 2. — On the evening of the 10th of May, I was called to a child, five years of age, who had complained

for nearly a week of sore throat, with slight febrile disturbance at evening, accompanied by a hoarse, croupy cough. Upon examination, I found the tonsils and back-wall of the fauces covered in patches with a whitish deposit, and the mucous membrane otherwise somewhat red. There was evidence that the inflammation had already extended into the larynx, in the slight impediment of the respiration and the cough, which now resembled the barking of a young dog. Acon. and Spong. 3, were given in alternation every hour through the night.

11th, A.M. Rather worse; respiration more difficult, cough still dry and barking. Continue treatment.

P.M. The symptoms are still worse; concluded to give the Bromine. We used the same prescription and dose as in the preceding case every two hours.

12th, A.M. The disease is progressing; dyspnœa greatly increased. We could hear the stridulous respiration across a large parlor. Continue the Brom. in alternation with Hep. 2, every hour.

P.M. Cough suppressed; voice whispering. Certainly no better. Continue treatment.

13th, A.M. Considerably relieved. During the past night, the cough has become more free, and respiration less embarrassed. The cough continued loose, with expectoration of tough mucus throughout the day; and the little patient was entirely relieved of all croupy symptoms on the day following.

This latter case, it will be seen, was not as severe as the former; but of the character of the disease there was not the slightest doubt. I attribute the cure in these cases to the Bromine (although it was given in conjunction with the Hep.) for these reasons: In the four other cases referred to above, the following remedies were faithfully applied: Acon., Spong., Hep. sulph., Amm. caust., Emet. tart., Phos., Kali bichrom., Canth., &c.; but nothing prevented the fatal issue. Again, by reference to the pathogenetic effects of Bromine, it will be seen that it perfectly corresponds to the pathological condition of these cases. I received the above prescription from my friend, Dr. Curtis, of this city, who had used it successfully in several cases. It is a question, perhaps, whether so low an attenuation is necessary to the highest success of the remedy. This can only be decided by careful trials of higher attenuations in similar cases. The want

of marked aggravation from the prescription used, and its apparent success in these cases, may be regarded as evidence in favor of its adoption in all similar ones.

In conjunction with the report of these cases, I may be allowed to call the attention of the profession to the importance of an early examination of the throat where this disease is suspected; for the history of all such cases shows the possibility of detecting the nature of the disease while it exists only in the fauces. May it not *then* be possible to prevent its further progress by appropriate treatment? Among the remedies applicable to this early stage, I would suggest Hydr. iod. in the first or second trituration.

Another fact is worthy of notice; that the remedy was perseveringly given, even under the discouraging progress of the disease. This course was strongly insisted on by Dr. Curtis, when he suggested the remedy; and I am almost tempted to adopt his emphatic language, that "it is *the* thing; and, if it does not cure, nothing will." *

PREVENTIVE MODE OF LIVING IN RELATION TO A PREDISPOSITION TO CERTAIN DISEASES.

BY DR. L. GRIESSELICH.

THERE would not be half as many diseases, if all were born with equally developed, healthy systems. Many bring with them into the world the germ of disease, which may remain latent in the body during life under peculiar circumstances, but usually becomes developed more or less rapidly through certain causes, especially an irregular life and uncontrolled passions. Hereditary diseases, and those implanted by nature, are widely extended. I will mention the most important particulars to which they are attributable.

1. Marriages between unhealthy individuals, not adapted to each other in reference to age and other qualifications.

2. Too early marriages, especially of females.

* We copy this article from an American Journal, because we consider it to be a valuable addition to the monograph on croup, which was concluded in our last number, issued in October. — EDS.

3. Unhappy marriages.
4. Marriages between near relatives.
5. Inappropriate mode of living of the "encientes."
6. Inebriety of the man.

Among "*family diseases*," so called, is pulmonary consumption, as well known as it is feared, and the most frequently occurring: it extends from generation to generation, and leads sooner or later to the grave. It is possible, however, sometimes to retain the germ, the predisposition to such fearful diseases, in its slumbering state. A certain degree of health may exist at times, while no indication is given of the presence of the foe lurking within, ready to burst forth, *by a transgression in diet, and the existence of certain unfavorable external influences.* There is no other preventive than a *thoroughly regular life.* The advice of a physician who will enter into particulars must be sought in such cases. We can only treat this subject here generally, that attention may be directed to its importance in the preservation of human life.

Consumption has already been mentioned, which sweeps off so many people in the prime of life, and especially girls. Rapid growth, a slender frame, a long neck, circumscribed redness of cheeks, or very florid complexion, frequent bleeding from the nose, inclination to cough, occasionally spitting of blood with sudden darting pains through the chest, shortness of breath from slight exertion, are signs which combined will give a plain hint, even to the uninitiated, of the person's situation. If all or most of these signs exist at the same time, the apprehensions are, of course, excited; but frequently only one or another is observed, and it would not be noticed *if one of the parents, or some near relation of the family, had not already died of consumption.*

What is to be done here? The wealthy may send their children to southern countries, as the English do to Maderia; sea-voyages being also reputed excellent. Certain it is that *change of locality* is a powerful remedy; that rough winds, dust and draught, are pernicious to a "weak chest;" that living in a mild, equable atmosphere is highly salutary. But how seldom are circumstances favorable for removal! Nothing remains for many but to avoid what is avoidable, — to stay at home when the weather is unpleasant, in order to escape a cough. All stimulating food is to be banished: a vegetable diet is the best, with a small quantity only of

digestible meat. Vegetables, fruit, and particularly milk, should be the principal dependence; a glass of sugar-water or simple chocolate should be taken instead of coffee and tea; curdled milk or whey, instead of wine and other spirituous drinks, which are downright "poisons." Tobacco in any form is not to be permitted. "New milk" has an old and well-deserved reputation, and is easily digested. Walking in the open air is as beneficial and necessary (even moderate gymnastic exercises, *slow* climbing up hill, and loud reading) as *strong* bodily exertion is injurious. Girls must by all means be cautioned against dancing and lacing, while boys must not enter into scenes of dissipation, if they would avoid a premature grave, which may be prevented by a rational mode of living.

Whoever has a weak chest should wash the same with cold water every morning, but not in river bathing (about the propriety of which a physician must be consulted); the breast must not be exposed to the current; such bathing, if practised, must be short, and swimming totally omitted. It is, of course, important that the occupation should be in harmony with the whole mode of living; and no one, with this morbid predisposition, ought to be a school-master, mason, soldier, stone-cutter, dress-maker, or the like. It is certainly very necessary that the passions and mental emotions be restrained within proper limits.

It is a very frequent occurrence, that all the children of a family are feeble without a particular affection of any part of the body; they are "delicate beings;" there may be a deficiency of nutrition, and especially full muscular development. Not unfrequently, to be sure, a scrofulous taint is existing; but there is often a predisposition, without being exactly of a *morbid character*. When it appears early, the surest method of prevention is a properly arranged mode of hardening. But where it is not early manifested, the individual may nevertheless become old and be healthy, *if he only lives accordingly*. We frequently observe that such feeble persons, with suitable caution, live longer than the more robust of intemperate habits.

A disposition to glandular affections (scrophulosis), and to pulmonary complaints, is widely extended, and appears in the earliest age. No scrophulosis is yet perceived in the child; and still there is, on the whole, an expression indicating it, *notwithstanding the favorable appearances*. This is

as deceitful as the clear sky before an approaching thunder-storm. All care must here be exercised, first of all, to the *nursing period*, and later, also, to a proper method of living, which must be strictly managed by parents and guardians. Potatoes and food prepared from flour must be excluded from the diet, and rather light meats, broth, vegetables, fruit, be given. It ought by no means to be forgotten, that material advantages may otherwise be derived. 1. Motions in the free air and cold water; 2. Change of locality; and 3. Postponement of learning. Where one of the above causes prevents bodily development, *holidays should be given instead of medicine. A most excellent effect* will result from the removal of children into another atmosphere, — from the plains to the mountains, the drinking of fresh milk and exercise. This will achieve more than all the oak-coffee, all the salt-baths, and all the cod-liver oil, which the children have now so often to swallow, and which is beneficial in certain cases of scrophulosis, but must not be administered by chance, as so frequently happens.

One of the worst and most mischievous morbid dispositions of children is the one to acute hydrocephalus (dropsy of the brain), which destroys so many, and is so often confounded with convulsions. Children with this disposition have a large head; the openings on the head (fontanels) do not close, or but slowly; the children are very excitable; their sleep is easily disturbed; the intellectual development is very rapid; the countenance betrays unusual vitality. *Such children have often something spiritual* in their expression. In such cases the fire must be smothered by parents, not blown into a flame; animal food should be interdicted, and every thing that stimulates the body and the mind. Let the brain only slumber, and keep such children long out of doors at play. Watch them as if a deadly enemy was approaching.

In adults is found a frequently recurring disposition to *apoplexy*, unequivocally recognizable by a certain structure of the body. Observe the square-built man! He carries before him a protuberant abdomen; his head stands between his shoulders as if no neck existed; the chin presents under it folds of fat; the full-mooned face shines, and seems ready to burst. To such a person recommend a sort of starvation-system, prisoners' board, or the like. Spirits, wine, or beer must be out of the question, and entirely

unknown to him. He must be devoted to the well, as the Hindoo is to the Ganges.

Many occupations favor a disposition to pains in the limbs, in particular to rheumatism: this is predominant in man; in woman it assumes the mask of painful and spasmodic afflictions, playing all sorts of caprices. The disposition to rheumatism is generally attributable to a real disease, or it is a neglected state of the skin. When the latter is the case, there is still time to pay proper attention to the skin, though the body has forty or more summers behind it. It is of advantage to take occasionally a tepid bath, yet the trouble will not be removed by it: *this can only be done by exercise in the free air and cold water.* Let who will write dietetics: if the author is a sensible man, he will always advise, *Out of the room and into the water*, when an unhealthy condition of the skin is in question.

The disposition to *mental diseases* is one of the most unfortunate of all. The education comes decidedly in requisition here: it is not alone the bodily cultivation which is to be attended to. The main point is not to admit too early intellectual exertion in children, in whose family several members have been or still are afflicted with one or the other mental disease; though at the proper time the necessary essential bias is to be given to the mind, that should be occupied with natural objects, whereby the field is opened to the youthful imagination, which it maintains at any rate. Erect, by contemplation of objects, a counterbalance for the support of the imagination, and the prevention of fancy productions out of itself. Such minds must avoid as much as possible *abstract studies.* Travelling exercise in the free air, vegetable food, and drinking of water, are the further adjuvants for the safe passage of this dangerous period. Nothing is more unsafe, however, than to engage such minds with exclusive occupations, as poetry and music; lucubrations and spirituous drinks would be downright poisons. There is only one step from the highest degree of intellectual cultivation to madness. After a blazing fire, the night is darker; and so we see the greatest minds sink into madness, showing only its former existence by individual sparks bursting from the heap of ashes. Look out carefully, ye parents and teachers, for the germ of mental diseases concealed under luxuriant flowers.

Gout is in all corners of the world; hæmorrhoids are as

frequent as the clouds; tetters visit the just and the unjust. Parents infect their children, and the latter can do nothing better than to live "quietly, regularly, and temperately." There are no better means to call out such dispositions than to "lead a dissolute life." The worst of it is that the afflictions mentioned make frequent exchanges among themselves, and whoever is gifted with the one is never safe from the other. "*Diet and water*" must be the text-book to such individuals. I can give no further advice than to warn against the common recommendations of remedies for the gout, &c.

I must repeat my warning against the purchase of nostrums, and full as earnestly of the publications, appearing under the charlatanical titles, "No more consumption," "No more hæmorrhoids," "No more gout:" even one has been issued with the title, "*No more corns.*" If one would publish a book entitled, "*No more Quacks in Medicine,*" with rules for recognizing them at once, and to make them harmless, he would become a real benefactor to mankind; and then, without offence be it said, there would be "*no more fools*" to be imposed upon.

CASE OF HYDROPHOBIA IN THE SOUTH OF FRANCE.

BY M. GUYON, OF VALENCE.

M. GUYON has communicated to the Société d'Emulation of Paris, the report of a case of hydrophobia, drawn up in a very graphic manner, and presenting some points of interest. The patient was a nailer, about thirty years of age, who was bitten by a little dog, which he had never seen before, and which was quarrelling with his own. No signs of disease were noticed in the strange dog: it was seen for several hours afterwards to play about, gnaw bones, &c. and was subsequently lost sight of.

The medical man who was called in wished to cauterize the three small wounds with the hot iron; but the patient refused, and his surgeon readily yielded, as the dog was supposed to be healthy. Forty days (the period vulgarly believed necessary for incubation) passed away, and the patient now exclaimed that he had been more afraid than hurt; for he had felt uneasy in his mind ever since the accident. About a fortnight after this, the man began to give signs of peevishness, and became quarrelsome and abusive.

He soon complained of pain in the vicinity of the pharynx; difficulty of swallowing came on; and the fits of dyspnœa, when water was placed in the mouth, were dreadful.

The surgeon in attendance noticed that the papillæ at the base of the tongue were much enlarged; that the epiglottis became quite erect, and resembled in shape and color a small cherry. Every time that he succeeded in lowering it, the respiration became easier. There was no horror of water, but a difficulty of swallowing it; the fauces, larynx, and pharynx being highly injected. The spasmodic fits succeeded each other with fearful rapidity, the cellular tissue of the neck and chest became emphysematous; and the patient died asphyxiated the day after the attack.

No post-mortem examination was allowed, but the larynx and posterior portion of the tongue were taken out; they did not present any distinct alterations. M. Guyon appends to the case the following remarks: —

1. It is clear, judging from the case just related, that a dog can communicate the disease whilst the latter is yet latent; and if it be the salivary secretion which conveys the virus, it does not seem necessary that the animal have a great abundance of it, and foam at the mouth, for the fluid to be contagious, as is vulgarly supposed. 2. It has been imagined that fear and apprehension have much influence on the development of hydrophobia; but this case shows that the disease may manifest itself more than a fortnight *after* every sort of apprehension has passed away. 3. The peculiar rising and stiffening of the epiglottis noticed in this case has not been observed before, and would sufficiently explain the laryngeal spasms, which eventually brought on asphyxia. The phenomena of hydrophobia might thus be accounted for, without having recourse to a lesion of the nervous centres, which lesion has, in fact, never been demonstrated by autopsy. 4. The emphysema of the neck and chest was probably due to the rupture of some pulmonary vesicles during the violent spasms which the patient had experienced. This circumstance shows very clearly that there must be direct communication between the general subcutaneous cellular tissue and the submucous areolar texture of the lungs. 5. The hypertrophied papillæ at the base of the tongue, which were seen very early in the course of the disease, would explain the sense of pharyngeal constriction of which the patient complained at the very outset. Thus it would finally appear that it is principally in the pharynx and larynx that hydrophobia becomes localized, although it is likely that the disease arises from a virulent infection of the whole organism. — *Lancet*, *May* 29, 1852, p. 521.

EDITORIAL.

A PAMPHLET of about 40 pages, entitled "Medical Morals, illustrated with plates and extracts from Medical Works," by George Gregory, has been lately submitted to our perusal; and, as a candid opinion of the work is requested, we do not hesitate publicly to declare it to be a coarse and vulgarly-written production throughout, full of false inferences and conclusions, and a base libel upon the medical profession. Could female medical education be established here on the European basis, every *physician* would hail it with pleasure; but who, under the present proposed arrangement, is to define the limits of the midwife's duties and responsibilities? Where is the controlling power, in those moments of sudden alarm and danger demanding the strong nerve and resolute will? We are ready to admit that the attributes of firmness and self-possession, — promptness of perception and energy of action, — that commanding, masculine traits of character, distinguish a *few* women: happily for the sex's attractions, they *are* few. But that a feeble "physique;" a tendency to faint at short notice; a liability to fits of impulse, of overpowering sympathy, of fright, of innocent wonder, of the many and various forms of weakness incidental to female organization, are inheritances best adapted for sudden, alarming emergencies, we are *not* ready to admit. Much may be written on this subject, and perhaps it will be again considered in some subsequent number.

INTELLIGENCE.

What a change! When we first settled at Westfield, Chautauque County, 1833, we knew of but two homœopathic physicians in the State of New York, — Drs. A. G. Hull and J. Gray, besides ourself. From a list of the homœopathic physicians of the State of New York and the principal Atlantic cities, recently published and received, it is to be seen that there are now in the State of New York one hundred and eighty-three homœopathic practioners, exclusive of sixty-two in the city of New York; Philadelphia, fifty-three; Boston, twenty; State of Rhode Island, twelve; Baltimore, ten; Washington, two. This fact does not indicate the *downfall* of homœopathy, which has been so often prophesied by our old-school friends. J. B.

The following is extracted from a public journal: "Dr. J. P. Dake, homœopathist, of Pittsburg, challenged Dr. James King, allopathist, some time ago, to a public discussion of the relative merits of medicine. Dr. King, after considering the matter for several days, has consented to meet Dr. Dake."

We are not in favor of such public controversies, knowing from experience that the public generally attend discussions of this nature out of curiosity or for amusement, not being properly prepared to judge of the merits of the question; and the victory is generally awarded to him who is the master in misrepresentation and scurrility. The best test is the institution of public hospitals, and to this end our friends in every city ought strenuously to labor.

NEW PUBLICATIONS RECEIVED.

Americanische Arszneiprüfungen und Vorarbeiten zur Arzneilehre als Naturwissenschaft von Constantin Hering. Heft I. Glonoin or Nitroglycerin. Leipzig, 1853.

A Discourse on the Times, Character, and Writings of Hippocrates. By Elisha Bartlett, M.D., Prof. of Mat. Med. Published by the Class.

Homœopathic Manual of Obstetrics; or, a Treatise on the Aid the Art of Midwifery may derive from Homœopathy. By Dr. C. Croserio. Paris. Translated from the French, by M. Cote, M.D. Cincinnati: Moore, Anderson, & Co. 1853.

Epps's Domestic Homœopathist; fifth American edition, much enlarged. By John A. Tarbell, M.D.

PERIODICALS RECEIVED.

AMERICAN.

The North American Homœopathic Journal, September, 1852. New York.

The Philadelphia Journal of Homœopathy, October, November, December, 1852.

The American Journal of Homœopathy, November, 1852.

The American Magazine of Homœopathy, vol. ii. Nos. 1 and 2: Cleveland & Cincinnati, 1852.

FOREIGN.

British Journal of Homœopathy, October, 1852.

Homœopathic Times, London, up to Dec. 11, 1852.

Homœopathische Viertel Jahrschrift, Leipzic. Edited by C. Müller and V. Meyer.

Zeitschrift für Homœopathische Klinick. Edited by Dr. B. Hirschel, Dresden, up to Nov. 1, 1852.

Allgemeine Homœopathische Zeitung. Edited by Drs. F. Hartmann and F. Rummel, Leipzic, up to Nov. 22, 1852.

Zeitschrift für Erfahrungsheilkunst. By D. A. Bernhardi, Berlin. Vol. v. No. 3.

QUARTERLY HOMŒOPATHIC JOURNAL.

ON INFLAMMATION OF THE EYES.

BY DR. TULFF, BRESLAU.

(Continued from page 113.)

I. Ophthalmia Catarrhalis.

The catarrhal inflammation of the eye has its seat in the conjunctiva and the cryptis sebaceis of the eyelid edges. A catarrhal action on other mucous membranes exist usually with it, mostly on the nasal mucous membrane. It appears at first on one eye, but passes easily to the other. If no improvement takes place within one or two weeks, it becomes chronic, and is very apt to take the form of Blennorrhea.

There are two species to be distinguished, according to the seat of the inflammation: Blepharitis glandulosa catarrhalis, and conjunctivitis catarrhalis.

(a.) The blepharitis glandulosa catarrhalis manifests itself by the following symptoms: burning, twitching pain, with itching, pale red swelling of the eye-lid edges, which look as if cauterized, and are closed in the morning; photophobia occurs also in the evening, at the time of exacerbation.

(b.) Conjunctivitis catarrhalis: pressing pain, as if sand were under the eyelids, extending occasionally to the forehead. The conjunctiva exhibits a uniform yellowish redness, under which the white sclerotica is plainly to be distinguished. The cornea remains free from vesicular injection. The lachrymal secretion is increased at the

commencement and at the abatement of the inflammation; at the height of the inflammation, it is diminished, and the eye becomes dry. Small phlyctænæ, especially on the edge of the cornea, form and burst, leaving superficial ulcers.

The prognosis is generally favorable. It undergoes modifications only during simultaneously-existing dyscrasies. So the catarrhal eye-inflammation assumes in scrofulous individuals a chronic character.

Treatment. — To keep away from a bright light, to protect the eye, to avoid stimulating food and drinks, are the requisite dietetic conditions for a cure.

If the disease appears with a catarrhal fever, and evening exacerbations, then Aconite will be efficacious; in recent cases, several doses of this remedy may be successfully given to begin with; especially if, in severe inflammation, chemosis has formed, and the conjunctiva is protruded like a wall around the borders.

Nux vomica is applicable under the same circumstances, if the fever manifests itself more in an alternation of chills and heat, and all the other symptoms correspond with this remedy.

Chamomilla will be advisable, especially in blepharodenitis catarrhalis, when the lachrymal secretion is not increased, the eye-lids painful on opening and closing of the eye, and are closed in the morning.

Belladonna is particularly applicable in photophobia of a high degree, absence of secretion, and sensation of dryness in consequence of it, in existing congestions to the head. Hartmann recommends it in redness of the eye-lid edges, especially in the corners; sensation of burning photophobia and dryness of the eyes, aggravation of the pains on the admission of light, morbid secretion of the meibomian glands, and redness of the conjunctiva. If the catarrh generally accompanying this eye-inflammation is also attended with a short, dry, wheezing, periodically returning, spasmodic cough, then the efficacy of Belladonna in this disease may be depended upon. Arch. ix. 3, 50.

Euphrasia, however, deserves the preference in the further course of the disease, if the lachrymal and mucous secretion, as well as the injection, is very considerable, and if phlyctænæ are formed near the cornea. Severe catarrh and pain in the forehead are other indications for this remedy.

Arsenicum is suitable in catarrhal conjunctivitis, showing an inclination to the formation of ulcers, accompanied by violent burning pains, increased lachrymal secretion, great photophobia, and dimness of sight.

Gross, referring to an influenza-epidemic, says: "In its train were not unfrequently very obstinate ophthalmia, with subsequent ulcers on the cornea, and very great photophobia, when Arsen. alb. only proved efficacious, though Belladonna, in often-repeated doses, gave speedy but not permanent relief." Arch. xiii. 2, 91.

Ignatia comes under consideration, if the subjective inflammatory symptoms are less prevalent than the objective, especially the pressing pain, photophobia, and epiphora, with simultaneously-existing coryza.

Mercurius also in coryza, inclination to formation of ulcers, secretion of acrid corroding tears, photophobia. — The above-mentioned remedies, especially Aconite, Belladonna, and Euphrasia, will, in the majority of cases, be sufficient; but there are still others which may deserve the preference according to the existing symptoms, and the complete image of the disease, as Aurum, Causticum, China, Digitalis, Dulcamara, Phosphor, Pulsatilla; the latter principally in existing exacerbations at evening, and Sulphur in increased secretions of the meibomian glands. Digitalis, Pulsatilla, and Staphysagria are particularly recommended for the catarrhal inflammation of the eye-lid edges. For the chronic form of this inflammation, and the blepharo blennorrhœa, Antimon. crud., Euphras., Lactuca virosa, Ledum, Phosph., Pulsat. Sulphur, Kreosote, Laurocerasus, Natr. carb.; or, if the glands are principally affected, Agaricus, Alumin., Amon. mur., Puls.: the so-called Antipsorica, however, deserve the preference of all. If the meibomian glands be affected, the swollen red edges, as well as the eye-lashes be closed together by yellow crusts, then Hepar sulph. will be the most proper remedy. Argentum nitricum will be efficient in profuse mucous secretion, or if the caruncula be inflamed and swollen.

II. Ophthalmia Rheumatica. — *The Rheumatic Eye-Inflammation.*

The seat of the rheumatic inflammation is in the fibrous tissue, in the sinewy parts of the muscles of the eyes, in

the periostium of the orbit, and, above all, in the sclerotica, from which it passes not unfrequently to the descemetic membrane. It manifests itself invariably by the following symptoms: —

Violent tearing pain in the eye and around it, affecting the whole head, and occurring with other rheumatic affections (tooth or ear-ache) either simultaneously or in alternation. In periorbititis the pain is the most violent; and in inflammation of the descemetic membrane, the mildest.

There is always considerable photophobia. The pain has this peculiarity, that it increases during a change of temperature, particularly in moist, cold weather, and the warmth of the bed. There is a secretion, interrupted by starts of hot tears, with injection of the sclerotica and conjunctiva, and a vesicular corona at the edge of the cornea. The iris is often affected and discolored, without any participation of the descemetic membrane. In inflammation of the descemetic membrane, the cornea will be dim, and the faculty of sight disturbed. Fever is seldom wanting, and exhibits its exacerbations in the evening, with an increase of all inflammatory symptoms.

The inflammation has a great tendency to exudative productions, phlyctænæ, chemosis, increased secretion of the aqueous humor, exudations upon the iris. If the inflammation extends to the substance of the cornea, then abscess-formation will easily follow with its consequences, ceratocele, onyx, unguis.

Treatment. — Aconite will, in cases of recent origin, diminish the inflammation and fever; after which the other remedies, Belladonna, Bryonia, Clematis, Euphrasia, Pulsatilla, Rhus, Spigelia, will be the more efficient.

Belladonna is to be given, especially in existing congestions towards the head, and the characteristic symptoms mentioned under catarrhal inflammation.

Bryonia, if attended by pressure and pains, as if bruised, aggravated by moving the eyes.

Pulsatilla, if the rheumatic ophthalmia alternates with rheumatic affections of other parts.

Rhus, in colds during convalescence, especially when the body is in a state of perspiration, also when the pains are decreased by motion.

Clematis is recommended by Hartmann, if the pressure in the eyes, the photophobia, and the lachrymal flux, are

increased in the air, the eyes being closed in the morning; if the patient feels considerable heat in the eyes; and, finally, if the iris is affected through sympathy.

Euphrasia will be efficacious, however, at an advanced stage of the inflammation, particularly if it has reached the cornea, the photophobia lessened, though the tearing headaches, especially upon one side, are insupportable. Yet it seems that this remedy corresponds more to the catarrhal than to the rheumatic morbid process, more to the mucous membrane than to the fibrous tissue.

Spigelia even, which manifests its principal effect in the arthritic ophthalmia, may be of great service in violent cases of rheumatic inflammation, as no other remedy removes so rapidly the piercing pains communicating to the bones.

If the inflammation threatens to become chronic, or morbid residues remain, dimness, &c., then, in adapted cases, Calcar. carb., Causticum, and Sulphur will be beneficial.

Schelling directs attention to the frequent appearance of ophthalmias, and their epidemic occurrence during the last ten years; a fact which cannot be attributed alone to accidental and local causes, but corresponds so well with other existing diseases that it must be assumed that they are all under the influence of one general cause (the genus stationarius). Schelling states, as proof of this, that the ophthalmias are complicated with a morbid state of the whole organism; a condition not often recognized and regarded by the patient, but which does not escape the close observer. This general morbid state is either acute, real fever symptoms, or gastric afflictions; or feverless chronic, or previously-existing complaints, are joined with it. Those eye-complaints are particularly complicated with scrofulosis and psora, of which the latter is the worst complication. The not accidental, but, in many particulars, striking correspondence of this disease with the rest of the simultaneously-occurring diseases, and the existing constitution, afford hints for its treatment, which will be fruitless, however, if, in every point of view, strict and cautious dietetic measures be not pursued. But the main point in the treatment is the consideration of the general and individual character of the disease. The remedies adapted to the general character, and, in their turn, of importance, are

Rhus, Arsen., Belladonna, Bryonia. Where, however, an individual morbid disposition prevails, there Sulphur, Calc., and Lycopod. must be given: Sulphur in scabious, Calc. in rhachitic and scrofulous, and Lycopodium in herpetic and impetigenous dispositions.

III. Ophthalmia Exanthematica. — *The Exanthematic Eye-inflammations.*

These are, the independently-occurring erysipelatous eye-inflammations excepted, only symptoms of the acute feverish exanthematas, and depend as such on their existence. If the eye is still affected after the expiration of the exanthea, we can generally infer the existence of a dyscrasy, especially scrofulosis.

(a) *The Erysipelatous Eye-inflammation*

Seizes usually but one eye, and principally the external surface of the eye-lids, where it appears as real erysipelas; thence it may pass as well upon the other eye as upon the conjunctiva. It appears generally with feverish and gastric symptoms. A moderate, pale, yellowish red, distended and shining swelling is formed; pain and photophobia being trifling, and the temperature of the epidermis but slightly increased. The swelling either remains smooth, and ends with desquamation; or smaller and larger pimples arise upon it, drying up, with their contents, to scales and leafy scabs (erysipelas callosum); or, thirdly, discolored pustules form upon the livid-growing swelling, under the influence of a nervous fever, especially in cachectic individuals, or by improper treatment, which do not dry up, but burst, leaving gangrenous ulcers. If the erysipelas extends to the conjunctiva, then chemosis will generally follow.

The erysipelatous eye-inflammation must not be confounded with the consensual redness or swelling of the eye-lids in dacryocystitis, hordeolum, the bites of insects, or inflammation of the cellular tissue.

Therapia. — In most of the cases of simple erysipelas, Aconite and Belladonna will be sufficient to remove the whole evil in a short time. Sulphur will be beneficial, if the inflammation has passed upon the conjunctiva, and

particularly if one of the two above-named remedies has first been given, when the conjunctiva is puffed, loosened and dry, causing thereby a painful burning.

Hepar sulphur calc. deserves the preference, however, according to Hartmann, when the inflammation has been removed by Aconite or Belladonna; but still a pressing, burning pain remains. A few years ago, I treated with Schereikert, a patient who had erysipelas faciei, with erysipelatous eye-inflammation, where also the right shoulder and the upper arm were affected by the erysipelas. Graphitis helped here astonishingly quick, while Aconite, Belladonna, and Rhus produced no effect whatever.

Rhus, in erysipelas callosum of the eye-lids, Arsen. and Carb. veg., in the gangrenous form, deserve consideration before other remedies.

(b.) Ophthalmia Morbillosa. — *The Measle Eye-inflammation*

Is seated in the conjunctiva, like the catarrhal eye-inflammation. Its principal symptom is photophobia and increased lachrymation. The eye-lids are usually agglutinated in the morning.

Like the measles, it chiefly requires only dietetic measures. In severe cases it will need no medicinal treatment other than that required by the exanthem itself. Both will simultaneously terminate favorably, with the assistance of Aconite or Pulsatilla.

Euphrasia is needed, if the eye-inflammation is predominantly developed, especially photophobia, the lachrymal and mucous secretion very profuse, with, at the same time, severe coryza and pressing pain in the forehead.

Bryonia is recommended by Hartmann in higher dilutions, if, on the retrocession of the exanthem, the eyes become very sensitive to light.

(c.) Ophthalmia Scarlatinosa. — *The Scarlet Eye-inflammation.*

As the morbillous is related to the catarrhal, so seems the scarlatinous eye-inflammation to the erysipelatous. In

considerable swelling of the face, we find erysipelatous inflammation on the lids. Scarlatina is, however, not so frequently accompanied with eye-inflammation as the measles. But there occur metastases to the eyes also, as well as to other organs, producing more or less mischief, particularly in existing dyscrasies.

The treatment does not differ from that of the exanthem itself. Aconite, Belladonna, Rhus, Amon. carb., &c., will come in requisition according to the individual case.

(d.) Ophthalmia Variolosa. — *The Small-pox Eye-inflammation.*

The small-pox pustules may break out on the external and internal surface of the lids, upon the conjunctiva bulbi and upon the cornea, and progress as upon the epidermis. They appear either simultaneously with the pustules on the face, or, in rare cases, as secondary small-pox ophthalmias (Benedict). In case the eye-lids are swollen or closed, we can obtain no evidence of the state of the small-pox: its existence upon them, however, will manifest itself by violent pain in the eye, by a sensation as if a foreign body were between the eye-ball and the lids, by severe photophobia and diminished lachrymation.

More or less serious affections follow this inflammation, — disfigurement, loss of substance, indurations, cicatrices, rounding of the margins of the eye-lid, falling out of the eye-lashes, leucoma, adhesion of the iris to the cornea, staphyloma, corneæ, or total destruction of the eye-ball, especially in cachectic individuals, improper diet, impure air in the sick-room, under which circumstances, though during a copious appearance of the pustules, a purulent mucous discharge is produced.

The treatment is the same as the exanthem. Aconite and Belladonna will be beneficial at the beginning; afterwards, in the suppurative stage, Hepar sulph. calc. will be efficacious, if Merc. sol. or viv. have not already accomplished the cure; and for the various consecutive diseases are to be selected, according to the symptoms: Arsen., Baryta carb., Clematis, Digitalis, Euphrasia, Lycopodium, Rhus, Thuja, &c.

IV. The Miasmatic-contagious and purely Contagious Eye-inflammations.

(a.) *The Ægyptian Eye-inflammation, Ophthalmia Ægyptiaca, Blennorrhœa oculi Ægyptiaca, Ophthalmia catarrhalis Cellica, Ophthalmia contagiosa, granulosa Asiatica.*

It appears as conjunctivitis catarrhalis; being distinguished, however, from it by its epidemic occurrence, its violence, and, in Europe at least, by its tendency to granulation. It is produced under the influence of a peculiar miasma, and occurs not only in Egypt, but also amongst us; is endemic in some districts on the Rhine, and extends often epidemically by development of a contagium. Its production and extension seem independent of sudden changes of temperature, but is particularly favored by the crowding together of people in barracks, encampments, schools, working-houses, by early age, summer-time, dusty roads, and looking on glittering surfaces.

It does not, in its milder grades, differ from the catarrhal eye-inflammation, but passes often rapidly through the catarrhal stage, and appears soon as a serious blenorrhea, frequently destroying the eye, producing violent pains, penetrating deep into the eye and the supra-orbital region, occasionally affecting also the half-side of the head; the eye-lids, especially the upper one, swell to a great degree, the surrounding epidermis is red, and the margins assume a violet color, the papillæ lachrymales become larger and larger, the conjunctiva scleroticæ becomes scarlet red, and swells to such an extent that the cornea seems to be very deep sunken. The conjunctiva bleeds freely, and often spontaneously. The cornea looks dull; its conjunctiva is covered with a viscous mucus, appearing as if in the process of sphacelus. It is remarkable, that the patient, though the eye-lids are thickened and tightly closed, still sees the bright light, and experiences pain from it. General febrile symptoms are not unfrequently present. In the last stage, the secretion becomes thick, yellow, purulent, corroding, and very copious. The whole conjunctiva of the eye-lids, the sclerotica and cornea, are full of papillæ, which entirely prevent the entrance of light, though photophobia is still existing. The pain, appearing periodically, becomes insupportable, and extends over the whole head, and the

bulbus in the orbit feels to the patient like a live coal. The lower eye-lid turns up, owing to granulation; the cornea mortifies, bursts, and the fluids escape. All kinds of forms of chronic eye-diseases, staphyloma, leucoma, pannus, ectropium, amplyopia, may become developed in this disease. Generally both eyes are affected. The secretion is very contagious, and can produce the same complaint in another individual" (Dudgeon).

Therapia. — The homœopathic literature has thus far but little to show in reference to cases of this disease. According to the symptoms, the following remedies may deserve consideration: Aconite, Argent. nitr., Euphrasia, Mercur., Rhus, Sulphur, Calcar. carb., and Arsenic alb.

(b.) Ophthalmia Neonatorum. — *The Eye-inflammation of the new-born child.*

This inflammation also runs rapidly through the catarrhal stage, and appears as suddenly as blennorrhœa: it affects usually both eyes. Redness of the conjunctiva of the eye-lids and the margins, œdematous and erysipelatous swelling of the lids, so that the bulbus cannot be seen even by the forcible opening of the eyes, turning up of the margins, loosening of the conjunctiva palbebrarum, copious mucous discharge, not unfrequently tinged with blood, approaching to real pus, chemosis, the cornea wall-like, surrounding swelling of the conjunctiva, producing various derangements, softening and ulceration of the cornea, prolapsus iridis synchysis, staphyloma, escape of the fluids of the eye, and consequent flaccidity.

There is a great diversity of opinion in relation to the *causes* of this inflammation. Some regard it as of purely gonorrhœic origin, and name it ophthalmia gonorrhoica neonatorum; yet it occurs also in children whose mothers had not the slightest trace of leucorrhœa (Benedict). The principal causes are impure air, damp rooms, impurity in general, as bathing in dirty water, washing with an unclean sponge, and also the sudden impression of bright light and draughts of air. A miasma seems to develop itself in lying-in and foundling-hospitals, affecting the children who have not come in contact with the secretion.

Treatment. — The greatest cleanliness is the first condi-

tion, washing of the eyes with a sponge dipped in tepid water, and a weak infusion of Chamomilla, which proceeding is often alone sufficient in slight cases to remove the disease.

In severe cases, even after the catarrhal stage, a few doses of Aconite will be beneficial. The following remedies have also proved efficacious, — Euphrasia, Ignatia, Chamomilla, Belladonna, Nux vom., Pulsatilla, Bryonia, Mercur., Sulphur, and Calc. carbonica.

Chamomilla is indicated in the catarrhal stage, if gastric disturbances exist, with diarrhœa, great inquietude, and sleeplessness.

Mercurius is indicated, if the secretion of mucus is more watery, also in loose, green evacuations; soreness of the rectum and sexual organs, particularly, however, if the disease is the consequence of a syphilitic fluor albus. Under the same circumstances, Merc. corros. deserves the preference before Merc. sol., if the secretion is corroding, and affects the epidermis of the face. Merc. corros. is in this disease, according to my experience, the main remedy. The physician is generally called only after the evil has gained a considerable height, and the nostrums of the good nurse relieve no longer. I had an opportunity of treating several such cases, where Merc. corros. made the first favorable impression, so that other remedies could be afterwards administered, upon whose assistance alone I could not have depended. It will frequently be necessary to combine the external application of Merc. cor. with the internal. Other remedies also, as Aconite, Euphrasia, Rhus, and Arsenic, can, as well here as in the Ægyptian and gonorrhœic eye-inflammation, be successfully administered.

Sulphur, in secretion of a thick, cream-like, bright yellow matter, or if the other remedies do not soon produce a favorable change, and the disease is protracting.

Calcarea carbonica in feeble children, born prematurely, also in a remaining dimness of the cornea, where Acid. nitr. is also to be recommended.

Dudgeon properly recommends the external use of Argentum nitric. It is a sure and innocent remedy, if properly applied.

If the child is still nursing, then the state of health of the mother or nurse must be considered. Their diet must be properly regulated, and, in existing morbid symptoms,

the appropriate remedies administered. In this respect, according to Hartmann, Nux. vom., Bryonia, and Pulsatilla will be especially indicated.

(c.) Ophthalmia Gonorrhoica.

This disease, produced by direct transmission of the gonorrheal secretion upon the eye, or more seldom metastatically by suppression of the gonorrhœa, manifests itself by a still more rapid course than the two previous forms. Within a few hours it runs through the stage of inflammation, the hydrorrhæ, and appears suddenly as blennorhœa and pyorrhea. The lids swell, and discharge purulent matter; the bulbus is sooner affected; the conjunctiva bulbi swells still more than the conjunctiva of the lids; chemosis is a frequent occurrence; the swelling is less hard than spongy; violent, deeply-penetrating pains attend it; and, by softening, ulceration, and bursting of the cornea, the whole eye is often in twenty-four hours destroyed; or the other frequently mentioned consecutive diseases of the purulent ophthalmia remain.

Treatment. — The physician seldom arrives early enough to remove the inflammation with a few doses of Aconite. The principal remedies are Merc. solubilis and corrosiv. And, moreover, Pulsatilla is especially applicable if the affection of the eye is produced by metastasis or by a cold. Cannabis, alone, or in alternation with Aconite, will be beneficial in prevalent inflammatory symptoms and violent pains. Acid. nitr. might also be selected occasionally, especially if the disease has been subdued by the previous remedies, and the integrity of the eye preserved, while a dimness of the cornea remains.

Rosenberg mentions, for the metastatically-produced eye-inflammation, Pulsatilla, Sassaparilla, Tussilago Petasitis, Tart. emet. Produced *by other causes:* Aurum, Asa, Belladonna, Cannabis, Conium, Kali hydr., Mercur., Mezereum, Sulphur, Sabina, Veratrum, Thuja.

Once he cured a gonorrheal ophthalmia of metastatic origin, by the reproduction of gonorrhœa by means of strong doses of Tussil. Petasit. A man, forty years of age, afflicted with gonorrhœa, brought imprudently the gonorrhoic virus into the right eye, producing soon a very severe inflammation, not only of the membranes of the eye, but

also of the sinus. This inflammation resisted all external applications. The excessive photophobia was communicated also to the other eye. With this, the patient, notwithstanding his remaining in the dark continually, was troubled by false rays of light, was very much debilitated, and had a constant pain in the frontal region. After this state had continued for six weeks, he took China, which accomplished a perfect cure within two weeks.

In this inflammation also, the external application, at the proper time, of Argentum nitric. might essentially contribute to the cure.

V. The Dyscrasia Eye-inflammations.

General character: an internal, constitutional, individual, mostly dyscratic disease, settles in the eye.

(a.) Ophthalmia Menstrualis. — *The Menstrual Eye-inflammation.*

It occurs principally during the evolution and involution, in suppressed or scanty menstruation; it appears furthermore periodically, and may have its seat in every part of the eye; it directs itself, however, mostly to the conjunctiva and cornea, and also, as it appears, to the choroidea. The congestion of blood towards the eyes is recognizable by the overfilled and varicose distended vessels, in and around the eye itself. Blue, pea-like swellings are then formed in the conjunctiva, staphylomata corporis ciliaris, disturbing the faculty of sight. It may, moreover, result in hydrops cameræ anterioris, staphyloma corneæ pellucidum, and general dropsy of the eye.

The prognosis is more favorable in the evolution than during the involution.

The object of the *cure* is the removal of the menstrual difficulties, and, with this, the cause of the disease. These menstrual difficulties may assume, however, such various forms, and their causes be so different, that a number of remedies will be also required here, of which we will mention the principal.

Belladonna in plethoric individuals with tendency to congestions and spasms, in suppressed menstruation, or menstrual spasms shortly before the period, with tearing,

bearing-down pains, from the small of the back to the limbs, pressing towards the genital organs, with amblyopic symptoms, vision of motes and colored light.

Pulsatilla is, according to Hahnemann, better adapted to individuals of phlegmatic, melancholic temperaments, lymphatic constitution, pale countenance, blue eyes, light-colored hair, of sad, mild, submissive disposition, inclined to grief and anger; in total suppression of menstruation, or if it appears, a few days after the proper time and too scanty; if the patients complain of transitory chilliness. Pulsatilla will especially be efficacious if the affection of the eye assumes the form of a catarrhal inflammation, with simultaneously-existing amblyopic symptoms and dimness of sight.

Natrum muriaticum is recommended, particularly in chlorotic individuals, if menstruation is lingering in its beginning, in existing headache, dizziness, melancholic or irritable disposition, and if the morbid symptoms are especially severe in the morning; if there is more of a congestive than an inflammatory state manifested in the eye, or the inflammation becomes chronic, with pressing, piercing, stitching, and burning pains, amblyopic and amaurotic symptoms.

It is this form of eye-inflammation in which Crocus manifests its peculiar effect. In a disposition to congestions, sanguine temperaments, with tendency to (hysterical) spasms in the climacteric years, it will be particularly efficacious if the following symptoms exist: painful pressure and heaviness in the eye-lids, as if they were forcibly drawn together, dry feeling in the eyes, burning and itching in the eye-lids, great irritability of the eyes, and copious lachrymation at the slightest exertion of the eye, twitching of the muscles in the eye-lids, with a sensation as if something might be rubbed from the eye, somewhat contracted or very dilated pupils, worse in the evening and in the warmth of a room, and better in the free air.

(b.) Ophthalmia Abdominalis Hæmorrhoidalis. — *The Abdominal or Hæmorrhoidal Eye-inflammation.*

This is the weaker venous relation (*sit venia verbo*) of the stronger and arterial anthritic eye-inflammation, to which it bears a great resemblance. Both have their origin

in the venæ portæ system. A sedentary life, combined with debauchery, produces both.

Varicose vessels appear upon the conjunctiva, generally of both eyes. The course of the inflammation is not violent, though recurring frequently and tending to become chronic. The redness is extended and dark, the pains inconsiderable or differing according to the part of the eye which is affected by the inflammation. Hæmorrhage in the eye is a very frequent symptom; smaller or larger sugillations arise in the conjunctiva; the chambers of the eye become filled with blood, and all objects appear red to the patient. By frequent recurrence and imperfect absorption of the blood, dimness of the cornea is produced, a varicose state of the corpus ciliari and choroideæ, and consequently obstructions of sight.

Treatment. — Two remedies are here of particular importance, — Sulphur and Nux vomica. The indications for the one or the other are to be found rather in the general state of health than in the ophthalmia itself. Nux vomica is more appropriate for those abdominal affections produced by a luxurious life, especially by excesses in drinking spirtuous liquors; by continued intellectual labor, combined with a sedentary life, in a hypochondriac, irritable disposition. It suits, moreover, young individuals, and, in reference to the eye-affliction, for recent acute cases, with hæmorrhages in the eye. It will often also be beneficial only after Sulphur, which is, however, better adapted to chronic cases, with a tendency to blennorrhœa, if tearing pains in the head, increased at evening and night, with itching, burning pains in the eye itself, amblyopic and amaurotic symptoms exist, with a simultaneously-latent psoric infirmity. Crocus also, in this form of eye-inflammation, is beneficial under similar circumstances, as previously given.

(c.) Ophthalmia Arthritica.

The arthritic eye-inflammation may attack nearly all the tissues of the eye, and appears generally as ophthalmitis, where all parts of the eye are simultaneously affected, the one more than the other. The symptoms are very violent, and the same as those previously mentioned in ophthalmitis. Those characteristic are — tearing, piercing pains in the

bones surrounding the eyes, as if they were bruised; development of varicose vessels, which show, however, a lighter redness than in the abdominal eye-inflammation, and terminate about half a line from the margin of the cornea, where they form occasionally a corona, with bluish rings around the cornea; the secretion is also peculiar, consisting of a white, frothy mucus, appearing on the margins of the lids and the canthus of the eyes, though it does not indurate.

It has a great tendency to exudation, producing, in consequence, cataract, glaucoma, and amaurosis, or, at least, dimness of the transparent parts, and therefore more or less obstruction of sight.

Treatment.— The change in the symptoms of the arthritic morbid process, and the various parts of the eye which it can affect, require, notwithstanding the specific morbid cause, a very minute individualization of the case in question. We must confine ourselves here to the mere mention of the remedies adapted to this inflammation, and to a few hints in reference to their particular application.

Aconite is, in this chiefly feverish inflammation, an excellent remedy, especially if administered at the beginning of the disease.

Belladonna, in existing congestions to the head, pressing pain, photophobia, sparks before the eyes in incipient amblyopia and amaurosis. Hartmann says, "The sensitive pressure of the eyes, the photophobia, lachrymation, the previous or still existing general bodily affections, especially violent, arthritic pains around the eyes and the eye-balls, with or without photophobia, particularly if occurring periodically, often indicate with great certainty the adaptation of Belladonna." Its application will frequently be beneficial only after Sulphur.

Nux vomica, if a luxurious life, especially abuse of spirituous drinks, be the cause, and the general state of health corresponds to the remedy.

Chamomilla in slight cases and gastric complications.

Euphrasia is recommended, if ulcers on the cornea have already formed, the pupils contracted, exhibiting a greenish coloring, particularly if this symptom is combined with a miliary eruption around the eyes.

Spigelia is an excellent remedy in this inflammation, principally if the prevailing pain is lancinating, piercing, grinding, extending to the bones surrounding the eye, espe-

cially the supra-orbital and temporal region. The patient feels as if the eye were enlarged, as if it were forcibly turned in its socket; the pain compels the patient to close his eyes; on opening them, he sees an ocean of fire before him. In exacerbations of the pains, scalding tears fall from the eye.

Kirsch speaks of the favorable effect of Arsenic in a case corresponding, according to the symptoms, more to Spigelia; that it rapidly performed the cure, after Aconite, Belladonna, and Sulphur had removed the most violent pain for the time. How far the image of the disease had been changed by the previous remedies, we are not, however, informed. Hirsch merely adds: "After a careful comparison of all the characteristic symptoms, my choice fell upon Arsenic."

Colocynth, if the pain be burning, lancinating, cutting, confining itself to the eye, or if violent pains in the forehead arise at the slightest motion of the eyes; if photophobia and lachrymation exist; and if the patient is troubled with an insupportable anxiety.

Sulphur will, in appropriate cases, render the subsequent application of other remedies more efficient.

Pulsatilla, Sepia, Calcar. carbon. are recommended in the internal arthritic eye-inflammation, if the choroid, iris, and sclerotica are affected; the pupils being dilated, with pointed margins.

The remedies mentioned will, in the majority of cases, be sufficient, especially Aconite, Belladonna, and Spigelia, and are seldom applied without a favorable result. Other remedies might be mentioned, which would, in certain cases, come into requisition, viz.: Digitalis, Rhus, Mercur., Hepar sulph. calc., Aurum, and Silicea.

(d.) The Scrofulous Eye-inflammation.

In consequence of the present extension of scrofulosis, this inflammation occurs more frequently than all others. It is located, like the catarrhal eye-inflammation, in the conjunctiva, passing also upon the descemetic membrane of the cornea, from whose periphery the injected vessels run in a straight line towards the centre, while in the conjunctiva they mostly appear varicose and tortuous. It is furthermore characterized by a great tendency to ulceration;

violent, morbid photophobia; severe lachrymation, frequently excoriating the cheeks, its exacerbation occurring in the morning; it becomes chronic, and is inclined to frequent relapses. There are, according to their seat, two forms: the scrofulous inflammation of the glands of the eye-lids, blepharadenitis scrofulosa, and the scrofulous inflammation of the conjunctiva conjunctivitis scrofulosa. The first affects the meibomian gland and the margins of the lids; the latter, the conjunctiva of the lids and the eye-ball. This division, however, as well as that made according to the degree of severity, is not always distinctly recognizable in practice. The most frequent symptoms, independent of those mentioned above, are small, pale-yellow incrustations upon the moderately-reddened and painful-itching margins of the lids, which, thus affected, become agglutinated, everted, or inverted, thereby irritating the conjunctiva; the margins of the lids loose, their sharpness of edge become indurated or flabby, looking as if corroded; the meibomian glands appear on their internal surface like thick, yellowish-red threads; the conjunctiva is dark-red, and phlyctænæ form on the cornea, more in its centre than at the edges, which are soon transformed into deep ulcers.

Treatment. — This inflammation is, at its beginning, to be treated like the catarrhal eye-inflammation; Aconite, Pulsatilla, and Euphrasia being beneficial, also Nux vomica when distinct exacerbations occur in the morning hours.

Belladonna, in violent inflammation and its consequent equally violent photophobia, in simultaneous catarrhal affections of other mucous membranes, coryza, bronchial catarrh: under the same circumstances, however, though during less violent inflammatory symptoms, will Euphrasia be efficacious. Hartmann's indications for Belladonna are: "When the vessels of the sclerotica appear as if injected with blood, and there is a troublesome, pressing sensation in the eyes, aggravated on opening the lids. The internal canthi are often somewhat reddened and lined with a viscid secretion in the morning; there is frequently, also, severe coryza corroding the nose and producing inflamed pimples around it and on the lips. The kind of photophobia which, in certain cases, indicates Belladonna, dependent on the inflammation, distinguishes it from Conium, which might, according to the symptoms mentioned, come also into requisition, but is more efficient in purely nervous photophobia." Archiv. ix. 3, 49.

Rhus and Sublimate are among the most efficacious remedies in scrofulous ophthalmia, and each has its particular sphere of action. Rhus suits rather the torpid, scrofulous individual: Sublimate, the erethic forms. Rhus in severe, particularly erysipelatous or œdematous swelling of the eye-lids. Sublimate in predominating pains, in secretion of strong corroding matter, producing eruptions on the whole face. Rhus in impetigenous forms, where dry and especially extending eruptions on the head and face simultaneously exist. Hartmann gives the following indications for the administration of Rhus in scrofulous ophthalmias: It proves, according to my experience, best adapted in those cases where the scrofulosis manifests itself not only upon the eye, but other scrofulous symptoms appear on the body, previous to the characteristic eruptions, and especially in the form of tinea favosa. Almost simultaneously with the ophthalmia appear phlyctænic formations, causing frequently a violent photophobia and an itching pressure in the eyes. I have given this remedy in but few cases without benefit, and only perhaps when uncertain as to the choice between Arsen., Sulphur, and Rhus. The inflammation is never severe where Rhus is appropriate.

Hepar sulph. calc. will be, however, the most frequently applicable, and will be seldom inefficient, if properly selected. It suits in those cases where phlyctænæ, a tendency to ulceration, appear, or where ulcers have already formed on the cornea. Photophobia is not as severe, neither is the secretion from the mucous membrane and the glands excessive. This remedy has also been beneficially used in the form of ointment.

Arsenicum alb. is likewise a very efficient remedy in this affection. Violent photophobia, burning pain, heat, and vivid redness of the eye-lids; the eyes being as if bathed in hot water, are the indications for Arsenic, which proves frequently efficacious after all other medicines have been given in vain.

Sulphur is recommended in frequent relapses, and is to be given for a longer time.

Calcar. carb., Silicea, Acid. nitric. will be useful in the consecutive diseases, dimness, specks, cicatrices, &c., and, if taken for a longer time, will have a beneficial effect in the removal of the original disease, the scrofulosis.

Petroleum is recommended by Knorre in incipient scro-

fulous eye-inflammation, where pain above the root of the nose, swelling of the nose, and discharge of pus from the same, simultaneously exist.

In inflammations of the glands of the eye-lids, the following are particularly recommended: Graphit, Lycopodium, and Staphysagria.

It is occasionally necessary, if one remedy is insufficient, to give two in alternation, each corresponding partly to the image of the disease. Hartmann has, in this manner, brought about excellent results with Hepar sulph. calc., in alternation with Calcar. carbon.; a course which we can confirm from our own experience. Others profess to have found a panacea for this inflammation in a trio of remedies. Gross recommends the administration of Sulphur, Calcarea, and Belladonna, and precisely in this succession; and Frank gives his evidence as to the propriety of this course.

Reisig declares Sepia in keratozele, produced by scrofulous eye-inflammations, to be a specific and infallible remedy.

(e.) Ophthalmia Syphilitica. — *The Syphilitic Eye-inflammation.*

This attacks the anterior segment of the eye, and principally the iris. Under violent, painful tension, tearing pain, and photophobia, the iris becomes discolored and distorted, the pupils being mostly turned upwards at an acute angle; the pains increasing late in the evening and at midnight; the somewhat puffed iris is pushed towards the cornea; the ligamentum and corpus ciliare, the sclerotica, and the descemetic membrane take part, together with the periosteum around the orbital bones; tophus is formed in the orbit; exudations moreover arise with dimness of the descemetic membrane, and the capsula lentis condylomatous exuberances on the iris, especially on the margin of the pupils and lymphatic sediments in the anterior eye-chamber, simulating a hypopion. Abscesses in the iris and ulcers on the cornea seem to occur but seldom in this inflammation, the latter being on buffy ground. Synchysis may be a consecutive disease.

This inflammation is, in existing syphilitic dyscrasy, most frequently produced by colds, often assuming a catarrhal or rheumatic, and during its course the syphilitic character.

The principal affection of the anterior segment of the eye; the peculiar distortion of the pupil; the periodically-occurring pains; the absence of varicose, vesicular development of the white ring around the cornea, will prevent confounding this form with the arthritic ophthalmia, to which the syphilitic bears the greatest resemblance.

Treatment. — Aconite, Arsen., Aurum, Acid. nitr., Belladonna, Euphrasia, Graphit, Hepar, Mercur., Sulphur, Thuja.

Aconite will only be beneficial in the beginning, when the syphylitic character is not yet fully manifested.

Belladonna will be efficacious in the future course and in every stage of the disease, especially if the iris is principally affected; the pupil contracted, immovable; violent pains in the front and the occiput exist.

Mercur., particularly the Sublimate, will be efficient under the above-mentioned circumstances, even if exudation has already taken place. Mercur. is the main remedy in this disease, and must be given in strong doses. The closing of the pupil or the adhesion of the iris to the cornea must be prevented by dropping Belladonna or Hyoscyamus in the eye.

Cinnabaris, if condylomatous exuberances upon the iris, on the edge of the pupil, or on the margins of the lids, exist; and furthermore if the course and the symptoms give cause to suspect a sycotic complication. Under the same circumstances, Thuja will be applicable.

Spigelia is an excellent palliative, if the nocturnal pains are very violent, or extend to the bones surrounding the eye.

In a chronic course of the disease, Sulphur, Hepar, Pulsatilla, or Acid. nitr. might be given, besides the remedies just mentioned. If the system should be saturated with Mercur., then Acid nitr., Hepar sulph., Mezereum, Sassaparilla, Calcarea, will be efficacious.

(f.) Ophthalmia Scorbutica. — *The Scorbutic Eye-inflammation.*

This, according to Beer, usually attacks both eyes at the same time, being characterized by a rapid course and the following symptoms, — a violet redness extending over the whole white portion of the eye, the first appearance of this inflammation being confined to the sclerotica. Soon, how-

ever, the conjunctiva is also affected. Photophobia and sensitiveness of the eye to glittering objects succeed. A considerably varicose, though not a dense, vesicular network forms in the conjunctiva, apparently containing black blood, and the violet sclerotica shining through its meshes. The cornea becomes also dim, of a cadaverous aspect; the aqueous humor, pupil, and iris appear indistinct, though the iris, puffed up, pushes towards the cornea, showing great varicose concentric vessels, but neither dilatation nor contraction of the pupil. There is great slowness in the motion of the eye-ball and the lids. There now appear also large bright-red extravasations of blood under the conjunctiva, and even in the anterior chamber. The faculty of sight, in consequence of the prevailing varicose state of the internal eye, as well as of the extravasations, considerably fails; the sclerotica rises around the cornea in dark-blue, irregular swellings (staphylomota scleroticæ); and the tears assume also, in a high degree, a bloody consistence. "The eye-lids," according to Neumann, "in a short time, become sphacelous; and often, within twenty-four hours, the cornea bursts. If we succeed in diminishing the inflammation, then the eye-ball will be again visible: the cornea, however, remains dull, the conjunctiva violet, and the power of sight, for a long time, considerably enfeebled."

We have had no opportunity of observing this disease, and therefore adhere to the plan of those authors who treat of it under the head of ophthalmias, though a real inflammation is by no means recognizable in the above described image of the disease: the disease might perhaps be better called ophthalmopathia scorbutica, and more suitably be placed among hæmorrhages. Names, however, are nothing, as long as they do not lead to erroneous treatment.

Treatment. — According to the very characteristic symptoms and their depending dyscrasy, the acids, especially Acid. sulph. and Phosphor., Rhus, Nux vom., Arnica, Staphysagria, and particularly Arsenic, with Carbo vegetab. might be recommended. The whole homœopathic literature seems to have given us so far not a single instance of this disease.

(g.) Ophthalmia Psorica. — *The Itch Eye-inflammation.*

This is the product of itch, forcibly removed by local repellents, and of uncleanliness. It occurs only among the very destitute, who are miserably poor and filthy. The eye-lids are its original seat: upon their external wall rise small, grey, limited, pointed pustules, surrounded by a dirty-brown ring, which former burst and leave small, sharp-edged ulcers, whose strong secretion indurates to brown scabs. As long as the pustules confine themselves to the external surface, sight is not disturbed; but, as soon as they extend to the conjunctiva palpebrarum, vision will be affected. The troublesome itching pain in the affected parts, increased by the warmth of the bed, is a constant symptom of psora-ophthalmia. Its course is chronic, with entropium and ectropium, degeneration of the margins of the tarsi, and falling out of the ciliæ, as consecutive diseases.

Treatment. — Independently of the most thorough cleanliness and care of the skin, especially by baths, there is, in this disease, *one* remedy especially, on whose beneficial effect we can rely, viz. Sulphur; and in those cases where the eyes have been simultaneously seized with the rest of the body, by the fresh eruption, to be given in large and repeated doses; much more frequently, however, where the psora-ophthalmia occurs after forcible removal of the itch; and, in such cases, the medicine should be given in higher dilutions and at longer intervals. Causticum and Sepia have also been recommended.

(h.) Ophthalmia Cachectica et Ophthalmia Senum. — *The Eye-inflammation from general Cachexy, and the Eye-inflammation of old persons.*

This peculiar disease of the eyes should, if classified, rather be placed among the blenhorrhœas than among inflammations proper. It occurs in old people, or individuals who are very much enfeebled by poor living, loss of fluids, and chronic diseases, and manifesting itself by the following symptoms: —

The eye-lids are very flabby; ectropium is frequently forming on the external margin of the lid; the conjunctiva is of a yellow or yellowish-red color, frequently acquiring in the cachectic ophthalmias a membranous aspect; the mem-

brana semilunaris conjunctivæ becomes flaccid, wrinkled, and consequently the cornea is dull and the sight weakened; the tears mix with the secretion of the meibomic glands, and run either over the flaccid eye-lids, or collect in the canthi of the eyes, cover the cornea, and disturb still more the power of sight. The course is chronic. In old people, the conjunctiva degenerates in time to a uniform, scarlet-red, velvet-like membrane.

Treatment. — Diet will here accomplish the most. — Healthy air; living in the country, if possible, and on dry land; nourishing, easy-digesting food; moderate use of good, pure wine; and baths. Of the remedies relating to this disease are particularly to be mentioned Calcar. carb., Euphrasia, China, Argentum nitric, Kali carbon, Phosphor, Arsenic, Alumina, Baryta carbon.

As an appendix to the specific ophthalmias, the traumatic ophthalmia may here find its place. It is impossible to describe its general appearance; the symptoms differ partly according to the kind of wounds, and the nature of the wounded object; partly according to that portion of the eye which has been injured. No wounds of the eyes, however, will remain without more or less violent inflammatory symptoms.

If the inflammation is the consequence of strokes and blows upon the eye, with considerable sugillation, as well in the eye-lids as around them, also under the conjunctiva, or in the anterior eye-chamber, then Arnica will be the most efficacious remedy, and cannot be replaced by any other. Its beneficial effect will be assisted by its external application, in connection with cold water.

Inflammation will easily follow injuries and surgical eye-operations. In this case, according to Würzler, Aconite is the remedy. In a mild disposition, Aconite is not always adapted, and violent stitching pains in the temples and the eyes may be then removed by Ignatia; Bryonia in violent pains with vomiting; Asarum in itching pains with vomiting and lientery; Arsenic in burning pains with diarrhœa; Thuja in stitching pains proceeding from the temples, with want of appetite; Senega in fracturing of the lens, piece by piece, after an unsuccessful depression; in destruction of sight after the cure, by colored appearances, especially as if all objects were covered with blood, Strontian." In beating and itching pains in the eyes after operations, Crocus has also been recommended.

OZON, AND ITS SIGNIFICANCE FOR HOMŒOPATHY.

BY DR. BÜRKNER.*

WITH ANNOTATIONS BY PROF. H. ERNI, AUBURNDALE.

As often as an electrical machine is put into action, the electricity, artificially excited, communicates itself to the surrounding atmosphere, and an odor is perceived, generally known as the electrical odor. It is also observed during electrical discharges in nature, during thunder-storms, if houses are struck, &c. Late investigations have demonstrated, that this odor is not an inherent quality of electricity itself, since the latter is conducted off from ignited metallic points, whereby this odor and other qualities connected with it cease, and return only after a sufficient cooling of those conducting points. It is furthermore proved that this odor is not the dependant of an imponderable agent, but of a real substance, generated by electrical power, showing, although not yet isolated, distinct chemical effects.

This Ozon,† so called, is, according to the latest researches, only a modification of Oxygen (Oxygen in an allotropic condition), which in this state oxidizes far more efficiently all those bodies able to enter into chemical union with oxygen. For instance, all the metals, perhaps with the exception of platinum and gold, are converted into lower oxides; and these, again acted upon, assume higher degrees of oxydation.‡

Organic bodies are affected by Ozon, and especially characteristic are the bleaching properties.§ To its formation

* "Zeitschrift fuer homœop. Klinik. Vol. i. No. 14."

† Schonbein, its discoverer, first announced it to be a new element; and subsequently it was considered a superoxide of Hydrogen of the formula HO^4, or HO^6. — E.

‡ At a common temperature, Ozon transforms Arsenic into Arsenic acid, Sulphurous into Sulphuric acid; and even such an indifferent chemical element as Nitrogen may be converted into Nitric acid. — E.

§ Ozon is easily and plentifully produced by the action of Phosphorus on moist Oxygen or moist atmospheric air. On putting into a flask holding one litre (1000 grams), a piece of Phosphorus, one inch long, and about a hundred grams of a solution of indigo, logwood, litmus, cochineal, decoloration occurs, by shaking the closed flask, as rapidly as from Chlorine. — E.

we may ascribe the slow combustion of Phosphorus in atmospheric air.

Owing to the constant occurrence of electrical processes in nature, the atmosphere will always contain more or less of Ozon; and some phenomena may be explained by its presence, which, in the chemical constitution of the air, cannot be satisfactorily accounted for.

The most sensitive reaction for the detection of Ozon in the atmosphere is effected by slips of paper tinged with a mixture of starch paste and of Iodide of potassium, which, exposed to organized air, turn blue. Ozon acts here like an acid (as, for instance, Nitric acid), liberating Iodine, which colors the starch blue.*

When we consider that Ozon, in spite of these peculiar properties, differs in form, and not in matter, from common oxygen; that this modification may be produced either by the slow combustion of Phosphorus in Oxygen, or by the electrical action on oxygen gas;† and that, in changing the conditions, Ozon passes again into common Oxygen; in other words, if Ozon, apparently identical with Oxygen, exhibits such different effects; are we not led to adopt a new view regarding the different nature of things and their effects? How many thoughts, queries, and presumptions will arise concerning such phenomena, at present beyond our perceptive power?‡

Oxygen and Ozon are not the only representatives of the same nature which (to our present tastes at least) show such different effects. Phosphorus and Carbon furnish

* In the cold season, during a thunder-storm or a fall of snow, the blue color is produced more rapidly and in greater intensity. Hence it follows, that, when there is a small quantity of organic oxidizable matter on the earth's surface capable of decomposing Ozon, this body must accumulate in the air. To an excess of Ozon some epidemics, especially those of a catarrhal character, and even cholera, have been attributed. — E.

† Ether, oil of turpentine, &c. (probably aided by sun-light), may likewise transform this element into Ozon. — E.

‡ At no time have we been more justified in entertaining the so-much ridiculed idea of ancient alchemists, that metals are compound bodies, than since the affirmation of the ammonium theory and the theory of organic radicals, which latter, in many respects, perform exactly the part of simple bodies; and since this double allotropic condition of some elements have been observed.

May not some of the substances considered as distinct elements turn out to be but dissimilar conditions of the same element? — E.

further examples.* How different is common charcoal from Graphite and diamond, — amorphous Phosphorus from common Phosphorus? Thus not even the elements so called are exempted from metamorphoses (alterations); and experience shows that these latter do not affect simply the external apparent cohesion, but their chemical relations to other bodies, and consequently their dynamic or medical properties.

If this be so, and if, to what recently a French (allopathic) physician called attention (Darvault in l'Union Médici, No. 150), even pulverization of a substance causes often not a mere mechanical change (whereby we assume each particle to be endowed with the specific properties of the whole), but that often also after a change in the chemical (and medical) properties of a substance is connected with mechanical division.

Sugar, for example, by pounding, loses partly its sweetness and solubility; gum arabic changes its taste and solubility.

One kilogram (1000 grams) of water dissolve only about fourteen grams of pulverized arsenious acid, and but forty grams of the solid (glazy) form. It may be presumed that, in homœopathic dilution and trituration, we effect not a mere division, but that even in this preparation we bring into play some forces before latent, — a development to a higher and more effective (penetrating) action; and in this sense a true potentiality may result.

This presumption becomes more confirmed in regard to triturations, since we know that, by the mechanical process of grinding, electrical phenomena take place (by rubbing two pieces of sugar, † light is discharged in the dark), and that electricity causes such a remarkable change in Oxygen.

This is not the place, nor is it our intention, to enter into the manifold theoretical speculations to which the nature and consideration of Ozon might give rise. Our object has been principally to call attention to the consideration that minute means and doses of homœopathy do not

* Berzelius designates by the term "allotropic condition," that dissimilar state observed in certain elements, regarded hitherto as exceptions to the general rule. He tried to show it rather a general property of elements to appear in different allotropic conditions. Among the metalloids it is observed, besides those already mentioned, with Silicium, Sulphur, Selenium, Chlorine: amongst the metals, it occurs in Arsenic, Copper, Iron. Tin, Manganese. — E.

† Or flint-stones. — E.

deserve the reproach and ridicule so frequently indulged in; but that, by the advancement of science, the miraculous efficiency of many homœopathic means, as proved by experience, may, like so many things incomprehensible at present, find a rational explanation in future.

THE EFFECT OF DIGITALIS PURPUREA UPON THE NERVUS VAGUS AND UPON THE HEART.

BY DR. TRAUBE, OF BERLIN.*

[A MORE accurate investigation of remedies, the symptoms of which are obtained by a proving on healthy persons, in anatomical and physiological respects, is a problem, the importance of which becomes daily more urgent.

It is not only necessary that we obtain a thorough knowledge of the character of the effects in totality that a remedy has upon an healthy organism, and its different systems and organs, — of the peculiar property which makes it differ from all others, — but we must clearly ascertain the local sphere of activity of a remedy upon a certain organ, and how it is apt to change the action of this organ. A knowledge of the physiology of a remedy enables us to prescribe with greater certainty as well in chronic as in acute diseases, and guards against many errors in the selection.

I give, as an example how this inquiry might be instituted, a treatise on Digitalis Purpurea by Drs. Edw. Weber and Ludwig. It contains experiments easy to be re-proved, and shows the importance of such an examination.

The motion of the heart is brought on by two nervous systems. One is located in the heart itself, the other in the medulla oblongata and nervus vagus. One is fitted to continue the motion, the other to regulate it. The first might be called systema nervosum musculo-motorum; the latter, systema nervosum musculo-regulatorium.]

I. Digitalis, given in a large dose, acts upon the regulating system of the heart as a stimulant.

Experiments prove that the heart has two nervous systems, which differ in their functions. One causes the contractions of the heart, and the other checks them. We may call the first one systema nervosum musculo-motorium; and the latter, systema nervosum musculo-regulatorium. Of those the motory system is located in the ganglions of the heart; the regulating system, in the medulla oblongata. The heart and the medulla oblongata are connected by nerves, included in the nervus vagus.

* Translated from the German by Dr. Emil Richter.

We know that we effect a considerable diminution of the number of the contractions of the heart as soon as we apply, by the full integrity of the nervi vagi, a slight electric current upon the medulla oblongata, or upon the N. N. vagi. But a considerable increase of the contractions follows as soon as we divide the nervi vagi on the neck.

Therefore an abnormal though slight stimulation of the regulating system diminishes the number of the contractions of the heart, and an annihilation of the influence, the centre of the regulating system having upon the heart, or, which is the same, a paralysis of this centre considerably increases those contractions.

This substance, then, must have a specific relation to the regulating system of the heart, which is able, when injected in a small quantity into the bloodvessels, to diminish those contractions, and, when in a larger quantity, to increase them above the normal number.

And Digitalis purpurea is proved to have this effect.

A dose of Digitalis, from gr. jj. to gr. vi. as it is given internally by our allopathic brethren, diminishes the contractions of the heart. We perceive the same effect as soon as we inject its infusion into the bloodvessels of any animal. But as soon as we increase this dose, and administer a larger one, the pulsation of the heart will be increased. And this change is so sudden, so astonishing, that we can compare it only with the effect which we perceive by the division of the nervi vagi. The number of the pulsations effected by an extremely large dose of the infusion, is almost always equal to this number, which a division of the nervi vagi produces in the same species of animals.

Two other not less important experiments prove the truth of the conclusion, that Digitalis has a specific effect upon the regulating system.

1. As soon as we divide the nervi vagi on the neck, *after diminishing* the number of the contractions of the heart by an injection of the infusion into the vena jugularis externa, the pulsation of the heart will be increased.

2. As soon as we inject the infusion into the vena jugularis externa, *after the division* of the nervi vagi on the neck, no diminution of the contractions of the heart can be effected, even when we gradually increase the dose.

The integrity of the regulating system, therefore, is im-

portant to the effect of Digitalis upon the heart, and the connection of the medulla oblongata with the heart must be uninterrupted.

Hence it is proved, that Digitalis, in the dose of gr. jj. to gr. vi. is a stimulant of the regulating system. Then, if it is considered a fact, according to the experiments above, that a stimulant of the regulating system diminishes, its paralysis increases the action of the heart; if it is a fact that Digitalis has a specific effect upon the regulating system, it is evident, and easily understood, that its effect in diminishing the pulsation of the heart must be the consequence of stimulation.

II. Digitalis, proved as being a stimulant upon the regulating system of the heart, must diminish the side-pressure of the arterial system, and must retard the celerity of the circulation of the blood.

The side-pressure of the arteries, even by some vehement contractions of the heart, is much less during and after than before stimulation.

The following table shows the diminution as it is found on experiments by Dr. Hossa:—

	The mean number of the side-pressure in the carotids.
Before stimulation	113 Mm.
From the beginning till 27 seconds after . .	59 „
„ 27 seconds till 48 seconds after . . .	73 „
„ 48 „ „ 61 „ „ . . .	93 „

Therefore Digitalis must diminish the side-pressure as soon as it acts as a stimulant upon the regulating system. And as the side-pressure is the function of the circulation of the blood, Digitalis effects, simultaneously with the diminished contractions of the heart, not only a diminution of the side-pressure, but a retardation of the circulation of the blood. And as a retardation of the blood-current in the arterial vessels produces an appropriate slowness of the current in the other vessels (capillary vessels, veins), Digitalis, as a stimulant of the regulating system, must in general retard the circulation of the blood.

III. Digitalis, as a stimulant, diminishes the warmth of the body.

And experiments prove that Digitalis diminishes even the abnormally-raised heat considerably below the normal con-

dition. As we know that the warmth of the body is mostly the product of the combustion which is instigated and supported by the inhaled oxygen; and as by this oxydation the more warmth must become free during a certain time, according as more oxygen has been received; and as the reception of oxygen must increase or decrease, if otherwise the conditions are equal, with the celerity of the circulation of the blood, — it is easily understood that the diminution of the warmth of the body which we perceive during or shortly after the effect of Digitalis upon the regulating system depends upon the extraneous diminution of the celerity of the circulation.

IV. Digitalis, as a stimulant of the regulating system of the heart, is apt to limit an exudation resulting from inflammation.

When we are convinced that the quantity of an exudation (gamidon), during a certain time, is dependent mostly upon the power of the side-pressure, a limitation of the exudation must be effected as soon as the side-pressure has been diminished.

ADULTERATION OF FOOD.

A SCIENTIFIC friend of ours has lately been experimenting in regard to the composition of several different articles of every-day consumption. The result is, he has found that as great a swindle exists in such articles as flour, buckwheat, coffee, tea, and cocoa; and that they share liberally in adulteration with the worst sausages sold in the porcine regions of Fort Hill.

The truth cannot be denied that we are fast rivalling the Old World in that most outrageous of all frauds, — the adulteration of food and drink; and it is to be regretted that some law cannot be instituted and enforced to check the operations of those who undertake to engage in so nefarious a traffic. No branch of our social policy needs a reform more than this. If permitted to go on as they have begun, the adulterators of food will soon leave nothing pure to put into the public mouth, and the denizens of our large

cities will find no retreat from gulping down their poisonous potions daily, impairing their physical and mental vigor, engendering disease, shortening their lives, and becoming a prey to the cupidity of miserable and unscrupulous hucksters, who are ready to sacrifice any and all things to the love of gain.

Flour is found to contain an undue quantity of lime; brown sand is liberally infused in much of the buckwheat that comes into market, as if to whet the teeth of the epicure; the botanical kingdom is ransacked for green leaves adapted to compound with tea; and no one can pass by a "ground-coffee" manufactory without having his olfactories greeted with the odor of stinking beans, undergoing the process of conversion into *pure old Government Java!* Starch and sugar are used to adulterate cocoa, to which are added animal fat of questionable pedigree, and coloring matters, — constituting altogether quite a large per-centage of that article, as offered at many of the shops. Under cover of occult designations, dealers are enabled to produce different varieties of cocoa, some of which are sold at preposterously exorbitant prices. Arrow-root, wheat flour, sago, tapioca, and other foreign substances, serve to distinguish the qualities, — ingredients not particularly objectionable in themselves, yet certainly unequal in point of nutrition to the genuine cocoa. Water is a harmless fluid; yet, when added to milk, it is a very unsatisfactory substitute for it. Moreover, when a customer asks for a specified article, he should be entitled to receive it without the admixture of such ingredients as the chemico-grocer's avarice may dictate.

Then there is the article of butter, in which speculation has just been vaulting to its own dismay. We learn that New Englanders are now extensively engaged in adulterating butter for the Boston and New York markets. The fraud consists in this: the butter-maker adds a substance, which appears to be of a vegetable nature, to the real butter. When the cream is churned, it is the custom to put rennet in the buttermilk, to turn it to a cheese, and so work it with the butter sent to market, thus increasing the quantity equal to 30 per cent. The fraud was discovered by a purchaser, who melted the butter in the oven, and found that a substance equal to one third the original weight was left.

That these practices of adulterating food exist, there is

not a shadow of a doubt; and there is very little prospect of their limits being prescribed by conscience. The danger must be apparent to our citizens; and we commend the subject to our municipal authorities, that measures may be instituted for our protection against impositions calculated to jeopardize not only the public health, but life itself. No civilized or Christian community should tolerate a traffic so corrupt and ungodly. — *Daily Journal.*

A FEW WORDS ON POTENTIZATION, OR DILUTION OF REMEDIES.

BY DR. LOBETHAL.*

MANY physicians (even the homœopathic) do still believe, that a medicinal agent can only be called a homœopathic remedy after it has been triturated with sugar of milk, according to the directions of Hahnemann, or diluted with alcohol; at all events, after being brought from its original into a looser cohesive state of its atoms. The necessity of such manipulations to render medicinal agents efficacious, or to increase their efficacy, are demonstrated by the great effects of dilutions in so many diseases, and the circumstance that several drugs, as Carbo veg., Lycopodium, Natr. mur., Silicea, show, in their original form, little or no medicinal virtue; but, by trituration or dilution, become very efficient remedies. Very much depends on the division of this question: nobody will deny, that homœopathists may arrive at a proper comprehension of the efficacy of their remedies, and that allopathic physicians may obtain a quicker, and perhaps higher, estimation of the value of homœopathic medicines in general. For this reason, without expecting to exhaust this subject by a few words, I propose to give here some views based on impartial experience.

When Hahnemann labored to obtain proof from the old literature for the homœopathic (specific) efficacy of many remedies, it was his object to declare this efficiency, which

* From the Homœopatische Viertel Jahrschrift, iii. No. 4. Translated by J. B.

till then had shown itself only accidentally, without being recognized by physicians or patients as a natural law. He did not mean to deny, that the various poisons, and other drugs, which proved their physiological effects on man in disease, could not be called homœopathic remedies, because they were given frequently in very large doses. At that time, it was already known, that, besides the effects of China in intermittent fevers, Mercur. in syphilis, and Sulphur in the itch, many eminent practitioners had also found Arsenic efficient in malignant intermittent fevers, as well as in asthma. Veratrum album was known from the time of Hippocrates as producing and curing cholera; and there were many other instances of successful cures, which Hahnemann himself has partly mentioned to prove his principle of cure. The cures also which Hahnemann performed in the first years after his discovery of the homœopathic principle, which cures produced his and his pupils' enthusiasm for the cause, were accomplished by no other than the usual or somewhat smaller doses. Though the assertion of many homœopathists is already partly contradicted by the consideration of these circumstances, the same can also of other remedies be shown as almost totally erroneous. It is true, that, with the development of homœopathy, extraordinary medicinal virtues have been discovered in several products of nature, of which we partly partake in our daily food, or whose efficacy was little known; but a more close investigation shows, nevertheless, from the most of them, that they also, applied at the proper time, exhibit in their original form great, even unusual, medicinal virtues against various affections. For instance, Carbo. vegetab. has many times proved efficacious in the asphyctic form of cholera, as charcoal powder; in venous congestions of the stomach and abdomen, as well as in many tuberculous afflictions: charcoal mixed with cocoa or chocolate (according to Schönlein's direction) has been often very beneficial. I remember to have been once informed, that the wife of an apothecary, after having taken for a long time all sorts of medicine, for an obstinate obstruction, with flatulency, without benefit, took by advice a teaspoonful of Senna Lycopodii, triturated with an ounce of sugar, and from this a powder several times a day, with excellent effect. The great efficacy of Natr. mur. in catarrh of recent date, the remarkable corroborating effects of a spoonful of Natr. mur. in strong whiskey or brandy, are facts well known.

The most decided advantages which are derived from the dilution of these medicines consist in the circumstance, that a medicinal article, freed from its original color, form, and taste, *is easier to be taken*; and, according to the principle of physicians and chemists of past times, "corpora non agunt nisi soluta," developes curative effects quicker, and to a greater extent.

The absolute smallness of a remedy is, for medical purposes, of *secondary* consideration: the proper selection is the *main point.* Diseases in which medical assistance can be beneficial, partly because they are curable, partly because experience has shown that under its influence the natural course proceeds more rapidly and favorably, may be cured by medicinal doses, which the old school calls refracta dosis, as well as by the first dilutions, and also by the 30°, as far as it can be supposed of certain remedies, that the curative effect of their atoms retain, to a certain degree of solution, their cohesive state; and finally also, as well by high potencies, though not in that extravagant attenuation as it has occasionally been reported. This proposition, for the verification of which many experiments have been made by me, may be confirmed by an example taken from a disease, where the physician must, since it is "periculum in mora," help *quickly*, if help is at all possible. The physician may be called to a patient seized with metrorrhagia post partum, where he finds Ipecacuanha indicated; a remedy which, by the way, achieves great triumphs in hemorrhages from almost all organs, especially in metrorrhagia. The patient lives in the country; and the physician, not being prepared for the call, having no homœopathically diluted medicines with him, prescribes from the nearest apothecary, Q. pulv., rad. Ipecac. gr. $\frac{1}{8}$, Sacchari alb. ʒ ii. m. f. pulv. viii.; every quarter or half hour one powder to be taken. The hemorrhage will certainly cease, if Ipecacuanha is the proper remedy, in a very short time. The same will, however, also cease, if the physician applies Ipecac. in the form he has with him, I. II. or III.; and when I gave the 17,'' or a still higher dilution of this remedy in such a case, it was also efficient. Possible, that even the 200 dil. can help, but hardly as quick as the lower: it is sufficient, however, that not a few colleagues affirm it. It is the same with Secale, Sabina, and in general with those remedies which are in homœopathy usually administered

in the 18 or 30 dil., and which are nevertheless also efficacious; if of Secale $\frac{1}{8}$ gr. for a dose, or perhaps more, and of Sabina a few drops of the pure tincture are given, where the limit of the minuteness properly is for the efficacy of remedies in specific cases, there remains still a terra incognita; and as this is the case, and as there are amongst the homœopathists, as well as amongst the allopathists, men born on a Sunday, who, called on the evening of a critical day to a patient in despair about himself and his attending physicians, and because, after some high potency, and this not even of a properly selected remedy, complete improvement took place over night, asserts, not that nature had, in its hard struggle, overpowered the disease, as in nervous fever, and inflammation, but that the 1600″ dil. of Stramon. or Bellad. in a single pellet, had been so powerful as to free the patient rapidly from his disease. Thus there remain errors over errors in relation to a correct view of the doses of homœopathic remedies. Is it surprising if the physiological school, no longer able to deny the cures performed under the eyes of homœopathic physicians submitting to its scrutinizing studies the natural course of the diseases, arrives in this way to the conviction, that in many diseases their stages can neither be shortened by homœopathic, allopathic, nor hydropathic interference, nor essentially modified; and that, furthermore, if symptoms exist, which on the critical days indicate the unavoidable fatal end, in spite of all medical exertions, still terminate fatally, and that there exists neither an internal nor external evil of man, which cannot as well disappear without medical aid, as terminate fatally, notwithstanding the most careful medical attendance, — is it astonishing then, I repeat, if the newest school of medicine (the physiological) regards the application of remedies as a mere secondary consideration, and proves that, for instance in pneumonia, without allopathic remedies, without the antiphlogistic apparatus, especially without the loss of a drop of blood, there are the same results as under homœopathic treatment; and then feels no inducement to believe in our infinitesimal doses, and will condemn our curative principle? I conclude with the words, the truth of which I see daily: "Peccatur intra Iliacos muros et extra."

LETTER TO THE EDITORS.

MESSRS. EDITORS, — Gratifying as the re-appearance of the "Homœopathic Quarterly" has been to me, on account of the information which I was entitled to expect from its perusal, it was especially the assurance, that it would follow its former independent and progressive course, which made me feel a deep interest in its prosperity. For, if the signs of the time do not deceive me, we are on the eve of a great era in the development of the science of medicine; and the time has come when homœopathy is to fulfil its mission as the alpha and omega of all therapeutics, or it will incur the danger of being outflanked by newer if not better systems, and settle itself in a stagnant repose on its already gained laurels. At such a time, when there will be more party-spirit shown than is usual on either side, an independent and upright criticism, and an elevated aiming at the highest end in science, which is truth, is of the greatest value. Deeming homœopathy, in its present state, not to be perfection, nor even an infallible system, but merely the promulgation of a new law of cure, through which a reformation in medicine may be effected, — I hold it to be of the utmost importance for its future existence and development, that its position should not be one of a negative exclusiveness, but that it should be developed in accordance with the progress of the rest of the medical and natural sciences. The progress and development of all sciences, as well as of humanity in general, moves on not equally at all times, but by starts in certain catastrophies, periods, or eras, by single ideas or systems. Their history hinges on certain catchwords or mottoes. To cry these down without investigation is to declaim against the possibility of any progress, and to renounce all control of its course. To hold on to them for ever is to prevent any further development. So with the *homoion*. At first we saw it derided by almost all, appreciated by but a few. At present we behold it raised up by many to the mystic height of a gospel-truth. But it seems to me, that, if the followers of the homœopathic theory of cure have gone through their (what might be called) empiric apprenticeship with considerable success and credit, as the far-spread acknowledgment of their system proves sufficiently on the one hand, and the immeasurable blessings that are being constantly bestowed on suffering mankind on the other, the future task for them as scientific men must be *to make a physiological test of this problem of homœopathic theory*.

Much has to be done before they will be able to do this. The more light there may be thrown by the experimental sciences on the organic, inorganic, and animal chemistry and physiology, the

more homœopathy will have to be modified. What was and is true in it will nevertheless remain unaltered, or it will be altered to a higher degree of perspicuity. For we know that all sciences must, as long as they aim at truth, finally harmonize. In an age which has, by exploring and examining "matter" in the immensity of its minuteness, widened the field of speculation on natural laws so much as the present one has done, we may well expect to have that chasm in our science filled up, which, while it has drawn the derision and contempt of our too materially-minded antagonists upon us, has prevented us from doing sufficient justice as yet to our own system.

The physiology of disease is that branch of medical science in which, in recent times, the most minute researches and investigations have been made on a purely scientific platform; and considerable success has rewarded the laborers in this field. Pathological anatomy, especially, has been brought to a high degree of perfection in affording explanations of the various phenomena of the diseased body, and of the original seat of disease, and its secondary productions. There is, now-a-days, no secretion or excretion, diseased or healthy, no tissue of the body, degenerated or sound, which has not been chemically analyzed and put under the microscope or in the scales. It would seem, therefore, strange that, in spite of all this new and valuable knowledge and those better lights thrown upon the nature of disease, the expectant method should gain so many advocates among the so-called "regular school" profession. And yet such is the case in private practice as well as in the hospitals, in lung fever as well as in scrofulosis. The more intimately known disease and its productions become, the less regard seems to be paid by them to curative measures; and their trust in the efficiency of their most renowned therapeutics seems to abate in proportion to the increase of their knowledge of pathology. And yet we should not wonder at this, when we recollect that the same investigations that helped to give an intimate knowledge of the diseased organs told also of such destructions and fatal changes in the body as were produced by the drugs given as remedies, and thus proved the fallacy of that theory of cure which teaches to substitute one disease for another, trusting that nature will throw off the effects of the artificial as well as those of the natural disease. You will ask, How does the homœopathic physician look upon this newly explored field of knowledge? Does he treat it with indifference? Do the ascertained facts of a destroying and ravaging disease equally bind his hands and paralyze his efforts in curing it. Has perhaps the newly developed science of physiology of disease brought about such statements as will contradict or interfere with his system? Or is he like his allopathic brother, who, the more he understands of disease, trusts the more fondly in the salubrious

efforts of a self-curing force of animal nature, which would make all artificial curing unnecessary?

Rather let us distinctly assert, *that homœopathy and physiology of the human system as sciences are closely and inevitably related to each other, and should therefore be cultivated with a constant regard to this intrinsic relation.*

In the beginning of this century, when Hahnemann's intuitive genius at first prognosticated the specific relation between medical agencies and diseases, the physiological sciences were as yet in their infancy. As a natural consequence, pathology was but a mass of contradictory and superstitious doctrines. Hahnemann himself was so disgusted with the insufficiency and fallacy of the then known pathological notions, upon which a still more erroneous system of cure was built, that he left the old beaten track of science altogether, and began to build up a new system of cure, which at that time had no scientific authority, it is true, but which has since, directly or indirectly, given an entirely new aspect to all medical practice. But if he had been more of a physiologist himself, that is, if he had been as much ahead of his time in physiological knowledge as he was in therapeutical, he would not have treated the cotemporary attempts at physiological explanation of disease with so much disregard, and would not have taken a single idea for the sum-total of all medical science, and declared that which is only one link in the chain of physiological facts to be the centre and only source of all cure.

On the other hand, if he had lived at the present time, and begun, with the same genius as he did fifty years ago, to establish his system of cure, he would have probably met at once with a pretty general acknowledgment of it among the "regular profession," because the modern progress of physiology would have prepared that body for a better appreciation of the new theory.

Far be from us any attempt to derogate from his merits, his genius, and his undaunted reforming spirit; but still it cannot be denied that, by the contempt in which he held the science of his antagonists, and by his unprofessional manner of calling upon the public to aid him in carrying out his experiments, he has at the outset debarred the homœopathic system from the co-operation of many talented men of science, and thus bears in a measure himself the blame of its slow progress as a science. At the same time, he produced in his followers a too empiric tendency and readiness to swear blindly by their master's words. Taking the ground that we should more steadily aim at a physiological understanding of our system than we have heretofore been accustomed to do, we cannot well be satisfied with being limited in the development of it by a standard motto of three words, as *similia similibus curantur*. Paradoxa are never strictly scientific: they often involve more meaning than they should. Now, though I

know that it will by many of my homœopathic brethren be called almost a sacrilege to hint even at such a supposition, yet I will express my doubts whether the great founder of our system did more good than injury to science in general by forcing the new truth into a motto, and by creating or re-introducing such compounds of words as allopathy, homœopathy, &c., with which war-cries every son of Æsculapius now-a-days fights against his imagined or real antagonists.

We may excuse the soldier, sworn to his standard, when he fights for its safety and honor to the last, no matter in what cause, just or unjust; but in the republic of letters we deem those the best citizens who are not slaves to their dogma, but who search for truth independently. To apply this to homœopathy, let us not fear that, by exploring more and more the nature of disease and of the effects of medicines on the system, we shall come in collision with its original doctrine. If it was a natural law of cure, before we knew any thing about it or could give it a name, its truth will only become more apparent in proportion as we are enabled to illuminate and illustrate it by our researches into the secret economies of nature.

In the physiological sense, disease is not less a natural state of the body than health and life itself. No matter how obscure or how marked, how chronic or how acute it is, it has its natural origin, development, and end. The more quickly and the more generally it develops itself, the more is animal health impaired. The struggle that ensues between the two, ends, sooner or later, in death or recovery. It is brought to our knowledge by the symptoms. Physiology alone can teach us an exact discrimination of important or trivial symptoms, and how to look out for them. Every disease is represented in every one of its stages or symptoms by some change of matter in the body, and is therefore constantly a subject of physiological inquiry. It is especially in the symptomatology of the homœopathic school, pathogenitic as well as pathological, as it appears in the writings of its earliest as well as in those of its latest authorities, that we should wish a thorough alteration, even if it should reach to some of the primitive rules of Hahnemann himself. Most of all ought the provings of medicines on the healthy organism to undergo a thorough review and remodelling. For, having been undertaken with an entire disregard to pathology and physiology, and, in many instances, with an utter ignorance of them, there has been brought to this corner-stone of our system much irrelevant matter, as our best manuals, even at the present time, sufficiently show. Who has not, in his studies of the homœopathic materia medica, been discouraged by the chaos of symptoms, the unscientific subjectivity of which destroys alike our confidence in them, as it renders

a practical selection difficult? The main fault here is the great want of physiological classification.

We know, however, that in the whole medical world, as well as in our own ranks, here and abroad, there is now manifested an interest in the minutest physiological researches, from which the greatest benefit to our science may be expected.

These remarks are not meant to be an invective against what has been done in the true scientific spirit by the pioneers in our cause. We hold them in grateful regard. But when we touch upon the weak points in our as yet incomplete system, and ask labor and co-operation in a particular direction, we hope that this summons to raise themselves to the level of the advanced state of the collateral sciences will be received by our brethren in the same spirit in which it is given, and that it will not be called a futile and untimely attempt to reform a system already perfect.

GFF.

Salem, April, 1853.

EDITORIAL.

The present number closes our first year's issue. The promises advanced in the prospectus have been, we venture to hope, more than fulfilled. Our readers have received in this volume two important monographs, which must have been regarded, in practical value, as ample compensation for their subscription-favors. While we cannot but regret the remissness of our experienced and elder professional brethren, in hitherto withholding such results of their extensive clinical practice as would have contributed to the furtherance of our favorite cause, we are yet encouraged to persevere in our labors by many very gratifying verbal acknowledgments of service rendered, and by the promise of a more hearty active co-operation hereafter.

Original communications from a learned correspondent in chemistry and pharmacy, in so far as those sciences relate to and directly affect the theory and practice of homœopathy, will add much to the interest and value of our future publications. An increase in the number of pages, and a more frequent issue, may, it is confidently believed, ere long be effected; but, for the coming year, no alteration in these respects will take place.

As regards our policy, the course marked out by us and conscientiously adopted at the commencement of this undertaking, will be undeviatingly pursued; our humble endeavors being directed and wholly devoted to one sole object and end, — the promulgation of views favoring the onward progress of a rational, scientific homœopathy.

We have been much gratified by the reception of a letter from George Strong, surgeon, of Ross, England. This gentleman, who has attained a high eminence in his profession, and is a writer of great ability, was formerly senior physician to the "Ross Dispensary," which post, for a long time most honorably and usefully filled, he lately resigned, as many of our readers know, in consequence of the persecution to which he was exposed for determined practical adherence to his honest convictions of truth. He preferred the loss of a lucrative position to the abandonment of all that is true and satisfactory in therapeutics. Referring to our journal, he writes, "It (the Quarterly) is exceedingly well got up, and printed in better type and ink than most of the American works which fall in my way." In justice to our publisher, we make the above extract, omitting all complimentary allusions to the editorial management.

Our purpose, however, and the chief one in penning this notice, is with reference to the following sentence from Dr. Strong's letter: "We are publishing a new Homœopathic Medical Directory for Great Britain and Ireland. The last was compiled three years ago, and is nearly obsolete. Cannot such a one be undertaken in the United States? Its appearance in the English journals at this crisis would greatly strengthen our hands, as the phrase is. The only one I have seen was reprinted in the 'Homœopathic Times' of April, 1850."

In order to comply with the wish above expressed, it will be necessary to ask the assistance of our friends at the South and West. And should we receive sufficiently prompt aid to this effect, which we will gratefully acknowledge, a complete list of the homœopathic practitioners in our country may be made out in season for insertion in the next number of this journal.

The names of *physicians* only — individuals who have been properly educated for the profession, and who are recognized as legitimate practitioners — will be published. Those "amateurs," male and female, soi-disant doctors, conceitedly and daringly confronting hydra-headed disease with one poor little box and book, might greatly enlarge the list, but would proportionably lessen its influence.

INTELLIGENCE.

M. Orfila, one of the most distinguished medical men of France and Europe, has just died. He was born in 1788, on the Island of Minorca; and, after distinguishing himself as a student of medicine at Valencia in Spain, he came to Paris in 1809, where he devoted himself especially to medical chemistry. He has held

various offices, and been honored with various marks of distinction; but his greatest distinction is one which he owed only to himself, and is derived from his works on medical jurisprudence, among which are his Treatise on Poisons, his Elements of Legal Medicine, and his work on Exhumations, all of them standard authorities in the branches of which they treat. He was most ardently devoted to his profession, and was constantly making the greatest sacrifices for it. Not only did he make large donations to hospitals, and similar institutions during his life, but he disposed of considerable sums in the same way by his will; and, not satisfied with that, left his own body for dissection.

An annual session of the Homœopathic Medical Society of the State of New York was held in the city of Albany on the 8th of February last; Dr. Lyman Clary, President. The proceedings have been published in pamphlet-form, together with an able address by B. F. Joslin, M.D., and the report of the committee on a medical college, earnestly recommending the immediate establishment of such an institution.

After the reading of several communications from different members, the following resolutions, in accordance with the recommendations of the report (from the Bureau for the augmentation and improvement of the Materia Medica), were then considered, and, after some discussion, adopted: —

"*Resolved*, That each member be requested to make a proving of at least one drug upon himself, during the year, and to report the result of such proving to the Bureau of Materia Medica, before the first day of January next.

"*Resolved*, That it is recommended that further provings be made of the Apis mellifica, Plantago major, Cimicifuga racemosa, Urea, Uranium, Titanic acid, and Geranium maculatum.

"*Resolved*, That each member be requested to report, at each meeting, at least one case cured in his practice by a single remedy.

The following officers were chosen for the ensuing year: —

A. S. Ball, M.D., New York . .	President.
N. H. Warner, M.D., Buffalo . .	First Vice-President.
S. S. Guy, M.D., Brooklyn . . .	Second Vice-President.
L. B. Wells, M.D., Utica . . .	Third Vice-President.
H. D. Paine, M.D., Albany . . .	Secretary.

Together with three Censors for each of the four districts.

The names of one hundred and fifty gentlemen — allopathically qualified "Doctores Medicinæ" — are registered on the roll of members; no mean array of disciplined men to swell the ranks of our rapidly increasing army.

THE annual meeting of the American Institute of Homœopathy, to be held at Cleveland, Ohio, in June next, will probably be attended by more physicians than have assembled together at any previous time and place since the organization of the society. The central position of the city designated, and the increasing interest manifested in therapeutical reformation, affords reason for believing that the session of 1853 will, in point of numbers and influence, command general respect and attention.

NEW PUBLICATIONS RECEIVED.

Americanische Arzneiprüfungen und Vorarbeiten zur Arzneimittellehre als Naturwissenchaft, von Constantin Hering. Heft II.—Glonoin or Nitroglycerin (conclusion). Achillæa Millefolium. Apis Mellifica. Including an Essay on the Remedies on Bites from Bees. Leipzig, 1853. E. Schäffer & Korradi, Philadelphia.

Domestic Homœopathy. By John Epps, M.D. Fifth American from the fourth London edition. Edited and enlarged by John A. Tarbell, M.D. Published by Otis Clapp, Boston.

Proceedings of the Homœopathic Medical Society of the State of New York, 1852–53. Albany: Joel Munsell, 58, State-street.

PERIODICALS RECEIVED,

AMERICAN.

The North American Homœopathic Journal, February, 1853.

The Philadelphia Journal of Homœopathy, January, February, March, and April, 1853.

The American Journal of Homœopathy, January, February, and March, 1853.

The American Magazine of Homœopathy, vol. ii. Nos. 3 and 4: Cleveland and Cincinnati, 1853.

The North-western Journal of Homœopathy, vol. iv. Nos. 10, 11, and 12. Chicago. [These numbers are the last that will be published, according to the announcement of the editor: we, indeed, regret very much that Dr. G. E. Shipmann is compelled by circumstances, very likely insufficient patronage, to stop this valuable publication.]

FOREIGN.

British Journal of Homœopathy, January, 1853.

Homœopathic Times, London, up to February, 1853.

Homœopathische Viertel Jahrschrift, Leipzig. Vol. iii. No. 4.

Zeitschrift für Homœopathische Klinik, Dresden, to Feb. 3, 1853.

Allgemeine Homœopathische Zeitung, Leipzig, to Feb. 7, 1853.

Zeitschrift für Erfahrungsheilkunst, Berlin. Vol. v. No. 4.

QUARTERLY

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INDEX.

QUARTERLY HOMŒOPATHIC JOURNAL.

DISEASES OF THE ORGANS OF HEARING, AND THEIR CURE BY SPECIFIC REMEDIES.

BY A. W. REIL, HALLE.*

At the introduction of all works devoted to the diseases of the organs of hearing, it is acknowledged and complained of, that this branch of medicine is, compared with others, still far behind that degree of cultivation which it admits of and demands. This neglect is at the same time accounted for by reasons, the correctness of which we cannot deny, inasmuch as we ourself feel their internal truth. Among the first and most important is the acknowledged *difficulty for anatomical investigation* of this completely concealed, bone-enclosed organ, and the consequent deficient *knowledge of the physiological functions and pathological changes* of the same. It has happened but seldom, because the cause of death was not to be looked for in a disease of the organ of hearing, or the former existence of such a disease was not even known, that pathologic-anatomical experiments have been made at dissections, which must, however, have frequently proved deceptive on account of the imperfect explications of physiology. The consequence of these imperfections is, that we find in manuals scarcely a chapter, and neither professorships nor hospitals devoted to diseases of the organ of hearing. It is known also, that ear-diseases have mostly — providing they are not of an inflammatory character — a slow course, unconnected with general disturbances; that

* Homœopatische Viertel Jahrschrift, vol. iv. No. 1. Translated by J. B.

the patients but reluctantly and generally, when the proper time for the easier removal of the disease has long passed by, conclude to consult a physician, remaining satisfied with the uninterrupted function of *one* ear, and preferring rather to employ a host of injurious external ear-remedies from the domestic or quack recommendations, than to entrust themselves to an experienced physician. Should not a physiological proof be found in this for the often-disputed inferiority of the higher qualities of the ear to those of the eye?

Furthermore, the treatment of ear-diseases has been, and still is, left to charlatans, who are enriched through the credulity of the public, heedless of the results of experience. This is, however, not to be wondered at, when we consider, that the study of this particular branch is in the first place difficult, and secondly its practice is so poorly remunerated that only in large cities can individual representatives be found. The names of all the eminent practitioners in this line might at the present day be written upon the thumb-nail.

Presupposing the historical development of the anatomy, pathology, and therapy of the organ of hearing to be known, I will just mention, that only since the commencement of this decennium, and especially only since the last twenty years, has this branch received a decided impulse through the exertions of Itard, Deleare, Saissy, Cooper, Beck, Kramer, Linke, Schmalz, and a satisfactory theoretical as well as practical recognition.

In reference to symptomatology, diagnosis, and ætiology, according to the present state of the doctrine of diseases of the ear, it is certain that very much has been achieved; but in therapeia we are poorly off, and still worse with respect to real *cures*. The greater the anxiety has been to invent all sorts of instruments, in order to establish the diagnosis in regard to the seat and locality of the ear-affection, the greater appears the tendency to treat such complaints surgically, with external remedies simply; but a few, derivating, reducing, or stimulating internal remedies being used. In no other branch has the search *for* and experiments *with* specific remedies been so much neglected, as in the diseases of the organ of hearing.

That *homœopathy*, by its invariable correctness of medical treatment in general, must, in the treatment of the diseases of the organs of hearing in particular, be also favored with a

proportionate greater success than the old school, may be supposed *à priori*. *A posteriori* proofs we find in communicated clinical cases. Their number, however, is unfortunately not great, as we are deficient in clinical observations; not so much because none are made, but because practitioners withhold their publication from various though never plausible reasons. In the homœopath-therapeutical manuals, the chapter on "the ears" is miserably superficial, and seldom do we meet in the homœopathic journals aphoristic monographs on this subject. In the clinical cases of the whole German homœopath-literature, I know only fifty-five cases relating to it; yet, on inquiring of a colleague in regard to his experience and views on the treatment of the diseases of the organs of hearing, we were informed that in this particular the principle of homœopathy has achieved glorious results.

It is not from over-estimation of his own experience, but merely to give a few sketches of an otiatic therapy, and to request his colleagues to communicate their experience also, that the author has been induced to prepare the material we have for a short monograph on the diseases of the organ of hearing.

Should the order here pursued seem to the reader too empirical, not strictly physiological, or not sufficiently minute, I claim for my excuse the difficulty of physiologico-anatomical informations above mentioned. Although a sure diagnosis of the inflammation of the membrane of the tympanum, or of an affection of the aquula cotunni, belongs to the most difficult problems, still a choice of remedies from physiological experiments against such specified evils might not be impracticable.

A. Inflammatory Diseases of the Ear.

Otitis Externa. Inflammation of the Meatus Auditorius Externus.— The parts coming into consideration here are the auricula and the meatus audit. extern. up to the tympanum; and the school sees, according to the seat of the morbid process, an otitis erysipelatosa at one time, an ot. glandularis, o. phlegmonosa, or a periostitis of the meatus at another. For the sake of an easier understanding, and to avoid an unnecessarily detailed symptomatology, we follow these nosological forms.

The erysipelatous inflammation, having its seat in the vessels of the cutis, or on the rete malpighii, manifests itself by burning, sticking pain, superficial redness of the skin, with slight swelling, and the elevation of larger or smaller pustules on it. Should the erysipelas be confined to the auricula, then of course the more violent symptoms are wanting. If the seat of the disease is in the meatus, we find, on account of the numerous glands therein, an increased secretion of very tough cerumen take place, which closely adheres and dries up. With the abatement of the disease, it gradually crumbles out, while everywhere the epidermis is scaling off; and it seldom indurates to hard, calcareous masses, requiring artificial means for their removal.

Whatever causes can produce erysipelas, especially erysipelas of the head, as gastric derangements, epidemic influences, colds, may also produce erysipelatous inflammations of the meatus audit. extern.; and particularly may erysipelas of the head extend to the ear. This rapidly arising disease will disappear in slight cases, without the use of other means than being kept warm. If, however, more violent symptoms exist, then must such remedies as are specific against erysipelas in general, be applied, — Belladonna, Bryonia, Rhus. The ejection of the indurated cerumen can be accelerated by the external use of glycerin, which is by all means better than the employment of oils.

The otitis glandularis, having its seat in the glandular skin of the meatus, is the usual catarrhal form of the ear-inflammation. The patient complains of itching; even burning, tearing pain in the ear, increased by sounds, and affecting also, not unfrequently, the carotids. The meatus is very much swollen, full of closely compact pustulous swellings, secreting a lymphatic fluid. It is quite natural that difficulty of hearing should exist, on account of the interruption of the passage of sound, though ringing in the ears is almost always absent; and but seldom does a moderate fever set in, unless in children, who are more severely affected, and frequently grasp with cries the ear. When the inflammatory symptoms abate, said liquid always flows out, ceasing gradually or passing into real otorrhœa, with a chronic inflammatory character. In the first case, it becomes successively more cerumen-like, seldom thicker, and disappears totally in two or three weeks. The second case we shall further consider below.

Another form of chronic inflammation of the glandular skin of the meatus aud. ext. is admitted, where a total absence of cerumen exists, and the meatus is sprinkled with dry, fine, white powder; otherwise no alteration, except perhaps somewhat red; and with this there is ringing in the ear, and a sensation of mechanical obstruction.

Of the acute form mentioned, cold by cold washing, or a draught of air, is the most frequent cause: lymphatic and scrofulous constitutions are, however, particularly predisposed to it. Other causes are suppressed exanthemata, especially measles, and furthermore youth. Mechanical causes are of rare occurrence; for instance, irritation by insects entering into the ear.

The catarrhal or glandular ear-inflammation will, in otherwise healthy individuals, frequently heal spontaneously, if injurious influences are avoided. Medical treatment is to be sought mostly and unfortunately in the chronic form, to be mentioned under otorrhœa.

The remedies adapted to the catarrhal otitis in its first stages are, Aconite, in very violent pains complicated with fever of the whole half of the head, and simultaneous rheumatic pains in the neck and other parts of the body. Next to this come Bryonia and Dulcamara; even Belladonna and Conium may be indicated, especially if, in children, irritation of the membrane of the brain is to be feared. The main remedy, however, is Pulsatilla. But it must by no means be overlooked that the epidemic constitution exerts a great influence upon the disease in question, and that a too subtile separation of the symptoms will rather lead from the right track, while the consideration of remedies best adapted in other catarrhal affections of other organs and systems at the same periods of time will facilitate the choice, and bring about better results.

External cleanliness, limited, however, to injections of tepid water or milk, favors an immediate alleviation of the patient's pain as well as a more rapid cure: the ear must be protected by some wadding or a light cloth from the injurious effect of a change of temperature.

In the chronic form mentioned, attended with dryness of the meatus and a total absence of cerumen, the prognosis is not very favorable; it seems as if a particular constitutional dyscracy causes this termination; at least I could, in several cases under my treatment, see a prostration of the

secerning functions of the glandular and mucous systems. Conium, Belladonna, Carbo anim., and Graphit. had a favorable influence generally. The so-called Antipsorics might rather come more into requisition, and then local specific remedies. The cures related in the homœopathic journals but seldom admit, unfortunately, on account of the deficient physiological signification of the morbid symptoms, a recognition of the pathologico-anatomical seat of the affection, dealing altogether too much in general phrases of difficulty of hearing, deafness, ringing in the ears: it is rarely therefore that we definitely know which remedy has cured this or that state. Glycerin is a very valuable external remedy in this form.

The phlegmonous inflammation of the meatus affects the cellular tissue, and differs from the previous forms by the violence of its symptoms. Severe tearing pains with painful tension, aggravated by every motion of the head and jaws, great sensitiveness of the meatus; the latter swells to a complete obstruction, and secretes a watery, reddish fluid. The inflammation is confined occasionally to a small spot only, and assumes quite the character of furuncle. Violent ringing in the ears and considerable hardness of hearing always exist; the patient is usually feverish and sleepless. While in both the previous forms, no proper suppuration takes place, but only secretions of the glands of various degrees; the phlegmonous inflammation here, as in general, terminating always in suppuration. At the height of the disease, when swelling and pains are very much aggravated, there appears suddenly, under considerable abatement of all the sufferings, a discharge of thick, yellow, bloody pus. After this, all symptoms gradually decrease; the meatus widens with the subsidence of the swelling, and the hearing returns.

Colds are also the most frequent cause of this affection. An unfavorable termination perhaps, in the succeeding form, is only to be apprehended in dyscrasical subjects. It can, on the other hand, by transition upon the tympanum and the meatus aud. intern., cause complications with internal ear-inflammation, and, on account of the remaining thickening of the tympanum, chronic hardness of hearing.

Medical treatment, in forms occurring without complication, might hardly be necessary. Under the head, "ulcer in the ear," "otorrhœa," we were told of miraculous homœo-

pathic cures, whose rapid, favorable result — from six to fourteen days — convinces us that there was a mistake in the diagnosis. Such wonders are presented to the credulous physician by a partial or general phlegmon of the meatus aud. extern. just passing into suppuration, which every old woman would have cured as quickly with chamomile tea. If any thing is to be done, the expected termination of this disease in suppuration must be favored as well by external as internal remedies. Of the first are — and the instinct of the patient calls loudly for them — softening, single poultices, without any narcotic additions, and injections of tepid water or milk, as well before as after the formation of pus. The principal internal remedies are Belladonna, Pulsatilla, Mercur.

The inflammation of the periosteum of the meatus comes seldom into treatment in its acute form, and generally occurs only after scarlatina or measles, or in connection with dyscrasies. It is developed without any particular pains, and soon passes into caries of the bony parts in question, so that we get often only by the sound the proper information. As I have not observed the development of this disease, and never saw caries even in otitis and otorrhœa after exanthematas, I can add nothing from my own experience in relation to the therapeia, and refer to the treatment of otorrhœa with its complications.

2. *Otitis interna. Inflammation of the Meatus Aud. Intern.*— Various subdivisions have been made here according to the regions forming the meatus inter., viz. inflammation of the tympanum of the Eustachian tube, catarrhal, phlegmonous internal ear-inflammation. These distinctions, however, I consider of little importance for practice; the momentum occasionale might at furthest modify the choice of the remedy. In the symptomatology, I confine myself therefore to the diagnostical differences between otitis externa and interna.

In the internal ear-inflammation, the pain is always much more intense than in the external; being not only particularly aggravated by masticating motions, owing to the vicinity of the internal ear to the articular facets of the jaws, but also by every sound, as an excessive sensitiveness appears in the beginning to loud tones, which is increased to insupportable pain at the least noise; while in otitis externa the patient becomes hard of hearing, mostly by mechanical

causes. He hears but too well here; and, while some dull tinkling at most is mentioned as the only subjective impression of hearing, the most troublesome delusions of hearing are here suffered, transitions from the finest singing, chirping, to the loudest ringing of bells. The near connection of the internal ear with the mouth gives us further diagnostical symptoms; as redness and swelling of one or both sides of the soft palate and tonsils, with difficulty of swallowing, and a tickling sensation, which symptoms we do not find in the external ear-inflammation. The processus mastoideus is frequently very sensitive to external pressure. The general health is much more seriously affected in the internal than external ear-inflammation. The patients have, with violent headaches, red or coated tongue, thirst and dry skin, very high fever, with total sleeplessness, the digestion going on very slowly with loss of appetite, and costiveness usually exists. A further distinction is perceptible in the terminations: though these are also, in the otitis interna, either muco-serous secretion or real suppuration, they nevertheless take place proportionally later, and by other ways. In otitis externa, mucus or pus flows readily and gradually from the meatus; in otitis interna, the tympanum is first perforated, then a bloody, pus-like fluid rushes forth in large quantities. Occasionally the pus does not run outward at all, but inward into the mouth through the Eustachian tube. In rare and particularly malignant cases, the suppuration seeks an outlet through caries of the processus mastoideus. Absence of all the symptoms of an external ear-inflammation finally signifies sufficiently the character of the disease. That a complication, however, of both forms can exist, modifying the symptoms accordingly, hardly need be mentioned.

Ætiological momenti for internal ear-inflammation are, colds, youth, especially the period of dentition, acute exanthematas, suppressed chronic eruptions, particularly of the head, scrofulous and syphilitic dyscracy.

The prognosis is not very favorable, partly because bad complications, especially in children, are to be apprehended on account of the neighborhood of the brain; because simultaneous dyscratic states, as well as the terminations in otorrhœa, caries, lasting interruptions of the function of the organ of hearing, render the treatment difficult, often impossible.

Treatment.—A decided influence must be given to the consideration of the occasional causes, the epidemic and individual constitutions, as well as to existing dyscracies. The ear-inflammation of young or adult, otherwise healthy individuals, occurring during the autumn and spring season, in consequence of cold, will terminate the most readily by the use of Dulcamara, Bryonia, Rhus, Pulsatilla, Chamomilla, and Belladonna. Belladonna is particularly appropriate for children during the period of dentition, obviating at the same time the apprehended brain-symptoms, and so with Calcar., Hepar, Mercur. The same remedies with Pulsatilla, and with the addition of Sulphur, are adapted to ear-inflammations consequent upon acute exanthematas. Scrofulous dyscracies require the well-known remedies, the principal of which are Belladonna, Conium, Carbo., Graphit., Calcarea, Mercur., and Iod. Should there be a complication with syphilis, then Aurum and Silicea will be especially beneficial, independent of Mercur. and Iod. The treatment of the terminations we shall have an apportunity to consider under the head, "Otorrhœa."

B. Discharges from the Ear.—Otorrhœa.

The nature of the issuing secretion in otorrhœas is always more or less pus-like, at one time thick, at another thin, with or without additional cerumen, not seldom mixed with blood and with phosphate of lime. We distinguish an otorrhœa externa and interna according to the seat of the affection in the external or internal ear: that both can often exist at the same time, and that one can join the other, is shown as well by a glance at the anatomical state of the organ of hearing, as by daily practice. This transition, however, is not absolutely necessary. The diagnosis of both is not difficult, and only doubtful when the way to the tympanum is rendered difficult to the examining eye, on account of simultaneous swelling of the meatus aud. extern.: this distinction, however, has no essential influence on the treatment; at least no external remedies can be applied for merely internal otorrhœa. The slight discharges from the ear, continuing for some time after the usual catarrhal external ear-inflammations, is not to be reckoned as otorrhœas, being deficient in the chronic character; the latter (otorrhœas) being mostly results or terminations of an acute or chronic inflammation

of the glandular membrane or the periosteum. They become developed in the latter case with scarcely any particular pains, and only in the first are observed the precursory symptoms mentioned in inflammations of the organ of hearing. Occasional causes are mostly such as have been already stated: colds, the period of dentition, exanthematas, particularly in the otorrhœa developed from chronic inflammations, dyscracies, especially scrofulosis. It has been affirmed that caries of the bony parts concerned exist in all genuine otorrhœa: though I cannot see why this *must* always be the case, I must nevertheless confess that I perceived this complication in a great many instances. This is easily accounted for, as well by its origin as periostitis, as from the known tendency of the bones in general, and the delicate bones of the labyrinth in particular, to be acted on through and to pass into inflammation and caries. A true diagnosis of caries is only ascertained by examination with the probe, and the discharge of phosphate of lime. The fœtor auris, the thin fluidity of the secretion, the distention of the Proc. mastoid., do not justify us in assuming caries, as the fœtor—this sweetish, ammoniacal smell—is more or less common to all otorrhœas: the consistence of the secretion also varies, and the distention of individual parts of bones do not establish caries. A scrofulous, lymphatic constitution favors the existence of caries. Arthritic and syphilitic conditions are also frequent causes. The longer an otorrhœa continues, the greater are the changes taking place in the texture of the parts concerned. The internal surface of the external organ of hearing exhibits at the beginning a brighter or darker redness; it soon becomes granulous and loosened, even sarcomatous, and appears often covered with small polypes. If the otorrhœa is confined to the external meatus, then the tympanum is uninjured; but it soon becomes involved in the morbid process, is perforated, and the disease extends to the internal ear. The extent of the destruction cannot so well be calculated with the eye; but it is evident from the anatomical relations that perforations of the bony parts outward at the Proc. mastoid., or inward under the dura mater, are not to be considered as rare. I saw several times in children dangerous symptoms of the brain arise after accidentally suppressed otorrhœa, which disappeared under careful treatment, and with the simultaneous recurrence of the discharge;

and in three cases of sudden death under symptoms of the brain, with existing otorrhœa, twice observed on post-mortem examination, an abscess at the base of the cranium on the dura mater, and once an issue of pus through the perforated cerebral membrane into the brain. If the otorrhœa forms originally in the internal ear, it takes generally an opposite course; that is, it progresses outward by sudden bursting of the tympanum, after having produced internally considerable devastations. Which of both forms, however, is the more frequent will be very difficult to ascertain, as the physician is usually called upon too late. A breaking outward through the Proc. mastoideus is of rare occurrence.

The prognosis of otorrhœa is, on the whole, unfavorable; the more recent the case, however, and the less complicated, the better; at any rate, both physician and sufferer must exercise a great deal of patience. Caries, or symptoms of irritation of the organ of hearing, are indications that the complaint will be of long duration, perhaps last for life.

Treatment.—A simple otorrhœa, as an inflammatory residuum, submits most easily to the proper remedies, the principal of which is Pulsatilla. This must be given in powerful and frequently repeated doses to produce a cure within three or four weeks. Next to this is Merc. sol., and then Lycopodium, Ammonium carb., Thuja.

In existing caries, or if it is, on account of the obstinacy of the evil, to be apprehended, Merc. sol. will often prove very beneficial. Frequently, however, must the stronger mercurial preparations be applied, Cinnabaris, Præcipitatus ruber, Sublimat., Hydrargyrum phosphor; and subsequently Calcarea, Silicea, Hepar, Sulphur, Acid. phosph., Aurum, Asafœtida, may be required.

In scrofulous complications, the remedies most approved for scrofulosis in general, will, of course, be adapted; being, besides those last mentioned, Belladonna, Conium, Kali hydrojodat., Graphit.

If there is reason to suppose that the disease is based on syphilis, then, after the mercurial preparations, or, if these have previously for a long time been administered, Acidum nitr., Aurum, Kali. jodat., will deserve particular consideration.

It is, however, as I stated above, necessary to give the special indication for every individual of the remedies

mentioned; particularly if dyscracies have simultaneously to be met, which is generally the case in otorrhœas. A careful comparison of the pathognomonic and physiological symptoms of the ear will be of no avail here; but the consideration of simultaneous existing disturbances in other organs and systems, especially in the mucous membranes, glands, and bones, will facilitate the choice of the remedy.

The question whether or not external remedies are to be applied, requires here a close examination. It is known that the old school loses no time in the treatment of otorrhœas to diminish the profuse secretion by external remedies, in cauterizing or excoriating the mucous membrane; and that it is not very scrupulous in the choice of its means. The result of such proceedings, however, being suppression without removal of the general affection, and consequent metastases or very painful acute inflammatory relapses, especially on the entrance of caustics in the internal ear, startled the therapeutists, and induced them to modify this treatment, so that there are now as many against as in favor of it. It is, in my opinion, perfect folly to attempt rapidly to suppress a long-existing otorrhœa, based on dyscracy, by powerful external means, with or without simultaneous internal medication, as it is certainly often followed by serious consequences: yet, on the other hand, I cannot perceive why all external applications should be condemned; as in similar cases, for instance, scrofulous eye-inflammation, abscesses, ulcers, they are proper y used, and with the best success. I have never seen evil consequences from a careful employment of external means in the treatment of otorrhœa, but a decided advancement of the cure.

Mild injections are, above all, indispensably necessary for cleanliness. The secretion is generally so acrid that it corrodes even the external meatus and the epidermis of the cheeks, producing there eczematous eruptions, besides continuing to affect the surface of the diseased mucous membrane as a constant irritation. Moreover, the offensive smell is very troublesome to the patient, and persons about him. Our first duty is to purify the secretion by frequently repeated injections, every two or three hours, of tepid water or milk, and to favor its issue by placing the patient upon the affected side. If the tympanum is still uninjured, then a solution of lead, even weak Sublimat. a sol. of Argent nitr., or tinct. of Thuja, might be also of advantage, provided

that the internal medication had not been neglected, but had been for a long time previously in use; and that the external remedies do not interfere with the effects of the internal. If the tympanum, however, is perforated, and otorrhœa interna and externa simultaneously exist, then I should dissuade from injections of various kinds, and confine myself to the brushing of the external meatus, as the physician is entirely unable to calculate the quantity of the medicament penetrating into the internal ear. The application, in fluid form, of the external remedies, is, however, far preferable to the dry form, — the sprinkling of calomel, Merc. sol., Præcipat. alone, or by means of a press-sponge.

C. Nervous Diseases of the Ear.

1. *Otalgia.* — The pure nervous otalgia has been declared an hypothesis by several practitioners in ear-diseases, while others affirm its existence. It might very well be that an inflammation in any part of the ear has very often been named otalgia: it is nevertheless reasonable to suppose that the ear also may have its algia, having also nerves, and very sensitive ones withal. The name otalgia, however, will apply only to a typic, intermitting ear-ache, without any trace of inflammation. Its principal seat has been stated to be the chorda tympani; neuralgic affections of other branches of nerves, especially of the facialis and trigeminus, being frequently complicated with the same. Neuralgias in the teeth, supra-orbital or infra-orbital region, alternate frequently with otalgia, or exist simultaneously with the latter, with lippitude, photophobia, or teethache, and half-sided headache. Otalgia, besides being a frequent attendant on catarrhal affections, is also generally connected with derangements of the abdominal organs, especially hemorrhoids and affections of the uterus.

The prognosis of otalgia is, according to the school, favorable on account of its frequent voluntary disappearance without the aid of art. This does happen occasionally, though in other cases it continues for weeks to the great annoyance of the patient, and, while occurring in shorter or longer intervals requiring still speedy relief. This can be rendered easier by the treatment according to specific laws, than according to the rules of the old school, which are warmth, diaphoretics, local and derivative irri-

tations of the epidermis, local opiates. It is true that we, according to the more distant causes, by keeping warm in colds, by general treatment directed against dyscrasies, or arthritic, plethoric constitutions, attempt to remove the evil; but we must also take pains to do it by specific remedies. Such remedies we frequently find in the narcotics ("*sit venia verbo*") as, *en passant* be it said, these form the best chapter in the usual pharmacologies of the old school. The Solaneæ in particular, whose known sphere of action extends principally to the cerebrum and cerebral nerves, offer very characteristic physiological symptoms, as pain of the nerves in the ears. So we find in Belladonna: "sensation in the ear, as if it were being forcibly torn from the head, tearing on the external or internal ear, severe cutting shocks in the internal ear, stitches from the upper jaw to the internal ear, delusions of hearing, excessive sensitiveness of the organ of hearing." Furthermore, in Hyoscyamus: "severe stitches in the ears, sudden, indescribable pain in the ear." In Stramonium: "stitches, buzzing in the ears." By adding the neuralgic pains in the three mentioned remedies occurring in adjoining nerve-branches, we shall have the true image of an otalgia. To this family is added Conium and Cicuta, Mezereon, Helleborus, and Veratrum, and likewise Cantharid. from the animal kingdom, all of which are capable of producing on healthy individuals a kind of prosopalgia, with violent stitch-like pains in the ears, and great sensitiveness of the organ of hearing. Arsenic and Laurocerasus are also entitled to consideration.

I myself have had an opportunity to treat otalgias but twice; both patients were of the female sex; there was no evidence, however, of derangement of the nervous system, but a tendency to neuralgias in general. In the one case, Stramonium gave speedy relief after a fruitless application of various remedies; the pains had been considerably violent, almost without intermission, and with but slight remissions at night, and this by keeping the head warm with herb-bags; at the same time there occurred occasional shedding of tears from the eye of the left affected side, when the pains were the most violent. In the second case, which was a robust woman in the climacteric years, all possible internal and external remedies of the specific as well as of the old school produced not the least change, so that I found myself

compelled, after fruitless assertions lasting two weeks, to try Chloroform. I directed one drop upon cotton to be put in the ear; the pain disappeared instantly, then returned again feebly after eighteen hours, but ceased after a repeated application, and reappeared no more. I could perceive no bad impression, for instance, upon the acuteness of hearing, immediately after the application.

2. *Derangements of Hearing.* — According to the various degrees and forms of derangements of hearing, different names have been given to them. Thus, excessive sensitiveness to sound is termed *Hyperacusis*, *Paracusis;* all interruptions in the sensation of sound, referring especially to their quality, delusions of hearing, reverberations, double hearing, &c., *Kophosis*, with the subdivisions Baryecoïa and Dysecoïa, the nervous hardness of hearing and deafness. According to certain authors, the seat of these dissimilar affections of the sense of hearing is the *Labyrinth*, with the ramifications of the nerv. acousticus; and we have no reason to distrust these assertions, based upon physiologic-pathological investigations. All three stated forms of derangement of hearing do not unfrequently pass into each other, or form unimportant subdivisions, according to certain subjective expressions of the patient. We see them very frequently as symptomatic associates of other special febrile diseases, where they are to be considered only as an expression of the simultaneously-existing nervous affection: thus, typhoid-fever patients are often very sensitive to sound, but become hard of hearing in the later stages, and even deaf. Under such circumstances, the derangement of hearing will not be the object of treatment, but the more important original disease, with the cure of which the first will disappear. We have frequent opportunity, however, to treat them as independent residues of the nervous diseases mentioned. The ætiology of the derangements of hearing is, however, very heterogeneous in nervous diseases, abdominal complaints, &c., besides all symptomatic derangements; and the latter passes so much into the idiopathic, that it is often very difficult to give a sure diagnosis. All states, which excite the activity of the cerebral nerves, can therefore produce hyperacusis, which is the same pathological momentum for the ear, as Photophobia is for the eye. The paracusis occurs as tinnitus or susurrus aurium, or as paracusis duplicata, double hearing,

as well in the most dissimilar (ear-affections) as also in universal complaints. Still more difficult is the diagnosis of hardness of hearing, which in both forms, as erethic or nervous and torpid hardness of hearing, will far more frequently depend on various diseases of other organs and systems, than exist alone.

It is evident that the prognosis undergoes considerable modification; and so it is with the

Treatment. — The derangements of hearing, and of these, hardness of hearing, have always most engaged the attention of physicians, and produced unfortunately the most trivial essays, as well as recommendations of nostrums. It cannot be denied that the subject has also been treated by several eminent otiatrics with circumspection and science. The frequent great diversity of opinion, however, and its consequent controversy, are not calculated to inspire confidence in their therapeutical views. It is not by any means my object to enter more deeply into the therapeia of the old school in said forms of diseases; as little can it be expected that I should review the whole homœopath. materia medica, in order to find "ear-symptoms" for hardness of hearing, or describe, with particular consideration of the momenti causales, an anti-rheumatic, anti-arthritic, or such like methods of cure, according to specific principles. Even in the most special homœopath. therapeia, no general rules for it can be given; but it must be left entirely to the judgment of the physician. I confine myself to the statement of individual remedies, established by experience for their beneficial effects in derangements of hearing, as well as to direct the attention to other remedies, adapted to this disease, and this as much as possible according to physiological laws of the sphere of action, not according to the accidental symptoms: in this case, it would only be required to name the remedies alphabetically, as almost in all of them, under the head "ear," symptoms will be found which, specially considered, might indicate derangement of hearing.

Aconite and Belladonna, Hyoscyamus and Stramonium, will be adapted to the excessive sensitiveness, as well as to the delusions of hearing, which are partly connected with local congestions, partly based on pure increase of sensibility of the nerv. acusticus. Their specific direction to the organs of senses is too evident from the physiological provings not to inspire our full confidence in them. Among these I

rank Spigelia, which has, according to the experience of Hartmann and Trinks, as well as my own, proved efficacious in the erethic form of hardness of hearing.

Arnica, Rhododendron, Rhus, and Nux vomica, are to be recommended, and have evinced their efficiency in torpid hardness of hearing, and even deafnesss, which occurs mostly as the results of a cold, without the simultaneous existence of other affections. Whether Pulsatilla is to be ranked with them is yet to be decided. I have seen no benefit from it, and I believe that only in recent cases may benefit be expected; the same I would say of Conium, Colchicum, and Bryonia. Ignatia, however, here as everywhere, follows Nux vom.

Carbo vegetabilis and Graphit. also Mangan., are adapted, according to the experience of Lobethal and Rentsh, and my own, in hardness of hearing or deafness of such persons as are inclined to catarrhs, as well as in the dysecoïa remaining after such states, or complicated with scrofulosis, where a consequent change of the texture in the internal ear, and the tuba Eustachii, with loosenings of the nervous membrane, might exist.

Lobethal says of Graphites, that its direct relation to the organ of hearing can be proved; and that it is specific in tingling in the ears, consequent upon habitual congestion, especially of young people. Lycopodium and Merc. sol. might, under the circumstances stated, besides the remedies mentioned, be noticed. And similar favorable results we have also seen from Iod. and Kali hydriod.

Sulphur is an indispensable remedy in hardness of hearing of individuals suffering under habitual plethora abdominalis, connected with much buzzing, ringing, murmuring in the ears. In such cases we are also justified in using the other efficacious and more powerful preparations of Sulphur, especially its combination with carbon, as Sulphuric Alcohol, and with Ammonium, as Spir. sulphuris hydrothion, both of which have rendered valuable service in the old practice.

Petroleum is, according to Lobethal and Tietzer, appropriate in paralytic deafness of arthritic persons, who have indulged considerably in Venere and Baccho, and where the torpor is manifested in coldness and paleness of the external ear, a dry, parchment-like state of the cartilage of the ear, dry state of the external meatus, deficiency of ceru-

men, incessant murmuring and ringing in the ears. Here, also, the above-mentioned stronger sulphuric preparations deserve particular consideration, — viz. Sulphuric Alcohol, and Sulphuric Ammonium.

Finally, Phosphorus, the powerful nervous-activity influencing remedy, has developed its beneficial effects, according to the experience of the most eminent homœopathic physicians, in hardness of hearing from deficient power of the nerv. audit., as after typhoid fevers, in persons addicted to much thinking and intellectual exertions: even in old people, considerable improvement will follow its administration. The complaint is manifested by tingling in the ears, — at one time more clear, at another more dull, — a sparing secretion of cerumen, confused noises, frequent burning and redness of the external ear. Phosphorus, in such cases, can successfully be applied externally as an ointment.

D. Organic Diseases of the Ears.

It is evident that contractions of the meatus, either inherited, or acquired from wounds, &c., are subjects for the surgeon, and not for the homœopathic physician. Degenerations of the mucous membrane, however, especially as polypi, admit of a beneficial internal homœopathic treatment, although the external treatment should not, of course, be excluded.

A degeneration of the mucous membrane of the external meatus is a granulous, and even sarcomatous, but seldom cancerous form; we see it in every very long-existing otorrhœa, and especially if complicated with caries; and its treatment comes in contact with that of otorrhœa. The external remedies recommended in the treatment of otorrhœa are here indispensable, while, at the same time, as stated above, internal remedies are administered.

The polypi vary considerably according to their nature and seat. They are either soft, spongy, follicular, easily bleeding on touch, sensitive, stalked or with broad base; or they are cartilaginous, hard, insensible. Their seat is generally in the external meatus, more frequently nearer the surface than deep; occasionally, however, quite deep, even on the tympanum. They always cause hardness of hearing, and even total deafness; sometimes mechanically, at others by destroying the membrana tympani, and internal

parts. They seldom become of very great size, owing to the pressure of the meatus preventing their growth, though they protrude without occasionally. It will hardly happen that they are confounded with furuncles or foreign bodies, penetrated from without: therefore the diagnosis is easy.

In reference to the ætiology of the polypi, we find them almost always depending on chronic inflammation; and every otorrhœa predisposes to their production, but especially simultaneous dyscrasies; scrofulosis being the most frequent, syphilis more seldom, arthritis the most rarely.

The prognosis is more favorable in the spongy, easy-bleeding, stalked polypis than in the hard and insensible; the latter are said to pass even into cancerous degeneration from irritation, in consequence of external medical applications; generally, however, we must not expect, that, after the removal of the polypi, they will immediately return, as the complications mentioned above had already nearly caused irreparable destruction of the organ of hearing. The prognosis is also unfavorable in polypi on the tympanum, at least for the function of the organ.

To the treatment of polypi appertain all the remedies stated in otorrhœa, especially Calcarea, Silicea, Sulphur, Corrallium rubrum, Aurum, Asafœtida, Mercur., Iod., Thuja, Acid. nitric., which are capable of operating as well locally against the hypertrophy and caries of the mucous membrane, as in general in removing the dyscrasies on which the disease is dependent. External remedies, early applied, are by all means necessary; and touching with Thuja, Sabina, diluted Acid. nitric., Solution of Sublimat., Argent nitr., or pure Lapis infernalis, is particularly to be recommended. The deeper the polypi, the more careful, of course, the physician must be; and with hard, callous, insensible polypi, he had better not interfere.

There may still be mentioned, as other organic diseases, thickening and laceration of the tympanum, as well as conditions mechanically dependant on cerumen, foreign bodies, &c. The oppillation and constriction of the tuba Eustachii, do not belong to this class. I do not mean the accidental obstruction of the tube by mucus or blood, but that caused by looseness, swelling, disorganization of the mucous membrane. We can make out the diagnosis correctly only by examinations of the canal per catheter, as the air-pressure experiments frequently deceive even the patient. The dis-

ease arises generally from repeated acute or chronic catarrhs of the mucous membrane of the nose and throat, in consequence of their transmission to the tube, and results in more or less considerable hardness of hearing. The disease disappears occasionally in the beginning, for a shorter or longer time, if, during deglutition, the pus, serving perhaps as an obstruction, issues into the throat, and allows a free passage of the air to the tympanum. Soon, however, the hardness of hearing returns again, the intervals of relief become scarcer, then cease entirely, and a durable weakness of hearing remains, — the latter even being at times totally lost. On opening the mouth, however, traces can be seen of chronic catarrh of these parts, redness, looseness, tough mucous coat, hypertrophy of the tonsils, and uvula. Subjective symptoms: tinkling sounds in the ears occasionally exist, though frequently wanting; but the patient always complains of a feeling as if the individual speaking was not in the immediate neighborhood, but in a distant room.

The prognosis is favorable only in recent cases: in long standing ones, where the organic changes of the mucous membrane have acquired a high degree, coalescence perhaps takes place, and all attempts at cure will be fruitless.

The treatment of this affection, though a part of the meatus is not accessible to the physician, has opened a wide field to surgical and therapeutical folly. I should like to know how many such unfortunate patients, by rude application of the catheter, air-douches, irritating steam, and injections, gut-strings, &c., have lost their little sense of hearing totally. The Eustachian tube admits of no such rough treatment as does the intestinal canal. Whenever any thing is to be expected from surgical aid, it should be performed only by the most experienced and firmest hand. We must principally try to operate on the mucous membrane of the nose and throat by internal remedies, and pay proper regard to existing dyscracies. Our patience here will be tried, however.

Belladonna, Conium, Pulsatilla, Thuja, may be given at the commencement; but they must be soon followed by the more powerful minerals, Ammonium carbon., Antimon. tartar., Graphit., Iod., Mercur. Mangan., Baryt., and Sulphur. The treatment of the obstructed or contracted Eustachian tube agrees entirely with the treatment of the chronic throat catarrh.

[We copy the following article on account of its intimate relation to diseases treated in the preceding monograph.—Ed.]

On a simple Method of ascertaining, without the use of the Catheter, whether the Eustachian Tubes are pervious; with some observations on the treatment of cases of Obstructions in these Tubes. By Jos. Toynbee, F. R. S.

The author pointed out the objections to the two ordinary modes of exploring the Eustachian tubes,—viz. that the use of the catheter is liable to produce pain and discomfort; that, without experience, it is not easy to ascertain whether it be really in the tube; that the plan of attempting to distend the tympanum by a forcible expiration, while the mouth and nostrils are kept closed, is not always successful, from the fact that the young and nervous cannot be taught to perform the act, and that sometimes, when it is properly done, the guttural orifices of the tubes seem to be pressed together so as to preclude the air from entering. In a paper recently read before the Royal Society, the author endeavored to show that the guttural orifice of each Eustachian tube is generally closed, and that the air in the tympanum is not continuous with that in the cavity of the fauces, except during the momentary act of deglutition. In proof of this, the following experiment was cited: If the mouth be shut, and the nostrils be held closed by the finger and thumb, and then the act of swallowing be performed, a sensation of fulness or pressure is experienced in each ear; and this sensation does not disappear upon the removal of the pressure from the nose, but it vanishes at once when the act of swallowing is again performed, while the mouth and nostrils are open. During the first act of swallowing, a small quantity of air was forced into the tympanitic cavities through the Eustachian tubes; and it herein remained until the second act of swallowing again opened the tubes, and permitted the air to escape. The muscles whereby the Eustachian tubes are opened are the tensor and levator palati, which it is well known take origins from the cartilaginous walls of the tubes. As, during the act of swallowing with closed mouth and nostrils, air is forced through the Eustachian tubes into the tympanitic cavities, it is evident that the permeability of these tubes can be ascertained by making the patient swallow some saliva while the nose and mouth are shut. Nor need the surgeon

depend upon the statement of the patient respecting the sensation of distention felt in the ears; for, by listening with the *otoscope*, should the Eustachian tubes be pervious, the air will be distinctly heard to enter the tympanitic cavities, and produce a gentle crackling sound. The author next proceeded to consider the treatment of cases of obstruction of the Eustachian tubes, especially in reference to the use of the catheter. It having been ascertained that these tubes are obstructed, is it desirable to attempt to open them by means of the catheter? Believing that obstruction in the Eustachian tubes generally depends upon a thickened state of the mucous membrane covering the guttural orifice, and that this state is always associated with a thickened condition of the faucial mucous membrane and of the mucous membrane of the tympanum, the author suggests — especially to those inexperienced in the use of the catheter — not to attempt to pass this instrument; firstly, because, in such cases, the mucous membrane of the Eustachian tube is often so tumefied that no ordinary degree of pressure will force the air into the tympanum; and, secondly, because, should the surgeon succeed in transmitting a few air-bubbles, the relief obtained is only partial, and endures for a brief period, since the mucous membrane remains as thick as before, and the ill effects of the obstruction soon recur, from the air in the tympanum becoming of a different density from that without. The membrani tympani becomes more or less fixed. The treatment recommended is such as shall tend to reduce the thickened mucous membrane of the guttural orifices of the Eustachian tubes to a healthy size, so that their muscles may be able to open them. For this purpose, besides the use of general remedies, the solid nitrate of silver, or a strong solution of hydrochloric acid, may be applied to the mucous membrane of the fauces and to the apertures of the tubes, and gentle counter-irritation is to be kept up over the region of the fauces. By these measures, as a general rule, the mucous membrane can be reduced to its natural state, and the tubes become again opened by their muscles. Should this not take place, the Eustachian catheter may now and then be introduced, and the air be gently blown through it. A modification in the shape of the Eustachian catheter is suggested, — viz. that it should be oval instead of round; the advantages derived being, that it not only can be passed

through the nose with less discomfort to the patient, but its presence in the Eustachian tube is much less disagreeable from the absence of the convex surfaces which, in the rounded catheter, press against the nearly flat surfaces of the tube. In conclusion, the author expresses his concurrence in the opinion of Harvey and Kramer, that enlarged tonsils are never the cause of obstruction in the Eustachian tubes, and that any benefit that may have followed their extirpation has arisen from the loss of blood consequent upon the operation. — *Lancet.*

GLONOIN.*

BY DR. REIL.

PROVING OF GLONOIN.

On the evening of February 14, I, together with three of my friends, took upon the tongue as much of the first dilution ($\frac{1}{100}$) of Glonoin (prepared by the Hom. Apoth. of Leipsic) as would adhere to the finger by turning the bottle. We were free from any excitement, and from any indisposition: I felt but a slight pressure above the eyes, brought on by a long ride in the cold air. I was the first who proved it; and believed the dose to be too small, perceiving no effect after the lapse of a minute; but suddenly I became aware of an inward pressing pain in the midst of the vertex, and at the same time congestion of blood. My pulse increased from 85 to 100 and 112, and I felt a disagreeable beating of the arteries of the neck and head. The headache extended to the temples and forehead. After the lapse of half an hour, the symptoms gradually decreased, and passed off.

All of my colleagues felt, two or three minutes after they had taken Glonoin, a pain in the vertex, and described it as if something rose from the occiput, and passed to the forehead and the vertex. The frequency of the pulse of all increased from 20 to 30 beats over the normal number, and of one even over 40. In these cases, also, the symptoms decreased, and passed off.

* Translated for the "Quarterly," by E. Richter, M.D. from Zeitschrift für homœop. Klinik. vol. ii. No. 7.

Three other persons proved, on the second of March, the effect of Glonoin before a society of naturalists.

A——, aged 24, of good constitution, said that he was subject to congestions of blood, but that he had always been, up to that moment, free from headache. His pulse, after taking his dinner and some wine, was full, and amounted to 120. He felt nothing five minutes after he took one drop of the first dilution ($\frac{1}{100}$). But soon after a second dose, he complained of headache in the vertex and in the forehead. Pulse was unchanged. Five minutes after, he took again one drop unmixed (the former dose being two drops in water). The headache remained at the same place, but increased, and passed off after ten minutes, while the pulse decreased to 100.

B——, aged 30, tall, and generally free from complaints, with the exception of the chest. Three minutes after taking one drop in water, he complained of a pressing headache in the vertex. After a second dose, the headache increased, and he began to complain of dizziness. The pulse neither increased nor decreased from the normal frequency of 80.

C——, 38 years old, of a small size, and a feeble constitution, inclined to diseases of the glands; but not subject to headache, nausea, or diarrhœa. Pulse 90. He is of a quiet and dispassionate temperament, and undertakes the proving with an easy mind, and without any prejudice. Dose, one drop of the first dilution, ($\frac{1}{100}$) in water. Three minutes after, no symptom. The same dose was repeated. Soon after, headache was felt in the vertex, and in the temples, as if they were pressed together. Pressure in the forehead and the eyes, inducing winking of lids. Drawing pain in the head, extending to the occiput. Pulse increased to 100, 125, and even to 140. As he asked for a stronger dose, four drops, unmixed, were given a quarter of an hour after the first dose. Soon after, he felt "strangely." The headache was not increased; but he experienced a feeling like vertigo and dimness, which, however, soon passed off. He complained of great anxiety, of nausea, and a sensation as of cold sweat on forehead and temples; but there was none. The pulse, which in the beginning remained unchanged, soon became slower, and fell to 80, 55, at last to 40. Soon after a normal alvine evacuation, the above symptoms were removed. The pulse increased to 70, and the headache almost passed off half an hour after the first

dose, but reappeared at night, leaving the next morning a sensation of dizziness.

Postscript. — The distinct symptoms of the head induced me to try Glonoin in a case of headache of long standing, (patient being 30 years old, and subject to headache from his childhood); the maintaining causes of which, mostly continued mental exertion, offered great difficulties in the treatment. The headache appeared in two distinct forms. The first form resembled the nervous headache, characterized by pressure, paleness of the face, and prostration. The second form showed more of the congestive character; as, sensation of an undulation in the head, beating of the blood against the skull, sensation of a straining in the vessels of the head, pressure from within outward, or outward to inward, redness of the face, desire to sleep, and sleepiness. Those symptoms, however, are more important for the symptomatologia than they would be in an ætiological regard, as both perhaps brought on by anæmia. The first form appears more after a derangement of the stomach, or after a cold; while the latter is connected with a nervous plethora in the abdomen, and is brought on by continued exertions of the mind. I relieved, therefore, the former frequently by Nux, Rhus, Phosphor, while the latter form was relieved by Aconite, Bryonia, Calcar. carb., Kali bichrom. Several weeks ago, the patient suffered from headache of the congestive form, and complained of it for some days without interruption. I ordered one drop of the first dilution ($\frac{1}{10}$), which I obtained from the apothecary in Dresden. [Those who prepared it here, as well as in Leipzig, complained, while preparing it, of congestion of blood to the head, and vertigo.] The patient took, by mistake, the medicine before retiring. Immediately afterwards, the patient had a sensation like apoplexy. The whole head seemed surcharged with blood, the sense of pressure therein exceedingly increased, with glimmering before the eyes, ringing in the ear, and dizziness, which urged ineffectually to sleep. The night was passed in sleeplessness, caused by pains, or in a drowsy sleepiness, disturbed by wild and disagreeable dreams. This state lasted till three o'clock in the morning, and was then followed by a quiet sleep. The headache, which before had lasted several days, ceased now for nearly six days, and was renewed then but in a slight degree. I prescribed the

fourth dilution, carefully prepared, without any effect; while the third dilution relieved quickly, and did so always in a single dose, as often as the pain came back, though other remedies required a much longer time before an effect was produced. In the nervous form, however, Glonoin had no effect.

In the same family, the servant girl, who is of a healthy constitution, but subject to rheumatism, was seized with headache, brought on by a cold, after overheating herself during housework. She complained of a pressure and heat in the head, vertigo, ringing in the ears; there was redness in the face, the consequence of fever, and disturbance of the stomach, with no other complication. She received, in my absence, one drop of the second dilution. Fifteen minutes afterwards, the headache and congestion of blood was aggravated to such a degree that she had to keep her bed. She enjoyed, however, till evening, a sound sleep, and appeared only restless with much wandering of mind, which she has not ordinarily. She was free from any complaint the next morning.

Such cases call our attention to headache of a congestive character, the symptoms of which are, according to Hering, as follow: — Vertigo when moving the head; heaviness in the head, mostly in the forehead, above the eyes, and extending to the ears; dull headache, with a warm sweat on the forehead. Headache; pressure upward, mostly in the vertex; from within outward, mostly in the temples. Sensation as if the brain was extended, and undulating. Fulness in the head, mostly in the vertex, with a beating or heat. Congestion of blood and heat. Beating in the forehead, in the temples, and in the vertex on every movement. Improved by exercise in the open air. Congestions of blood to the eyes (redness, heat, stitches, twitching, photopsis); in ears (humming and buzzing). Paleness of the face, even with heat or redness. Palpitation of the heart; beating of the carotid arteries. Pulse accelerated, irregular; also full, very hard (soft, small, quick; alternating effect?). Pain, heat, chills in the back. Restlessness. Beating, crawling, shuddering. Singular sensation of warmth over the whole body. Sweat, mostly in the face.

When we compare those symptoms with the cases above mentioned, we find much resemblance.

Dr. Hering gives as indication: — Consequences of exer

tions of the mind (quick changes in the different exertions). Consequences of a sudden cold, after over-heating the body (cases above). The indication is very important. Glonoin seems to answer better in a pseudo than in a real plethora, and better for those who are exposed to sudden changes in the distribution of the blood. We therefore would probably find its effect answering to cases with an albuminous rather than a fibrinous crasis; more to venous than arterial diseases, and particularly to cases of anæmia, with, notwithstanding, an apparently healthy complexion.

But farther proving is necessary, before we are able to propose distinct indications.

ON THE SO CALLED MOTHER TINCTURES.*

BY L. E. JONES.

Passing over the reason why medical preparations are called tinctures (in books on pharmacy), I will only mention that by this expression are understood, not only alcoholic extracts of dry vegetables, or of particular parts thereof, but likewise alcoholic solutions of salts of metals.

By the term mother tinctures are understood a series of medical preparations of the vegetable kingdom, which, originating from the doctrine of antipsoric homœopathic medicines, have been introduced into science. They are prepared by mixing freshly-pressed vegetable juices with equal parts of alcohol, and kept for medical use.

The title "mother tinctures" exhibits the method on which their preparation is founded, in contradistinction to that by which tinctures are prepared from dried vegetables, or their several parts, by means of alcohol. By the first, — that is, the use of fresh juice, — we endeavor to bring the specific peculiar constituents of medical plants unchanged, into alcoholic solution.

It is my intention to adopt this method of preparing tinctures for medical use, since, besides the advantage men-

* Translated for the "Quarterly," by Prof. H. Erni, from "Zeitschrift für Erfahrungsheilkunst," vol. v. No. 4.

tioned, we obtain more uniform preparations of unchanged vegetables.

There can be no doubt that dried vegetables are different from freshly-collected ones; and the juices of fresh medical plants, treated with alcohol, must differ from the alcoholic extracts of dry plants. This holds good for all medical plants known as remedies, as well for those whose effect in curing is founded on organic basis or acids, as for those containing more chemically indifferent bodies. Science has long ago established the essential difference between parts of living and of dried plants. It has further attempted to separate those chemical compounds from the plants, and to find out, for the medicines in question, the best adapted forms and combination. But chemistry cannot become the guide, where it does not agree with empirical materia medica, or where suggestions have been tried with prejudice. What science has done in regard to the making of medical preparations, and that it keeps pace with the progress of chemistry, is shown by the general exertions of pharmacy. What, however, has been done in a purely chemical point of view, i.e. upon a (by means of?) so-to-speak physical touchstone, in regard to so many medicinal agents, and what apparently correct conclusions have been drawn against the unstability of the hyper-orthodox homœopathy, and the doctrines of Rademacher (abusively called Theophrastus Paracelsus redivivus), whose works it was thought the touchstone would easily demolish, it seems nevertheless to us that these attempts have been so far unsuccessful; at least in relation to the preparation of "original tinctures," of which we shall here treat. They deserve thorough appreciation. As long as practical medicine, or medicine in general, is not based upon rational scientific researches, as are natural sciences (so that chemico-physioligical discoveries may be unquestionably the guide for the use of medicines, especially those prepared from organic bodies), so long we cannot say that theoretical chemistry aids the purposes of practical medicine materially. Up to the present time, she has only kept from it noxious compounds; but has probably thereby done injury in a negative sense, by dispensing with medicines of established reputation, because injurious, or wrongly compounded in a chemical sense. We shall hereafter call attention to the products of the distillation of fresh vegetables, which result

from the mutual action of certain nitrogenous and non-nitrogenous bodies upon each other, where an essential difference between dried and fresh vegetables, in regard to their medical properties, is rendered obvious.

Among the many questionable points on the "how" of the proceedings of the chemico-physiological activity in the life of plants, there are two points which await yet the explanation of science, notwithstanding the many ingenious reasonings and researches of naturalists on the subject of the relation of the vegetable cells to the liquids moving within them.

For our purpose it is sufficient to know the two groups of those vegetable juices which give foundation to the material of our original tinctures. The manifold explanatory views of investigators in regard to them, we leave out of consideration, as far as they do not directly affect the genesis of the medicines prepared thereof, and limit our treatise to the following facts. When juicy vegetables are squeezed, and their mechanical structure torn, and the solid separated from the liquid parts by pressure, the latter will as well contain the general vital juice, as the liquids peculiar to the vegetable species. We obtain a great part of the inorganic constituents, besides a mass of fine divided cellular and vascular substance, together with their contents, starch, resins, chlorophyl, &c., suspended or dissolved, and in this liquid the essential constituents of the whole unchanged plants. It will not be the point to preserve the received juice unchanged, and to protect it from the metamorphoses of its peculiar constituents; but to bring it into a condition in which certain chemical changes and new formations, especially of the nitrogenous vegetable alkaloids, from the protein-compounds of the juice, may take place. The discovery of compound ammoniacs, which we find in living vegetables, proves that these vegetable bodies may be formed by organic forces, as well as in the apparatus and skill of chemists. We are acquainted with the mutual influence of the compounds containing carbon with oxygen and hydrogen, in proportions to form water on protein-compounds, from which latter the vegetable alkaloids derive their nitrogen, which form the essential bodies of the juice of our original tinctures. As different as these carbon-hydrates of vegetable juices are, so are the protein-compounds; and so different also are the formed products of

organic chemical substances in the juice pressed out of plants.

Therefore, if we add to the juice a substance able to take up a part of its peculiar materials unchanged, this will be the simplest way to separate them from plants without any chemical reagents (even heat excluded). This solvent is alcohol. Such an alcoholic extract not only retains the peculiar odor and taste of the plant employed, but shows the specific characteristic qualities of the same, to which we have to look for their healing power on certain diseased animal organs.

The original tinctures obtained in this way are of such a peculiar kind that they must attract the most earnest attention of the medical, as well as physiological and chemical world.

The well-known practitioner of homœopathy (Rademacher), prescribes the preparation of the original tinctures from freshly-expressed vegetable juice, — the juice being mixed with equal parts of alcohol; and, after the insoluble parts are removed by decantation or filtration, the tincture is preserved for use. My several years' experience in relation to the original tinctures taught me, that the separation of the liquid from the solid part (usually appearing of a green color) by frequent shaking, ought not to be effected before a year had passed. I observed that a long contact of the albuminous bodies, and the inorganic constituents forming, together with chlorophyl and fecula, the sediment of the extract, — cause, with the soluble parts in alcohol, a further formation of the specific vegetable alkaloids, with an increase of the odor of the plant used.

The discovery of artificial alkaloids causes me to publish these observations, often before communicated to a number of intelligent friends. A simple and easily-accomplished experiment will persuade any one of the veracity of my statement. This phenomenon is especially referable to the narcotic principles of plants, particularly when they belong to the class of volatile alkaloids, as Hyoscyamus, Conium, Nicotiana; also by Gratiola, Pulsatilla, Aconitum, Belladonna (Arnica), Chelidonium, Digitalis, &c., is this phenomenon known to me.

I have already, many years ago, mentioned to some of my colleagues, that narcotic extracts (as also extracts more or less strongly odorous, as Quassia, Marubium, Chamo-

milla, Gratiola), according to the fifth and sixth edition of the Prussian Pharmacopœia, especially the fifth,* which are so rich in the green vegetable constituents, contain, as is well known, a considerable quantity of nitrogen in their combination (therefore easily inclined to undergo metamorphoses), so that after a year the quantity of alkaloids is increased.

Every pharmaceutist well knows that these narcotic extracts pass through an (apparent) fermentation, however cautiously prepared; and that, after the termination of this period, they exhibit particularly the very characteristic odor and taste of the plants from which they come. The presence of ammonia, founded on the increase of the alkaloids, may often be recognized by its odor; or, better, by employing caustic alkalies. I believe, therefore, that the neglected prescription of the fifth edition of our Pharmacopœia is far better than that of the sixth for the preparation of narcotic extracts. An accurate observation will show, that the dispensing and use of these narcotic extracts should only take place in order to reach the standard of the original tinctures. After this time they have to be well closed, and protected from atmospheric influences.

These extracts are, according to the prescription of the sixth edition of the Prussian Pharmac., evaporated original tinctures; but since these latter, protected against atmospheric influences (whereby they turn darker), can be kept better, they must be considered as better medicines than the extracts; more especially so than those ground together with powder of Glycerine, and afterwards dried (Extracta sicca).

Spec. gravity. The qualitative and quantitative peculiarities of these tinctures might be determined by reagents, if desired.

I conclude with the sentence of Moleschott: "For the explanation of natural things no more causes should be assumed than are true, and sufficient for an explanation. Nature does nothing in vain: she is simple, and not overstocked with causes for phenomena."

* The concentrated juice obtained by pressure is united with the alcoholic extract of the residue left after pressing, and evaporated to the common extract consistency.

PERTUSSIS.

BY DR. E. RICHTER, PORTSMOUTH, N. H.

THERE are three opinions expressed by writers in relation to the cause of hooping-cough. One class considers it as a catarrhal affection of the entire apparatus of respiration, without any affection of the nerves; while another admits the existence of the latter affection in connection with that of the respiratory organs. A third class considers the hooping-cough as a distinct nervous disease, and makes it originate either from an affection of the brain, or the medulla oblongata, or the plexus solaris, or the nervus vagus or nervus phrenicus. We have yet no certain knowledge respecting the cause of this disease, though the most able writers have given to it their entire attention. Even some of the latest writers incline to the opinion that the hooping-cough is a neurosis, and the affection of the respiratory organs a complication. Lately, several writers of the physiological school have proved the incorrectness of the above opinion, and ranked it among the diseases of the respiratory organs without a combined affection of the nervous organs. These refer it to bronchial inflammation. As in other diseases, our only guide in ascertaining the origin of a disease must be dissection.

The stethoscope aids us in tracing the catarrhal affection of the respiratory organs through the whole course of the disease. The appearances, upon dissection, are commonly thickening and inflammation of the mucous membrane of the bronchii, and sometimes of the trachea and a layer of thick mucus, or an exudation of a muco-purulent, or of an albuminous-serous fluid, filling the ramifications of the bronchii. In some cases the lungs have been found in a state similar to that observed in pneumonia catarrhalis. In other cases, and in those of a longer duration, the ramifications of the bronchial tubes were found dilated (bronchiastasis). When the disease has extended to the air-cells and the finest ramifications of the air-tubes (ecchymosis), acrid exudation above the pleura pulmonalis is found (pleuritis). In other cases again, with much stasis of blood in the lungs, a tumefaction and redness of the glands of the neck is noticed as the consequence of it. Autenrieth and seve-

ral other writers noticed a redness and injection of the nervus phrenicus and vagus. Many others have not made the same observation; and thus we are compelled to consider such a state as at least of a very uncertain and very rare occurrence. This result of dissection, and the fact that we trace the catarrhal affection of the respiratory organs by the aid of the stethoscope through its whole course, forces us to the conclusion that the catarrh of the lungs forms the character of hooping-cough, and is not a complication of a nervous affection. By such an affection of the bronchial tubes and of their ramifications, we may explain all the different diseases which follow or are complicated with hooping-cough, as pneumonia catarrhalis, bronchiastasis, emphysema, and œdema pulmonum, dilatation of the right ventricle of the heart. That the paroxisms are not intrinsic to hooping-cough, and do not form its entire character, is proved by the fact that we find the same paroxysms in tuberculosis pulmonum and bronchiastasis. Rilliet and Barther, on diseases of children, deny the existence of the rhonchi during the so-called nervous state of hooping-cough. But we can hear, before and during the paroxysms, the distinct sonorous or sibilant mucous rhonchi (crepidatio vesicularis), which last as long as a quantity of phlegm is raised, whereby the attack is ended. Children mostly are exposed to an affection of bronchitis capillaris; and that explains why children are chiefly exposed to hooping-cough, as hooping-cough is based upon this disease. Some writers try to explain the nervous character of the disease from the circumstance that a fright aggravates it. But this we may observe in every common cold. Others again have persuaded themselves that they are able to cure, or, at least, to relieve hooping-cough by the administration of narcotics; and have consequently reasoned, by a conclusion *a posteriori*, that hooping-cough must be a true neuralgic, or at least a true nervous disease. Many physicians, however, have seen no benefit result from the use of narcotics. The contagiousness of hooping-cough does not prove the nervous character, since *no nervous disease is contagious.* Besides, the epidemic appearance of the disease is opposed to the nervous character. Convulsions may be observed in every common cold of children; mostly when the patients are irritable.

The character of hooping-cough, as a nervous disease, has not been proved; and it is merely an hypothesis. But any hypothetical opinion, without a rational basis, only serves to complicate pathology. According to all appearances, hooping-cough is a catarrhal affection of the respiratory organs (bronchitis capillaris catarrhalis, bronchio-pneumonia), which begins in the larger bronchii, with symptoms of fever or without, and thence proceeds to the finer ramifications and air-cells, where an exudation of a viscid mucus is formed, which, by reflexion, causes the paroxysms, and which catarrh commonly is of a chronic character, terminating by the secretion of a mucous purulent fluid in the bronchii. This catarrh forms in its highest stage a contagium, which, however, is active only in the nearest neighborhood of the patient, and is not to be transported by persons to a greater distance.

Many writers divide the hooping-cough into three different periods: in a stadium catarrhal, a stadium convulsivum, and a stadium mucosum seu criticum. We do not believe in this. The distinction between the three different stages is not certain, and the course not regular. Sometimes hooping-cough begins with the second stadium; and often the third stadium is omitted.

The hooping-cough commences with symptoms of a catarrhal affection of the pharynx and bronchii. Sometimes also it attacks the conjunctiva of the eyes, and the mucous membrane of the mouth and pharynx. Those symptoms which do not differ from a common cold, last usually from seven to fourteen days. During this period, the cough has not the characteristic hooping sound; and there is nothing that can induce us to suspect this disease. Some writers consider weakness, prostration, moroseness, and sleepiness, as essential signs of the approaching hooping-cough; but those symptoms are caused only by the fever, and are wanting when no fever exists. The following are symptoms which by others are regarded as essential to the nervous state of hooping-cough. The cough is dry, expelled with short expectorations, which repeatedly are interrupted by a deep and sibilant inspiration. The symptoms of a stasis of blood are further observed in the respiratory organs. This stasis produces stasis in the venæ jugulares, in the bloodvessels of the head, and stasis of blood in the digestive canal. In connection with the symptoms of

those stases are others, which are to be explained as caused by the reflexion of the exudation accumulated in the bronchii, upon the nervous system. Those attacks are terminated by the expectoration of a viscid and transparent phlegm, sometimes striped with blood. If those attacks have been but slight, the children are apparently well, and do not complain. But, when more severe, the patients remain for a longer time languid, and complain of much pain in the head and chest. The breathing remains difficult and painful, and the pulse full and accelerated. Auscultation shows, when possible, during the attack, distinct rhonchi of mucus, which are louder and more extended than during the intervals. Those attacks last commonly from half a minute to one fourth of an hour; but there are several attacks with scarcely perceptible intervals, and repeated from half an hour to from two to four days. Those symptoms, which most writers term the nervous stage, last usually four to six weeks. The vehemence of the attacks relax, become shorter and less frequent. Auscultation still shows the existence of rhonchi, but less extended. The exudation, which is changed to a viscid, purulent phlegm of a yellow-greenish color, is raised with less exertion. The swollen, sickly appearance of the child begins to disappear; and it feels stronger. All excitement, as well mental as bodily, must be avoided; as also exposure to a sharp or impure air, or a rough temperature; as their influence in this stage of the disease brings back the paroxysms. This state is termed by most writers the blennorrhoical stage.

All those symptoms, however, prove the catarrhal nature of the disease, and disown any nervous affection as cause or combination of it.

The most rational treatment is to keep the patient in a uniform temperature of 16° R. The patient should not be allowed to eat much at once, and but light vegetable food, as long as the febrile symptoms prevail, with mucilaginous drinks and water of the temperature of the room. Purity of the air, of the bed and clothes, is to be regarded. When paroxysms occur, the patient must sit up during the attacks, and should not leave the room. All excitement, mental or bodily, is to be avoided. Milk, attenuated by water, pure lukewarm water, sugar-water, or mucilaginous decoctions, may be allowed, as soon as the paroxysms set

in. All the allopathic specifics, like Sulphur, Sulph. aurant., Antim., Squilla, bring no relief, but rather produce indigestion. The highly recommended narcotics, and remedies of the same nature, produce no effect, either to relieve or cure; doing more harm than good; and the tendency of those remedies rather incline us to the opinion, that by them the catarrhal character of the hooping-cough is changed to a nervous disease. Autenrieth recommended vaccination. Further experiments proved that useless.

The happiest effect and the promptest relief I have seen, was when I treated the disease as a severe catarrh of the respiratory organs. I have obtained much benefit from Aconite, Ipecac., Nux. vom, and Tart. emet. In some cases I was induced by some prevalent symptoms to administer Sulph. acid 3; and, from the result I have had, I can recommend it to my homœopathic brethren.* I gave it in cases mostly with pain in the throat, dry, sibilant cough, pain in the chest and abdomen, swollen and painful glands of the neck, viscid expectoration, mixed with stripes of blood. It soon relieved those symptoms, and made the intervals between the paroxysms longer, and the attacks shorter and less severe.

Arsen. and China, in combination with the medicines above, were of much use to me during the latter part of the disease and during convalescence.

SCIATICA.

S., a cabinet-maker, fifty-six years old, of athletic figure, otherwise always well, was attacked, eight months ago, with a violent, tearing, burning pain, that proceeded from the tuberosity of the right ischium, following the course of the sciatic nerve, and spread over the thigh, the knee, and the leg. It generally came on at night, and increased in intensity every minute, until he was obliged to get up and walk about the room, when the pain went off almost completely. During the day, when at work, he did not feel

* Cuprum met., having undoubtedly a specific relation to Pertussis, deserves here particular consideration. — Ed.

it; and even when he sat still, he had very little pain. Nothing was to be seen on the affeeted extremity, and the strongest pressure occasioned no pain. Cupping, leeches, blisters, inunctions of all kinds, and finally opiates, were used for six months, not only without benefit, but the nocturnal pain got always worse. The patient, who had been so extraordinarily strong, was very much reduced, by being deprived of sleep for eight months, so that he could scarcely do the least work when he came under my treatment in August, 1849. The selection of the right remedy seemed to be easy; I prescribed what had always been of use in similar cases, Rhus toxicodendron 3 (dec.), 3 drops in 3 oz. of water, a tea-spoonful to be taken every night at bedtime. The result surpassed my own and the patient's expectations. After the first dose, he was able to sleep, for the first time for a long period, as soon as he lay down in bed; and it was not till after midnight that he woke up with a little pain in his thigh, which went off after taking another tea-spoonful of the medicine, and he again fell asleep. The next morning he awoke much refreshed by a good sound sleep. Made him take the above mixture for a few days longer, whenever the pain seemed to be returning. It did not, however, recur; and he has remained ever since, for two years, quite well. A remarkable feature in this case is, that, shortly before he came under Dr. V.'s treatment, he had taken for two weeks from fifteen to twenty drops of strong tincture of Rhus daily, without the least effect. — *Dr. Villers, Hom. Vierteljahrschrift*, ii. 425.

EDITORIAL.

Eight hundred physicians, converging to a focus from various and remote sections of our "great country," assembled in New York, on the third day of May last, with the ostensible purpose of advancing that cause, in the legitimate growth and entire being of which is involved the alleviation of human suffering. And what measures were instituted by such a formidable body, styling itself the "American Medical Association," to accomplish this most desirable of earthly objects? What plans were proposed to further the acquisition of knowledge, in relation to the true properties and action of remedial agents? What medical "innovation" impar-

tially discussed? What pathological or therapeutical fact disclosed? In short, what perceptible result, other than considerable wonder and consternation among New York citizens, was effected by such a delirious demonstration of death-stricken "old fogyism"? We are informed of no proceedings directly or indirectly tending to the promotion of *medical science*, or any other science. There was a great amount of loud talking, it is true, with a strikingly characteristic diversity of opinion on every subject introduced. Many resolutions were offered and withdrawn; and among those finally passed were the following, which for inconsistency and absurdity are unexampled: —

"Resolved, That this Association recommend Congress to consider the propriety of passing a law, compelling all importers of nostrums to state upon all compounds thus imported their true constituents in English."

"Resolved, That the several State Legislatures of this Union be *requested to compel* all venders, whether apothecaries or others, to put similar labels on all nostrums sold by them." [*Latin* prescriptions, written by physicians, *not*, of course, included.]

"Resolved, That all the State Legislatures be memorialized for the passage of laws that will prevent the Faculty of any Medical College from granting to any person a license to practise, or a degree, who is not a *Latin and Greek scholar*."

"Resolved, That every physician who, at any time, abandons the *orthodox* mode of practice, shall forfeit his license."

Now, what *is* "orthodox" practice? "Orthodox medicine, in this century, is a substitution, and not a continuation, of the science of the last. It has no right to be offended with upstarts; for it is not more than fifty years since itself arose out of the crucibles and dissecting-rooms. In a word, it has many experiments, but almost no traditions." Surely no real progression can be admitted, and none is claimed, in old school therapeutics. Its history is well known to be one of ever-occurring changes, — a perpetual adoption of new to the rejection of old simples and compounds. Its character has been, and is still, purely *empirical* — anti-scientific in all its phases and attributes. Its past is not its present existence, and will not be its future. Who is ignorant of the remarkable want of unanimity that prevails among its professors now? — a want of unanimity which would be sadly obvious were they individually called upon to define the phrase "medical orthodoxy," as each understood and respectively practised it. We have no hesitation in asserting, that a large majority of those gentlemen — members of the "American Medical Association," so distinguished for its late promotion of science — would differ with each other in their theory and practice quite as widely as the servile imitators of the French differ with the equally servile imitators of the English "authorities;" or as the general

views of the present day differ with those in vogue thirty years since.

The resolution requiring Latin and Greek scholarship in licentiates might be amended, we humbly submit, by the substitution of the following final lines: —

Resolved, That all the State Legislatures be memorialized for the passage of laws that will prevent the Faculty of any Medical College from granting to any person a license to practise, or a degree, *who is not thoroughly acquainted with the peculiar properties of the medicines he is to make use of; their specific character, and mode of operation on disease.* [A very important species of information, to be acquired — as it *only can* be acquired — by experiments on the healthy.]

The strict requirement of the above necessary qualification in graduates would avail more in rendering their professional career satisfactory to themselves, and useful to the world, than a knowledge of all the dead languages ever written or spoken. We are far from intending to depreciate classical attainments. They are already at a disgracefully low discount among our professional countrymen. On the contrary, too high a standard of education cannot be placed before the medical student. But we contend that, first and foremost, an intimate knowledge of remedial agents, in all their relations, is of the highest necessity, and should be imperatively demanded of all licentiates in medicine.

To show in what estimation these proceedings are held by the community, we copy the following from the "New York Dispatch": —

"That branch of the medical profession who claim to be the 'Regulars' held their anniversary in this city last week. All the medical associations of the United States, and many parts of the Old World, were represented. The professed object of this general annual meeting of the doctors is to advance the cause of medical science; and, if they would only labor to that end successfully, and by proper means, they would do much good; as there never was a science nor a profession that needed advancing more than that of medicine.

"Des Cartes, who was called a philosopher, asserted that no man could pretend to have a knowledge of the science of philosophy, until he was ready to admit with candor, that he doubted all that he had been taught previously on that subject. The doctors must practise upon this maxim of Des Cartes, before they will be able to make much progress in the improvement of their calling. They must learn to forget, or repudiate, all the medical theories they have been taught, and begin anew, before they will be able to advance the cause of medical science. Though medicine is one of the oldest sciences, yet it is admitted, by all great minds

of enlarged observation, that improvements in the science bear no comparison with its antiquity. Other sciences and arts have been wonderfully improved; while medicine, in the hands of the regular physicians, seems not to have taken a single step on the road of progress. Thousands are daily slaughtered, on a bed of sickness, by doctors who claim to be so many bright and shining lights of the regular Faculty, and who set their faces against every innovation upon their theories and practice, that promises to alleviate human misery and eradicate disease. Physicians of the regular stamp adhere with obstinacy to their old routine of practice, in defiance of an admitted fact, that ninety-nine of every hundred of their medical theories are based upon utterly fallacious grounds. This truth is admitted by Dr. Gregory, who was ever regarded as an ornament of his profession; and Dr. James Johnson, the talented editor of the "London Medical and Surgical Review," one of the ablest medical works in existence, declares to the world, that, if there were not a single physician or surgeon in existence, there would be less disease and death! He states that this opinion was founded on long observation and reflection. The celebrated Dr. Rush says: — 'We (the doctors) have multiplied diseases, — nay, we have done more: we have increased their mortality!' The various theories in medicine seem to be so many contradictory dogmas, handed down from generation to generation, often dazzled by the brilliancy of great names, but all tending to perpetuate ignorance, increase the mortality, and plunder the pockets of society.

"What have the eight hundred physicians accomplished at their anniversary meeting which has just closed in this city? They have seen the great metropolitan city of the Western World, talked together, toasted and feasted, but did nothing more for the benefit of that ancient profession of which they are members. They have hurled weapons at what they call quackery, or empiricism, but never seem to admit for a moment that their whole practice is nothing but empiricism. Medicine really seems to be an ill-fated art which all truly great men hold in utter contempt. Byron wittily anathematized it by defining it as the 'destructive art of healing the sick;' and, when he had recovered from a tedious illness, he wrote to a friend that he attributed his restoration to the use of barley-water, and his peremptorily refusing to call in a doctor.

"Now let us see what the learned Medical Association have done at their recent meeting to elevate so degraded a profession. We have watched their proceedings with some interest, and noticed several singular efforts to still further lower the profession and blind the eyes of the community to its errors and vices. One of these is to allow no man to practise medicine, or to become a member of the Faculty, unless he has a knowledge of Greek and

Latin, or is what is called classically educated. The resolution of the Association advises that all the State Legislatures be memorialized for the passage of laws that will prevent the Faculty of any Medical College from granting to any person a license to practice, or a degree, who is not a Latin and Greek scholar.

"The next absurdity we notice is a resolution which recommends that every physician who, at any time, abandons the *orthodox* mode of practice, shall forfeit his licence.

"The next great measure of medical reform is an effort to find out what ingredients are used by pill-makers and patent medicine venders, who are not regulars. These resolutions are short, and we give them *verbatim*:—

"'Resolved, That this Association recommend Congress to consider the propriety of passing a law compelling all importers of nostrums to state upon all compounds thus imported their true constituents in English.

"'Resolved, That the several Legislatures of this Union be requested to compel by law all venders, whether apothecaries or others, to put similar labels on all nostrums sold by them.'

"The discussion on these several resolves was as curious as the resolves themselves, and will tend only to still further injure the profession. Whoever looks at these several propositions will find them as contradictory in spirit as the various medical theories advocated in the schools. The doctors want all the pill-makers and nostrum-venders to tell the people in plain English of what they make their medicines; yet they insist that all the regulars must understand Latin and Greek, so that, when they write their prescriptions, the people will not know what they take as medicine. This is not very consistent. If it is so very important that the people should know the ingredients in their pills, when prepared by one set of medical advisers, it is just as necessary that they should know of what the innumerable prescriptions of another class of doctors are composed. If one class of physicians are forced to expose the secrets of their profession, then all should be.

"The resolve that drives a man out of the profession, who abandons the practice, or travels out of the pale of what is called orthodoxy, is an evidence of illiberality that we did not expect to see even among doctors. Who is to say what is orthodox in medicine? No two physicians agree in the treatment of disease; and every important medicine they now use was originally recommended by persons not members of the Faculty, or, if you please, empirics. So it is likely ever to be; and this resolve, if acted upon, would drive from the profession all those honest and able minds who were anxious to adopt into their practice what experience proves to be of utility. A few more such meetings of the Medical Association will be likely to remove what there may be valuable in the profession of physic."

MISCELLANEOUS.

MEDICAL AFFAIRS OF AMERICA, — INSTITUTIONS, — FEMALE COLLEGES.*

PHILADELPHIA, 5th Feb.

As all science, and the arts in general, so far as they do not specially relate to material life, — to commerce, trade, and manufactures, — are yet, in our country, in an inferior position, compared to Europe; since they seem not to be cultivated for their intrinsic value, but, like every thing else, simply to promote one object, viz., pecuniary interest; so it is with medicine, which, like every other branch of industrial life, is learned and carried on as a mere matter of trade. The science of medicine, as well as other sciences, appertains in Europe to professional pursuits; but a longer, more thorough, scientific education, being there a condition of professional success, produces this result, that the science *itself* progresses, affording an intellectual interest and want; so that the science itself, and not the income by it, becomes the chief object of most of its advocates. Here it is just the reverse. Individuals who practise medicine for the science' sake are, with us, rare exceptions: the majority learn it as a trade, and practise it accordingly; look at it in no other point of view than as a means of subsistence. A glance at the scientific institutions of America will satisfactorily explain this. The colleges where professional education is acquired, and the privilege accorded to practise the scientific trade, are, with the exception of a few so-called universities here and in Boston (which, however, are not essentially different in their character), private bank speculations, whose end, independent of the establishment of a scientific institution, is to gain, if possible, a handsome dividend. A number of wealthy individuals form a company, elect a Board of Trustees and Directors, with a President, Secretary, and Treasurer; a charter is acquired from the government of the respective State; a number of physicians are selected in accordance with personal favor and recommendations (those having the most reputation and practice will, of course, not meddle with it); a building is hired, or, if much money is on hand, erected; and the whole is made known by the papers, and, through special pamphlets, overladen with promises. The college is soon ready; and, on the succeeding year,

* From "Zeitschrift für Homœop. Klinik," April, 1853.

a few dozen fresh-made doctors will emerge from it, and distribute the results of their rapidly gained medical wisdom and experience over all parts of this great Union.

This sort of preparation for a scientific pursuit appears quite strange to one who is used to a preparatory course of eight to ten years, which is followed by an examination, before entering upon higher studies; the latter continuing from four to five years, with examination, before the title of Doctor is granted; these conditions being as a "sine qua non" for a suitable scientific education in medical practice. But such a course would not do for America, as every thing is regulated here by the immediate nearest want. In a country where large cities grow up, like mushrooms, in a night; where the population doubles within a quarter of a century; and blooming fields are seen to-day, where but a few years previous was a desert; physicians cannot be waited for who are to learn, from eight to ten years, Greek and Latin; study, from four to five years, their profession; then travel two or three years, before commencing finally the medical practice! Here every thing progresses rapidly, — by steam, — and science cannot be made an exception; so Doctor-diplomas must be manufactured, as it were, by steam; their intrinsic value is of no consequence; like all other wants, they are made for sale.

Such is by no means a proper and desirable state of things; when, out of ten or twelve Professors of a college, scarcely one is a proficient in Latin (without mentioning Greek), and the most disgraceful lingual blunders are committed; when a student cannot write, even in his mother-tongue, the scientific expressions and names orthographically; if, in such a college, students of all ages are assembled, among whom hardly three have been educationally trained from the beginning to their new calling, but who have previously pursued some other business, from which they suddenly steer towards the medical diploma, as towards any other industrial occupation. This state of the science, in a country like America, may be quite natural, and not at all astonishing, but, on the contrary, perhaps to be expected in a young country that can achieve much in a short time; and it may have greater claims to regard and approbation than to contempt and ridicule. To judge America justly, it must never be forgotten how brief its existence has been in comparison to old Europe, — the cradle of intellectual achievement for thousands of years. It must furthermore be remembered, that every thing arises here from voluntary impulse, and the respective ability of the people; and that consequently a people of which it is said (and not with injustice) that it directs its attention too much to the material, having no other aim than money-making, still it deserves sufficient acknowledgment, since it has notwithstanding accomplished so much, as we have seen, particularly within the last twenty-five years, and daily see pro-

posed and executed. I believe that the progress in America, in an intellectual point of view, keeps pace with its material growth and prosperity, and so has also the theory and practice of medicine (the practice, of course, principally since the introduction of homœopathy) essentially improved within the past twenty-five years; and, twenty-five years hence, the progress will be still more perceptible. Pills, German bitters, magic pain-extractors [pain-killer, E.], expectorants, &c., still play, however, a prominent part; somnambulists and spiritual mediums prescribe remedies;* a pill-wagon, painted red, in the Chinese style, drives through the streets in the far West.† It may, of course, still look fabulous; and, notwithstanding this, the nuisance is on the decline, and a rational medical police begins to gain ground,‡ of which it is only to be hoped that it will not be carried too far, though this is not to be feared here, where there is no idea of industrial or personal oppression, as in Europe. The instruction in medical colleges is, of course, deficient, according to the European standard; is confined to sketches nearest the practical or essential, or regarded as such; yet is nevertheless, in this way, very good and instructive. Anatomy, for the age of the institutions, is demonstrated by considerably good collections of models, with dissecting rooms, where bodies (mostly of negroes) are seldom wanting. To acquire a medical diploma, two full courses, at least, must be attended in a chartered college, and three years' practice with a respectable physician. But, unfortunately, these conditions are not kept; and many a college endeavors to obtain as many students as possible by a facility in delivering diplomas. As most colleges have but one course during the year, so a clearance is possible in *one year* (the course is about five months). One of the general colleges of Philadelphia gives also a summer course, from March to July, so that this can be benefited as the first, and the succeeding usual winter course in the Homœopathic College as the second. The three years' practice with a physician is not regarded, the mere name of a so-called teacher being sufficient. In this manner, scores of medical diplomas are bestowed upon entirely unqualified individuals. As in general, however, every shoemaker, if he gets a notion to mend human constitutions instead of boots and shoes, can call himself Doctor at any time, and nobody can prevent it, or in fact nobody does (in some States, as in our neighbor State, New Jersey, there is a sort of State's examination for practitioners from other States), therefore the ease by which a diploma is acquired does not change the matter: the

* Without mentioning extensive domestic quackery. — J. B.

† You are there only less genteelly humbugged. — J. B.

‡ We don't know about that; for here, in far-famed Boston, we see daily unripe fruit, foul meat, bad oysters, poor liquor, &c., publicly sold. — J. B.

individual liberty of the community requires that everybody may suffer himself to be killed *secundum* or *contra artem.**

There are taught in the college, — anatomy, physiology, materia medica, surgery, chemistry with toxicology, pathology, botany, midwifery and diseases of women and children, in five or six lectures daily, within four to five months. The students have free admission to the hospitals for practical surgery: for practical midwifery, however, there is no provision made, as no lying-in hospitals exist (also, no female midwife institutions); but only individual cases occurring in the hospitals; and the lying-in bed itself† is usually the only school for the young practitioner, and many a poor woman must naturally pay with her health and life for it. However, this is, according to my view, just a branch of the medical science where less injury is done by doing nothing than by improper proceeding.

It will be particularly interesting to you to hear that we have also Female Medical Colleges, here and in Boston, which seem to gain ground. In reference to the degree and extension of medical education acquired there, I can, unfortunately, as yet say nothing; but there are few branches of the medical art, especially women and children diseases, that may not be as well, if not better, in the hands of female practitioners. ‡ America, however, will practically solve this question, and likewise that of the emancipation of women. It is the main advantage of this new hemisphere, that every idea — even the most absurd — can outlive itself here, and deposit its good, though it be ever so little.

AMERICAN INSTITUTE OF HOMŒOPATHY.§

Our readers will remember, that, at the meeting of the Institute in Baltimore last year, Cleveland was chosen as the place of its meeting this year: the day for the delivery of the annual address was fixed on the 8th June. A preliminary meeting should take place on the evening of the 7th June. Accordingly we had the pleasure to witness the arrival of most of the members who intended to come, on the evening of the seventh of June, from East, North, West, and South. It was a cheering sight to see the readiness and promptness of even aged members of the profession,

* Just as he likes; and if the Doctor has property, then he will be sued for malpractice. The greatest quacks, however, always escape. — J. B.

† In private practice. — J. B.

‡ We doubt this. — J. B.

§ In want of more particular information in regard to the last meeting of the "American Institute of Homœopathy," we copy the above from the American Magazine, vol. ii. No. 7, reserving our views until a full account of their proceedings comes to hand. — Ed.

who, in spite of fatigue and inconvenience, had left their distant homes, and, hurrying to the far West, endeavored to be present at this national gathering. Many a younger member of the profession should follow, in this respect, the example of such gentlemen as Drs. Gardiner, Wilson, &c. How much, in that case, might we not expect from meetings of this kind ?

For the first time since the organization of the Institute, had it been deemed necessary and just to meet west of the Alleghany mountains. Ten years had sufficed to fill the West with a sufficient number of homœopathic practitioners and members of the Institute, to induce the latter to take this step. Such a growth and extension is immense, nay, not equalled in the history of our science. A few years more, and the Institute will have more Western than Eastern members, so that the greater strength, in this respect, is sure to centre in the West.

In the preliminary meeting, held at Dr. Williams's office, the Eastern and Western physicians met with a cordiality of feeling, and sincerity of expression, which was calculated to promise the best results at their farther deliberations. These anticipations were fully realized during the sessions of the next two days.

At nine o'clock, on the 8th June, the Institute met at National Hall, where the Eastern members were welcomed to the West in an appropriate speech by Prof. H. P. Gatchell, who, for that purpose, was deputed by the Ohio College of Homœopathic Physicians.

After the roll was called, Dr. Gardiner, of Philadelphia, was elected chairman, to preside over the deliberations of the society at its present session; during the remainder of the forenoon, the election of new members occupied the attention of the society; their number was this year considerable; as near as we can remember, from forty to fifty. A misunderstanding in the appointment of the Board of Censors, which at this time arose, was afterwards satisfactorily and for ever removed by resolutions which will appear in the minutes of the society.

In the afternoon, the reports of the various committees appointed last year were read and debated. This occupied the time until evening, when Dr. Bayard, of New York, delivered, in the same hall, to a large and respectable audience, an address, which, in matter and style, justified fully the already high opinion we had of the lecturer's eloquence, and sincere love of the Homoin. As the address will appear in print, by request of the society, we will not here anticipate the pleasure of the reader: we will remark, however, to those who were absent, that the manner of delivery added not a little to the charm with which the noble sentiments arrayed themselves, one after another, both convincing and captivating, as they flowed from the lips and heart of the eloquent lecturer. Indeed, the earnestness of purpose and sincerity of

belief, which so fully distinguish the doctor's character, were clearly portrayed in his speech on that evening; and long shall we remember this effort, at once brilliant and successful.

The remainder of the evening was then spent in enjoying the hospitalities of Professor Williams and his amiable lady, at whose mansion the members of the society, and their families, met in a social evening party, where hilarity and good feeling united those closer together in the bonds of friendship, who, shortly before, had been comparative strangers to each other.

During the forenoon of the next day, the unfinished business was resumed. Reports were read, and scientific matters discussed, after which various important resolutions were brought forward and passed. One had reference to the taking of a census of all the homœopathic physicians, whether members of the Institute or not; another to the establishment of a Central Homœopathic Pharmacy, under the control of the Institute; another stated that a stone should be procured from Hahnemann's birthplace, to be inserted, with a suitable inscription, in the Washington Monument; and one that a suitable acknowledgment should be made, by the Institute, to the valuable services which Dr. C. Hering had rendered to science and humanity. Efforts of this kind, if properly carried out, will tell of the existence of the Institute in other quarters than our own; and thus far the present session has commenced a new career, which may lead to great results in the future.

Towards the close of the forenoon session, a resolution was presented which was intended to test the sense of the members present as to the adoption of auxiliaries during homœopathic medication. As a subject of this kind was too important in its issue, consequently very apt to lead to interminable discussion without result, it was, during the afternoon session, unanimously resolved to lay its further consideration over to next year's meeting, which was fixed to take place at Albany, N. Y., on the first Wednesday of June, where Professor Gatchell was appointed to deliver the annual address. The Institute then adjourned in perfect good feeling. Great good will result from this meeting of the East and West. More anon about this.

NEW PUBLICATIONS RECEIVED.

Americanische Arzneiprüfungen und Vorarbeiten zur Arzneimittellehre als Naturwissenchaft, von Constantin Hering. Heft III.—Apis Mellifica (conclusion). Including an Essay on Remedies for the Stings of Bees.

Dr. J. T. Temple's Reply to Professor Pallen's Attack on Homœopathy, in his valedictory before the Saint Louis University. St. Louis, 1853. (Published by particular request.)

Handbuch der reinen Pharmakodynamik, von Dr. Heinrich Gottfried Schneider. I. Lieferung. (The Aconite, Belladonna, and Pulsatilla Affection.) Magdeburg, 1853.

Lehrbuch der physiologischen Pharmakodynamik. Eine Klinische Arzneimittellehre für homœopathische Ærzte als Grundlage am Krankenbette und Leitfaden zu akademischen Vorlesungen, by Dr. Altschul. 1853.

PERIODICALS RECEIVED.

AMERICAN.

The North American Homœopathic Journal, May, 1853.
The Philadelphia Journal of Homœopathy, May, June, 1853.
The American Journal of Homœopathy, April, May, 1853.
The American Magazine of Homœopathy, vol. ii. Nos. 5, 6, and 7.

FOREIGN.

British Journal of Homœopathy, April, 1853.
Homœopathic Times, up to June 11, 1853.
Homœopathische Viertel Jahrschrift, vol. iv. Nos. 1 and 2, 1853.
Zeitschrift für Homœopathische Klinik, up to May 1, 1853.
Allgemeine Homœopathische Zeitung, up to May 9, 1853.
Prager Monatsschrift für theoretische und practische Homœopathy; herausgegeben und redigirt von Dr. Med. Altschul. One quarter (Jan., Feb., March). Prague, 1853.
Zeitschrift für wissenschaftbuche Therapia; herausgegebe von Dr. A. Bernherdi. Vol. i. No. 1. [New Series of Zeitschrift für Erfahrungsheilkunst. — Ed.]
Médecine Homœopathique des Familles. Tome ii. Nos. 1—4. Paris, 1853.

QUARTERLY HOMŒOPATHIC JOURNAL.

THE USE OF CHLOROFORM IN DISEASES.

BY DR. REIL.*

Of all the remedies of recent times, perhaps none has been more rudely and empirically used than Chloroform, without having acquired, so far, any definite indications for application. Numberless operations have been performed with the aid of its anæsthetic power, and sufficient opportunities have been given to establish the physiological effect of this medicinal agent in its totality; occasional fatal results have also proved that it must be carefully handled, that there are decided contra-indications of anæstization; but further than this we have gained nothing.

Martin and Binswanger have contributed an essay relative to the physiological effect of Chloroform, from experiments on men and animals; and Gruby has, in a similar manner, directed his attention principally to the changes produced by it in the blood. But provings of this agent, according to the specific medicine, have not yet been made; they are, however, the more desirable, as just this class of rapidly-anæstizing remedies presents difficulties to the homœopathic fundamental law in relation to the indication. This is already, though in a slighter degree, the case with Opium.

The empiric of modern times, and of all schools, offers us quite a respectable material of experience wherefrom definite indications may be established, with proper caution, which, however, will gain in intrinsic value only by thorough physiological provings. In this rude, empirical manner, Chloroform was tried, in the form of steam, externally, and

* Translated by J. B. from the "Hom. Viertel Jahrschrift," 1853.

also internally, by drops, — 1. To achieve insensibility in painful operations upon alarmed patients. 2. To relax, and by it render movable, parts that were not so: for instance, the eye-ball in eye-operations; extraction of foreign bodies from the same, or from the ear, in refractory children. 3. In pure inflammatory pneumonias, as inhalation to afford rest to the lungs. 4. In nervous affections of the lungs and bronchias, asthma, dyspnœa, spasmodic cough, as inhalation, or internally with water. 5. In sleeplessness of old people, given internally. 6. In the various forms of painful affections, as well inflammatory as of a purely nervous character; also in toothache, megrim, prosopalgia, neuralgia of the plex-brachialis, cardialgia, colica nephritica, colica saturnina, arthritic affections, gonorrhœa, and as well internally as externally. 7. In spasmodic affections, of the most various form and severity, of a tonic and clonic character; for instance, spastic strictures of the uterus, orifice of the matrix, anus, œsophagus, glottis of the sphincters in general, in cholera, as well as epilepsy, eclampsy, trismus, tetanus; here suitable in the three forms of application. 8. As an antiseptic remedy against fœtid odor in the mouth, malignant ulcers, cancer; and also externally to relieve the pains of the latter. In all these heterogeneous forms of disease, the most decided cures have been achieved by Chloroform: in individual cases, however, it has afforded but palliative relief. By entering into a short, superficial criticism of this empiricism, we must be very careful not to be too severe; as experience has often contradicted the *a priori* assumed contra-indications.

In regard to the application of Chloroform in operations for the purpose of total anæstization, surgeons are by no means the only judges. Fatal results are fortunately not so numerous as to condemn its application for anæstization in general: however, such there are, and unhappily we have learned from them very deficient, if any, contra-indications. Though it is generally stated that people of an apoplectic habit, and very nervous, irritable constitution, are the most liable to drop away under the Chloroform intoxication, yet individuals have died, by the application of this remedy, of a perfectly healthy habit; and others have experienced no evil effects where ætherization has been contra-indicated. The deficiency of definite, established rules should at least induce the physician to use the utmost precaution, and

especially to avoid narcosis, carried too far, as it is at present recommended by the most famous surgeons. In many operations it is ridiculous indeed to trifle with so dangerous a weapon; in those, for instance, where the duration and painfulness stand in too small a proportion to the risk, as in dental operations: here it is unhappily a fashion, and an improper concession of the operator towards his lady-patients. It is entirely different in very painful operations, and those consuming much time. The pulse must always be carefully watched in anæstization; and it is equally as important to have an apparatus near by, for the immediate production or application of previously-prepared oxygen gas, as it is known that this removes the most promptly the effect of Chloroform. In reference to other objections against inhalation, especially in relation to after-bleeding, Pyämia and experience must yet decide. For the relaxation of the muscles in reducing luxations, an external application is often sufficient.

In reference to anæstization in obstetrical operations, there have been weighty objections raised against its application. We leave this controversy to the professors in the department, and only remark that Chloroform might be a valuable remedy in some cases, in whatever form of application it be administered; for instance, as in spasmodic constriction of the cervix uteri, total or partial spasms of the uterus after the passage of the liquor amnii, and in eclampsy.

The highly-praised results of Chloroform inhalations achieved by Baumgärtner, Grünsburg, and Paul, in pneumonies, do not authorize us yet, by any means, in pronouncing this agent a new and infallible curative in lung-inflammations; they are not yet numerous enough for this: on the other hand, the hospital practice is far better capable to decide this question than private practice. Chloroform has been used on old people and lunatics, only by Uythenhoven, internally, from six or sixteen drops: further experiments would be desirable.

The host of neuralgies has, from the commencement of the discovery, given the greatest proportion of successful cures by Chloroform. In reviewing the relations of this kind scattered through our literature, and from some experiments and observations, I believe the following result has been gained:—

Though *all painful affections* of every organ come under the relieving influence of Chloroform, externally as well as internally, or in the steam-form of application, yet this effect is not always really curative, but frequently only more or less palliative.

Chloroform, in purely inflammatory states, produces but a *slight* palliative effect, especially in partial, local inflammations; for instance, odontalgia inflam., paralis, otitis, orchitis, periostitis rheumatica, syphilitica, arthritis, rheum. acutus. The pains certainly cease for a short time, but return again; and at last Chloroform is entirely inefficient, and only irritating. Of course we refer here only to the external application.

The effect is better and more lasting in such inflammations as are connected with spastic symptoms, owing to the structure and peculiarity of the affected organs; for instance, in colica renal., biliosa, irritation and spasms of the neck of the bladder in cystitis, gonorrhœa, gravel, and other affections. The remedy here removes the spasms caused by the inflammation, or another foreign irritation, without being able to remove the inflammation itself. In such cases, for example, catheterism will succeed under the influence of Chloroform easily and quickly, rubbing it on the perinæum, or diluted as injection. Pain and spasms frequently return, however, but not immediately; the patient recovers from the excruciating pains, and the physician gains time for further proceedings.

A decidedly curative, and in most cases lasting effect, we see in pure neuralgias, from Chloroform. The less symptomatic, the more idiopathic, the better for the speedy cure. Even if the neuralgia is more of a symptomatic character, Chloroform is the best palliative, continuing under these circumstances its alleviating effect long, to the great comfort of patient and physician. There is no necessity of entering into details here, even for the form of application: rules will offer themselves, as we must be wholly regulated by the individual case.

Not less favorable are the results of Chloroform applications in spastic affections of any kind. We have mentioned a few of those already in obstetrical cases, and in inflammations: here, also, the more pure the nervous element is manifested, the greater the probability of cure. The most dangerous diseases come within the reach of these states;

and who will not give a hearty welcome to a remedy in which is believed to be found a new anchor in threatening shipwreck? Several instances show that trismus and tetanus traumaticus have been cured only and alone by Chloroform; and, according to this, we are perfectly right in making a full and unconstrained use of this remedy in these and similar states, otherwise mostly considered fatal. In hydrophobia, also, it has been tried by English physicians, as far as I know, however, without effect. In epilepsy and chorea, we are still without sufficient experience: Albers, of Bonn, gave his particular attention to it, but he recommends great caution; yet speedy abridgments of the individual attacks were always observed, and longer free intervals. If we consider, however, how frequently these two last-mentioned diseases are symptomatic, and originate in quite different states, the impure idiopathic affections of the nerve-centres, then we cannot wonder at the failure of individual experiments with Chloroform. Eclampsia of lying-in women was several times cured by this remedy; and experiments in eclampsy of the new-born would also be justifiable.

The excellent results achieved by Chloroform in herniæ incarceratæ may be physiologically easy accounted for; and they have great similarity with the methods of using Sulphuric æther.

I do not believe that I am too sanguine in the belief that something may yet be expected from Chloroform in spasm of the glottis, in the last stage of croup, or in penetrated foreign bodies, and in several malignant forms of tussis convulsiva, as not only a palliative, but even a curative remedy.

The external application of Chloroform for the improvement of the secretions, and alleviations of the pains in malignant ulcers and cancer, is better vindicated than its use for the removal of the fœtid odor from the mouth. It must decidedly give place here, on account of its other secondary effect upon the nervous system, to Chloride (of water).

Though the form of the administration of Chloroform must, in the individual cases, be left entirely to the judgment of the physician, it will nevertheless not be improper to take a closer view of some (generally valid) points and manipulations.

The easiest and most harmless application is the exter-

nal. For such purpose, we use either wadding dipped in Chloroform, — and, to prevent rapid evaporation, cover it with thin kid leather, — the surest and quickest way, reddening, however, the epidermis soonest; or washing with Chloroform, diluted with water in the proportion of from 1 : 200, or 1 : 100, or 1 : 50; also ointments, with grease or oil in equal parts, or in a still lower proportion.

The internal administration, in cautious doses, is likewise entirely harmless; from one to five or ten drops, diluted with half, one, or more ounces of water, by tea-spoonful doses. Owing to its rapid evaporation, it is unfit for potencies or dilutions, and must not be prescribed for a longer time than twenty-four hours; the speedy closing of the phial being always attended to.

The inhalation is frequently required where deglutition is impossible: no great quantity, however, is needed, if we do not intend to produce total anæstization, and in many sensitive individuals a very minute quanty is sufficient. The most simple and best way of applying it is to shape half a sheet of strong paper in a hat-like form, put wadding in the point, and pour Chloroform upon it: this apparatus the patient holds before the nose and mouth, through which he draws in enough atmospheric air, which, as is known, rather accelerates than prevents narcosis.

The writer has very often administered Chloroform in painful affections, and submits to the reader's kind judgment the following description of some of the more interesting cases.

1. *Eclampsia.* — Mrs. C., a feeble woman, inclined to hysteria, twenty-three years of age, in her first pregnancy, sent for me in the night of the 18th of Feb., 1852. She complained of violent pains in the epigastrium, thence extending, like child-birth pains, towards the small of the back and the abdomen. As she believed her time of delivery to be near, I regarded these pains, there being no indications for a different opinion, as caused by anomalous incipient uterine activity, and administered Pulsatilla. The pains abated in the course of the day; the night from the 18th to the 19th was passed quietly, and, during the succeeding afternoon, a regular uterine activity gradually appeared, which grew more violent after midnight, so that the liquor amnii passed off at nine A.M., the os uteri being fully dilated. After this, the pains ceased for an hour;

returned again, however, with renewed violence, yet without accelerating the delivery. Suspicious twitching motions about the angles of the mouth, and in the arms, induced the midwife to send for me, as I had not seen the woman since noon; her delivery then promising to be normal. An examination showed the first occiput presentation, a somewhat large, tightly-wedged head; appearing, however, suitable for the forceps, the pelvis seeming otherwise natural. The woman was very much excited, assisted poorly the vehement pains, had a hard, frequent pulse; and at intervals, while free from pain, a sudden twitching, with convulsive distortion of the eyes, was seen about the mouth. Under such circumstances, I thought the speedy application of the forceps was indicated, and ordered the patient to be placed in a proper position for the purpose. I had just applied, easily and properly, the left blade of the forceps, when suddenly the eclampsia occurred in the most furious form. I fortunately succeeded in the immediate removal of the blade, and suffered the attack to rage for a minute. When the patient became quiet, I attempted the operation again, but was prevented by a new and still more violent convulsive attack. These attacks returned at short intervals, with extreme severity; the face of the patient, while they continued, being perfectly blue black; which color was, during the intervals, replaced by a deadly paleness, and with this there was an icy coldness of the body, with a small, very frequent pulse, hardly to be felt and counted; in short, the symptoms of threatening apoplexy. The delivery made no progress whatever, and even during the short intervals an excessive rigidity of all the muscles existed; in the meantime, the clonic spasms passed into the tonic. In order to make delivery possible, it was necessary to stop the spasms, and relax the muscles; for which purpose I considered no remedy better adapted than Chloroform. I procured the same from my house, in the immediate neighborhood, and returned just at the commencement of a new attack; two drachms of Chloroform immediately applied, in the form of inhalation, produced instantaneously a total relaxation of the muscles. I quickly applied the forceps, while the effect of the inhalation still continued, and delivered, with a few powerful tractions, a living female child. The placenta, being in the vagina, was removed forthwith, — the woman properly placed in the bed, where she had a quiet rest of

almost an hour, awaking then entirely recovered, without having the least remembrance from the moment of the first attack.

The confinement during the first six days was passed quietly and normally, the child not being put to the breast, but given to a relation to be fed. On the 26th of February, however, symptoms of pain, and rigidity of the whole left lower extremity, causing apprehensions of phlegmasia, were developed. Instead of this, a paralytic state of both the lower extremities and the bladder set in quite rapidly, which, defying all remedies, passed into general paralysis, causing her death on the 31st of March, five weeks after the delivery. The child remains healthy to the present day.

2. *Neuralgia intercostalis.* — A woman twenty-four years of age, mother of three children, had an abortion in the third month. There was considerable anæmia, yet the danger seemed to be gone, and the patient could, after ten days, leave the bed for a few hours, when a pain in the left side gradually appeared, showing at first a rheumatic character. Within twenty-four hours, however, it became so very violent that the patient was tormented with the severest anguish. Its location was precisely in the place where the point of the heart strikes against the ribs, increasing by respiration, motion, or speaking, to such an extent that the patient thought her breath must stop; she breathed faintly, lay motionless, and was bathed in perspiration. The pain darted occasionally through under the left mamma towards the left shoulder and the left temporal region, in which latter place there had been hemiorania for a few days just after the abortion. By external hard pressure on the region over the point of the heart, the pain became aggravated, but not by mere pushing of the muscles; raising the patient up was entirely impossible. Not the slightest abnormity, either at the heart or the lungs, could be discovered by auscultation. Some remissions, however, of the pain appeared, but no intermissions; and this state, having continued for almost three days, the patient declared to be insupportable. Ferrum, as otherwise adapted to the state, was internally continued; but no external cutaneous irritation and pain-relieving embrocations had the least effect; even morphine, $\frac{1}{8}$ of a grain, taken internally, produced stupefaction, but no real abatement of the pains. I now tried Chloroform, by putting a piece of cloth saturated with it upon the region

under the left breast. Hardly a few hours elapsed before the patient could breathe freely; she rose up, smiled, and said, "Now all's over." Half an hour after, the pains returning slightly, a renewed application of Chloroform stopped their progress; and, though they reappeared in the left shoulder occasionally during the days succeeding, they were speedily removed by the same remedy; but a slight though not troublesome hemiorania of the left temporal region, like the former, still disturbed her rest for a few days.

3. *Cephalalgia.* — A robust lady, of the higher classes, somewhat affected with a disease of the liver, had suffered, since the commencement of her climacteric years, with violent cephalalgia. The pains were seated in the centre of the vertex, returned periodically every three weeks, occasionally oftener, and felt as if a nail were driven into the head. Almost every thing had been tried in vain, during previous treatment; but, since two years, I had succeeded at least so far, by Nux, Bellad., and Ignatia, the last especially, that the attacks had occurred less frequently, were less violent, and were also shortened in duration. A severe fit of vexation, however, brought them suddenly, not only to their former degree of violence, but they were attended with perfect rage and fury, the patient striking about, and mistaking persons, even the nearest relations; they also recurred more frequently, followed for a few days by debility, not before experienced. There was, besides, a somewhat contracted pulse, and an apparently increased heat of the vertex; nothing unusual observed in the patient during the attacks, no perceptible connection with other systems or organs, so that the nervous element seemed to prevail.

The stock of homœopathic remedies was entirely exhausted, when I one night saw the attack in its greatest severity; only with the greatest exertion, by main force, could the patient be kept on the bed; striking about, acting like a maniac, and occasionally putting her hands to the top of her head, saying, "I shall be crazy, kill me!"

I gave Chloroform in the form of inhalation, not because I had observed its success in similar instances, but merely because I did not know any thing better to do; and, besides, I expected a favorable impression from anæstization, and was not disappointed. In half a minute, quiet was restored; and fifteen minutes after she revived, and immediately fell

into a sound sleep: though feeling somewhat exhausted the next morning, not near so much, however, as formerly, she much more rapidly recovered. Within three weeks, attacks like the former affection commenced twice, but disappeared always at the instant of the external application of Chloroform, applied on a cloth to the vertex; and for four years past no attack has recurred.

An interesting account of a case may be inserted here, which I owe to the kindness of my friend and colleague, Dr. M. The following is his own description:—

4. *Tremor spasticus.*— A healthy, blooming girl, eighteen years of age, regularly menstruating, of a somewhat irritable temperament, was in Pyrmont about two years ago, when she drank of the springs there, on account of a slight degree of chlorosis, and, for the first time, was taken with twitching motions in the arms, with perfect undisturbed consciousness, and otherwise good health; and these occurred at regular intervals, every fifteen minutes, half-hour, or an hour. It was brought on by shocking family scenes, which she was compelled to witness. After her return home, this twitching gradually disappeared, and occurred only after unusual mental excitement. She came to H—, to visit some relations, where I made her acquaintaince. I noticed occasionally at the beginning of this year, that she started up amidst her occupations, for instance, while reading, with twitching of both arms, so that the hands were suddenly brought near each other. She laughed about it. A letter from her mother, containing some reproofs of undeserved censure, arriving just at this time, aggravated these twitching motions instantly to such a degree, that for days afterwards all lessons in music, every instruction and other occupation, had to be omitted. The nights, however, were perfectly calm; she slept undisturbed; but, on awaking, the muscle-movement began anew. The evil arrived at such a height on the 24th of January, that her state was considered to be serious by her relations, though considerable intervals, even of hours, still took place between the turns of twitching. I administered Tinct. Nuc. vom., twelve drops, in twelve table-spoons of water, every hour one table-spoonful. Through a misunderstanding, she took the whole quantity at once. The attacks were worse the succeeding day, so that the intervals became much shorter, and the girl seated upon the sofa almost the whole day, twitchingly moving the arms

always in the same way, and by no means resembling St. Vitus's dance. She complained of pains in the joints of the arms, the latter occasionally cracking under the violent motion; of the unpleasant concussion of the head, caused by the twitching motions; and, finally, of such a great sensitiveness of hearing, that slight noises, as the running of a wagon, knocking or stepping upon the stairs or the entry, the tearing of paper, children's cries, cutting with a knife upon a plate, affected her very unpleasantly, immediately producing or aggravating the twitching. The same influence produced also a sad, lachrymose humor: generally, however, at least in my presence, she was cheerful, and laughing about the incessant shaking. All the other muscles had been perfectly quiet. The lower cervical and the first thoracical vertebræ were sensitive on touch. With a perfectly good appetite, and good health otherwise, I was not able to find an affection of a gastric or other organ, which could have acted as a cause. I continued Nux vom. in small doses, but without any effect. She slept the following night from the 25th to the 26th, but the succeeding day was still worse. I prescribed, therefore, Tinct. Cupr. acet. 1½ dr., Tinct. Bellad. gtt. vjj. Aqua distill. four ounces, every half hour a table-spoonful, as the following night (from the 26th to the 27th) passed, on account of the twitches, with considerable restlessness, I gave in the evening ⅛ grain of Morphium aceticum; no result from any thing. At evening, the 27th, I increased the dose of Morphium to ¼ grain, without, however, producing rest or natural sleep, much less abatement of the spasms in the daytime, which continued incessantly, without intermission (as noises could hardly be avoided), being more moderate at one time, and more violent at another, up to the most rapid shaking of both arms. Holding fast the arms was highly disagreeable to her, being attended with a sensation of great anguish. It was truly a pitiable condition. She ate, notwithstanding; that is, she was fed, and had daily a regular evacuation of the bowels. On the 28th, I gave her five drops Tinct. Assafœtid. every hour, and had her neck and back rubbed with Liniment vol. The following night was passed more quietly: at least she slept for some hours. On the 29th, however, the spasms commenced again, as soon as she awoke, with their usual severity. I now concluded to treat the patient with Chloroform, externally

applied to the sensitive cervical vertebræ. At eleven o'clock, A.M., I saturated a large pieee of wadding with Chloroform; and, before I put it on the neck, I allowed the patient to inhale it quite lightly, and, like magic, the arms became still, the patient sat immovable, and looked at me with the most happy expression, exclaiming, "How beautiful! the spasms are gone." I put the wadding upon the neck, tied a cloth over it, and directed the patient to recline on the sofa, with the head raised. Here she remained, half-slumbering, half-awake, until three o'clock, when the twitching began anew, at first feeble, gradually increasing, and soon gaining an unusual violence up to my arrival at five o'clock. A repeated inhalation of Chloroform, for a second only, produced the same magic-like effect; and this was so lasting that the patient slept till the next morning. The external application, however, of Chloroform on the neck, I omitted, as I considered the inhalation of Chloroform sufficient, and because the whole neck had been of a deep red from the first application. Nevertheless, the twitching motions occurred again on the 30th, but with remissions, mostly feeble and endurable, only occasionally violent after sudden noises. I repeated the inhalation of Chloroform also on that day, but found that it had to be continued for a longer period. I succeeded perfectly, however, in arresting the spasms; the patient retaining her consciousness undisturbed. At evening Chloroform was no longer required. The patient felt well; but, in order to be secure for the night, I put nine drops of Chloroform into three ounces of water, a table-spoonful every hour, which she relished exceedingly. On the 31st, she inhaled the Chloroform for the last time, then for two days took it in water, after which she remained entirely free from spasms. Noises which had previously been peculiarly troublesome to her, such as the rumpling of paper, the sound of cock-crowing, the latter having been exceedingly disagreeable, now induced merely slight twitchings; and, after the first days of February, none at all. The remaining severe pains in the joints, particularly in the elbows, were soon removed by bathing with the diluted Tincture of Arnica.

7. *Rheumatismus articulorum and Arthritis.* — There is certainly no better and safer palliative against the most violent kind of pains than the external application of Chloroform, either in the form of bathing, or as an ointment; which

latter form is preferable in severe inflammatory redness and swelling of the joints, as these cannot bear the liquid very well. I have applied it frequently, and never saw any injury from it; but, on the contrary, the most refreshing rest was produced for several hours afterwards.

In conclusion, I will remark, that it is by no means my intention to favor the immediate application of Chloroform in all pure neuralgies, or even in all painful affections, or to recommend it as a universally applicable specific against pains. I am well enough acquainted with the miraculously-rapid disappearance of many neuralgies, after properly selected internal remedies, not to give the latter the first place in the healing apparatus of such diseases. But when internal medication is ineffectual, or the pain is excessive; when both physician and patient, each from various causes, need rest, I cannot see why we should not resort to a remedy whose *modus agendi*, though not corresponding strictly to the *similia similibus*, is attended with undoubted efficacy.

ACUTE CATARRH OF THE STOMACH IN CHILDHOOD.

BY DR. HIRSCH, OF PRAG.*

On the peculiar symptoms of this form of disease, which frequently occurs, especially in childhood and youth, and certainly as often, if not more so, than the catarrhal affection of the nose, larynx, and trachea, and its treatment, I here propose to treat of briefly.

A pain in the forehead but a short time before rising, with sadness, and a desire to lie down, is usually speedily followed with some chilliness, which soon passes into a very violent fever-heat, with considerably-frequent pulse (110–120); a desire to sleep, and restlessness; an almost total want of appetite, usually with a white or yellow-coated tongue, but always of a dull appearance, frequently with small blisters, occasionally with small red spots on the surface. Immediately after, a highly offensive, musty, sourish scent from the mouth is perceived. Often there occurs

* From "Prager Monatschrift," No. 1, translated for the Quarterly by J. B.

usually at the same time vomiting of watery mucus, occasionally colored yellow by bile; the region of the stomach is more or less distended, and sensitive to pressure. The urine is scanty, generally not dark, and of a musty odor; there is constipation of the bowels, and only in cases of the further extension of the catarrhal process upon the intestinal mucous membrane, frequent mucous excrements are discharged, with intercurring abdominal pain; the more or less distended abdomen is somewhat sensitive, and frequent rumbling is therein heard. It seems, amongst other occasional causes, that this catarrhal morbid action is principally dependent on certain peculiar atmospheric influences, which are suited to produce this form of disease, especially in lymphatic and scrofulous individuals; and it is remarkable that of late in particular these affections of the mucous membrane of the stomach rarely occur *epidemically*, as is so frequently the case with catarrhal affections of the respiratory organs. This complaint prevailed as a real epidemic, and frequently with considerable intensity, in the months of November and December of 1851, 1852, and 1853. The fever continued usually, under proper treatment, from one to two days; and the frequent vomiting of mucus, which happened in many cases, disappeared even after a few hours, and within four to five days perfect health was regained. In some cases, the catarrhal process was transferred, even on the second day, to the intestinal mucous membrane, where it manifested itself by thin, mucous discharges. In reference to the treatment of the acute catarrh of the stomach, I believe I am rendering essential service to my colleagues by directing their attention especially to one remedy, whose remarkable specific relation to this disease cannot sufficiently be praised; the really striking effect of this remedy having been seen by myself in a great number of cases; and lately many of my colleagues, their attention being directed to it by me, have experienced similarly satisfactory results. While I formerly in such cases gave Aconite, for several days, on account of the excessive fever-heat, unfortunately however in vain, and gained but little more benefit from other remedies, seemingly perfectly adapted to the existing complex of symptoms, that frequently eight, even fourteen days have elapsed before a cutaneous or urinary crisis appeared, the disease assuming distinctly the character of a mucous, even of a typhoid fever, I saw occasionally, after

the administration of the following remedy, a complete crisis set in, usually within the first twelve to twenty-four hours, with surprising relief. And this remedy is Sepia, in the sixth dilution, of which I put three to four drops in half a pint of water, and gave every two hours two teaspoonful. The symptoms inducing me to select this remedy were: —

Violent congestion to the head, considerable heat in the head in larger children, complainings of severe pressing pain in head, especially in the forehead and temples; but in the temples the pain was more of a piercing character.

Small, painful blisters, even small ulcers upon the mucous membrane of the mouth.

The perfectly dull-looking, and still not dry tongue, I always found to be a very characteristic symptom of the catarrh of the stomach; coated with mucus, often with soreness, sensitiveness, and small blisters, particularly frequent on the edges or on the point.

Offensive, sourish scent from the mouth, with frequent pyrosis.

Sensitiveness of the region of the stomach on touch; distension of the abdomen.

Urine light as water, or pale yellow, sourish, and offensive; occasionally right at the beginning, with some white sediment.

Constant stupor, with much troublesome dreaming during the continuance of the severe fever-heat.

PEMPHIGUS ACUTUS.

BY DR. EMIL RICHTER, PORTSMOUTH, N.H.

M. H., a girl of slender constitution, has suffered since her thirteenth year from chlorosis. Her skin is white and cold, and has often a swollen appearance, mostly in the morning, round the eye-lids and the ankles. The lips and the mucous membrane of the mouth and tongue are pale. She complains of palpitation of the heart and of dyspnœa. The first sound of the heart is slightly prolonged, and the second stroke of the arteria pulmonalis aggravated. The venal jugulares give a distinct murmur jugulare. The coldness

of the skin alternates frequently with sudden flushes, mostly so after a meal. She is often subject to headache, fainting, loss of appetite, with a feeling of pain and soreness of the stomach, and constipation. These symptoms, however, not being heeded by the mother, were allowed to increase. From the second month of her sixteenth year they increased in severity, and presented the features of a more developed disease. She complained, from that time, of pain in the hip and the lower part of the abdomen, of weakness, sudden trembling, and a severe headache; by which complaints her mother was induced to believe that menstruation was about to occur for the first time. It did not, however, come on; but, after an aggravation of the above-mentioned complaints, an eruption of blisters appeared. This eruption vanished after a few days, and the symptoms were in some degree mitigated. But as, four weeks after, this eruption, and the complaints in connection with it, appeared again, the mother called for medical aid. From the symptoms as above stated, the diagnosis was hydræmia, followed by pemphigus acutus menstrualis.

This eruption appears always at night. Several days previous, the girl complains of weakness, mostly in the knees; a slight fever in the evening, with headache, mostly on one side; of pain in the hips and lower part of the abdomen. When the eruption is on the point of breaking out, the girl is attacked by spasms in the œsophagus, with aphonia; this so severe that dyspnœa is increased almost to suffocation. The pulse is small and accelerated. As soon as the eruption is developed, these symptoms diminish.

The eruption is mostly seated on the neck, chest, and upper part of the abdomen. There is at first a sensation of burning and itching on the skin. The skin becomes red and inflamed, and blisters appear rapidly. The blisters differ in size from that of a pea to that of a goose-egg. The intense burning of the skin continues as long as the blisters are filled with the exudation, and decreases only with their disruption. The fluid is corroding, and produces new blisters when it comes in contact with the healthy skin. Its color is yellowish albuminous, is acid, and contains some salts.

As the urinary secretion, upon a chemical examination, was found normal, and as the girl was otherwise subject to

no complaint, I considered the eruption to be a substitute for menstruation; which opinion seemed to be confirmed by the absence of menstruation, and the regular monthly appearance of the eruption.

In accordance with such a diagnosis, the prescription was: — a warm Sitz bath several days before the appearance of the eruption; and, as medicine, Graphites, succeeded by Pulsatilla.

This treatment being continued for a short time, the molimina menstruationis appeared, in connection with the menstruation, whereupon the eruption disappeared entirely. The symptoms of hydræmia disappeared on the employment of Ferrum.

THE USES OF THE BEARD.

Messrs. Editors, — The habit of shaving has at length become so fashionable, that the beard is regarded as an entire futility by many; while others, who, confidently believe in the optimism of nature, consider the manly beard as a congeries of organs, which discharge various and important functions, contributing greatly to the health and harmony of the animal economy. Nature is always wise; and her indications, so far as we can comprehend them, proclaim the beneficence of the Creator; and those who follow her directions the most confidingly will never fail of the rewards of the faithful.

In the human body there is no space which is not occupied by useful organism. There is not a process or a fossa or a foramen which has not its use, and which could be obliterated without injury. Who will say, from his inability to explain fully and distinctly the functions of the spleen or other viscus, that it is a parasite in the system, fattening at the expense of its neighbors, without contributing in the least to the general good?

What physician is there who can be so blind to the beauties or deaf to the teachings of nature — the only adorable divinity of our hemisphere — as to regard her efforts a futility, and her methods as nonsense?

The aphorism of Hippocrates, that "Life is short, and

art is long," so often quoted as a profoundly wise saying, should cause us to pause before we declaim against the order and harmony and utility of things which God has made.

There is abundant evidence to show that the barbarous custom of shaving is offensive to nature, by the constant effort that seems to be made to repair the mischief by the more rapid and more abundant growth of the beard in those who have sinned the longest.

Although our fathers, for numberless generations, have practised daily or weekly shaving; yet they have not only failed to obliterate the beard, even in their remote posterity, but by that very means they have caused a more abundant growth. There is a constant alertness on the part of the animal organism to resist incursions and to repair injuries; and it is often truly wonderful to observe the tenacity and perseverance with which it labors to restore itself to a state of health and harmony when it has been preyed upon by disease.

There are several uses of the beard, to which I am desirous, Messrs. Editors, of calling your attention. It is well known that there are no better electrors in animal bodies than the nerves and the hair (which last, from this circumstance and others, is supposed to be the natural termini of the nervous filaments).

A single hair, drawn only once across a pin, evolves electricity sufficient to impress the electrometer; and that, by pointing the finger to that instrument, and giving the slightest rotatory motion to the arm, the electricity, evolved by the small hairs on the arm by their friction against the sleeve, will cause the needle to vibrate. It is this electrical property of the beard which renders it the very best substance for the respirator. The air passing through the moustache becomes electrified, and is thereby the better prepared for respiration. A gentleman now with me says he used to suffer much from toothache; but since he allowed the beard to grow on the sides of his face, he has not suffered in the least from that malady.

That a long beard is a protection to the throat and lungs against the dust in the shops of artisans and mechanics; that it moderates the asperities of our variable climate; and that it modifies, by its electrical character, the atmosphere we breathe, thereby rendering it more tolerable to the lungs

of consumptives, are points which need no illustration, though we might adduce numerous examples in proof of the assertion.

In cases of bronchitis, I always advise the disuse of the razor, particularly to the upper lip, where the moustache operates as the very best respirator both to electrify and filter the vitiated atmosphere.

I have known an obstinate and chronic catarrh of the lungs to disappear with the growth of the moustache, and that without the use of any other remedies; though the gentleman had tried for years, and in vain, the skill of various physicians, without any permanent benefit.

It is also true that spermatorrhœa, that malady which chooses for its victims the most *intellectual* and *chaste* of young men, never exists with those who never shave; and it promptly disappears as the face becomes covered with beard. The cotemporaneous development of the beard and virility seems to imply a mutual relation between that structure and the testes.

These are a few of the many facts that can be proven, and that go to show the very great importance of wearing the beard.

I send you, Messrs. Editors, herewith an article from the "Homœopathic Times" (Eng.), the truth of which I believe you will readily admit; and if you will give this and that a place in your Journal, you will do the public a service, by calling the attention of the profession to the subject.

Respectfully, D. T.

The most important subjects, if properly presented, are the most interesting. The love of life is our strongest passion. Health, the foundation of all comfort and enjoyment, is of paramount importance; and we cannot avoid being attached to the science which teaches us how to preserve and restore that first of blessings. With all the general curiosity and interest, there is no subject of such vital importance as health, and on which there is such a general ignorance. We understand every thing better than the laws of our own being. We are familiar with the laws that regulate the universe. We study the conditions of all material substances, investigate the characteristics of plants and animals, — in short, we study astronomy, geology, chemistry, botany, mineralogy, &c., while we neglect our own anatomy, physiology, and pathology; but the spirit of free thought and bold investigation will overhaul our boasted science; and the mysteries of medi-

cine, law, religion, and politics, will be brought to the test of universal knowledge. It is humbug that seeks to shroud itself in darkness, truth seeks the light; and those philosophers, of whatever school, who are the most truly conscientious will be the most anxious to have the claims of their science submitted to a calm yet searching investigation. We should each be able to say with Hering, "I have desired the truth above all things, because it gave me more pleasure than any thing else." It is to the neglect of the study of the laws of life that we may attribute a very large proportion of the diseases, physical and mental, to which we are so notoriously subject. What is the most worthy study in which man can engage? Is it not that of man himself, and consequently of those natural laws which are constantly exerting so powerful an influence upon him? There doubtless exists between the laws of nature and the requirements of man such an adaptation as will tend to render him happy; hence the nearer he lives in harmony with these laws, the greater will be his chance of happiness; nay more, he cannot transgress against them without a certainty of punishment, and consequent unhappiness.

Human laws are often arbitrary, unnatural, and vicious, and may be violated with impunity. They are often differently interpreted for the rich and for the poor. Wealth and interest frequently shield from their punishment, or crime may escape detection. Again, the punishment, not being a direct consequence of the crime, may be either inadequate to the offence or disproportionably severe. And, lastly, human legislators often consider the animus in which the deed is perpetrated, allowing for the greater ignorance or wisdom of the criminal.

With the laws of nature, the circumstances are all reversed. Nature being herself the legislator, the interpreter, and executioner, will brook no appeal from her decision; neither wealth nor influence can protect the culprit against the punishment, which is invariably in proportion to the violation of the law on which it is consequent. Further, nature recognizes no difference between the ignorant violation and the wilful defiance of her laws: either will be equally punished with the other.

Hence, as the plea of ignorance cannot avail us, if we will avoid the punishment and enjoy the reward held out to us by nature, there is no other course left us than to make ourselves as intimately acquainted as possible with the operation of these laws.

This study is entirely a matter of observation; we note the facts, and so compare the observed phenomena as to establish between them the relation of cause and effect; farther we cannot go; we cannot explain their *modus operandi*. Take, for in-

stance, the law of gravitation, the existence of which Sir Isaac Newton discovered: from observing its operation, he was able to describe the constant, never-varying phenomena dependent on the action of the law; but farther to explain the law itself was beyond the limit of even his intellectual power.

Astronomers have described with great accuracy the positions, motions, and relations to each other of the heavenly bodies, but have never succeeded in demonstrating the springs of their power.

We know that our earth has for centuries pursued her untiring and undeviating course around the sun, propelled in the diagonal of two forces, the centripetal and centrifugal; and when we say of the former, it is a power of attraction between the sun and the earth, and of the latter, it is a power of propulsion between the same bodies, we have said all we know: we cannot even guess at the nature of these powers.

Did time permit, it might be interesting to describe other operations of nature, which exist in innumerable variety throughout the universe, amid those incalculably distant objects, whose gigantic proportions are only to be revealed through the most powerful telescopes; or among those microscopic atoms, millions of which heaped together would constitute a point hardly visible to the naked eye, all equally perceptible, and at the same time equally inexplicable.

The natural laws are, fortunately, constant in their operation, ever to be depended on. What was one thousand years ago, is now, and will be to the end of time, independent of all human or other extraneous influence, either to maintain or to destroy. Suppose the operation of the law of gravity to be one moment suspended, and where would we be in the next? whirling each in a direction opposite to the other, and the whole exploded like a fired powder-magazine. Imagine a like nullifying of the centripetal force; and our world, instead of, as heretofore, pursuing its utilitarian course around the sun, giving rise to summer and winter, spring and autumn, is changed into a frantic projectile, rushing through the boundless regions of space, coming in collision with some heavenly body, giving rise to the phenomena of the crash of worlds.

Every portion of the natural realm, whether belonging to the animal, vegetable, or mineral kingdom, would appear to occupy the station for which it was designed by nature. The instinct of the brutes, in their unsophisticated state, impels them to that course which most conduces to their well-being.

To man alone was the option given of choosing between a course in accordance with nature, and one opposed to her; one which will procure for him happiness, or entail on him misery. He alone, of all God's creatures, was favored with reason, by

which to judge between good and evil; but, alas! how often has he, whether from wilfulness or ignorance, forsaken the good and adopted the bad!

But, of all the by-paths of evil into which man has deviated from the high road of nature, and which it devolves on us now to consider, is that most injurious practice, — the practice of shaving.

To every thoughtful shaver, the question has doubtless often suggested itself, Why was the beard given us? Was it to subserve some useful purpose in the animal economy? or is it a mere parasitic excrescence, intended by nature to be kept down by the daily practice of a tedious and cruel operation? The answer is as plain as the beard on our faces. Were we altogether ignorant of any function performed by the facial hair, we should still be justified, reasoning from analogy, in concluding that it was not placed there in vain, and that it did administer to some requirement with which we were unacquainted. In fact, the very circumstance of its existence is as plain a command to wear it, as any which we could receive. That ancient and pious father of the church, Tertullian, designated shaving as a blasphemy against the face.

It may surprise not a few, when we say that the bronchitic affections, under which ministers of the gospel so frequently labor, are often due to the violation of a hygienic law. The fact that the Creator planted a beard on the face of the human male, thus making it a law of his physical being, indicates, in a mode not to be misunderstood, that the distinctive appendage was bestowed for the purpose of being worn. Besides, the Levitical law is just as explicit in forbidding the shaving of the beard, except in cases of disease, as in the requirement, — "Remember the Sabbath-day to keep it holy." Moreover, physiologically considered, these views are corroborated by experience; for diseases of the throat have in many instances been traced directly to the shaving of the beard, the liability disappearing with its growth, and *vice versâ*. Let all our ministers, then, wear beards; for the Bible and nature are in favor of it.

Thus, then, were we altogether ignorant of any useful office performed by the beard in the animal economy, we should be by no means justified in arrogating to ourselves a wisdom superior to that of nature's Author, and audaciously interfering with the intention of his designs. We are not, however, strong though it be, reduced to this negative argument in favor of wearing our beards: we are prepared to show that the facial hair performs in the system functions both important and varied, and with the operation of which we cannot with impunity interfere.

I think we are justified in assuming, though not a rule without

exception, that in proportion to the complexity of a machine, so may we expect the importance, delicacy, and difficulty of its task to be. Thus, when a savage, seeing a clock for the first time, observes the intricacy of the wheels, and their complex movements, he is struck with amazement, and concludes that it is destined to the performance of something wonderful, and not the less so, because he does not know what. On the other hand, let him only see the outside of the case when the clock is quiescent, and he will pass it by with scarce a thought. So, when we view the beard merely as hair, and that hair as so much rubbish, costing us daily both time and temper, we cut it off, and cast it aside as a nuisance; which, indeed, then it is, though not a necessary or a natural one, but, as we shall presently show, one of our own creating.

The first use of the beard which we shall mention, viz., the protection which it yields to the throat and larynx, is so obvious as to require little detention. There is abundance of testimony to prove that those who wear their natural covering on the throat are far less liable to laryngitic affections, than those who shave; and really it would hardly seem necessary to bring arguments to show the error of those who remove the natural and appropriate covering with which they have been supplied by a bountiful Providence, and substitute for it one from the back of an animal, expensive, inconvenient, and far worse adapted to the requirement. Many persons, believing thus far in the beard, let it grow on the throat, and remove all above the chin and mouth. Let me draw the attention of those to a second use of the beard, more particularly applicable to the portion which they wantonly sacrifice, and which, though fully more important than the first, being less obvious to a cursory view, will demand a little more consideration. The second office of the beard which we have to discuss is that of a respirator. The expired air, in passing from the lungs through the nostrils and mouth, over the moustache and beard, communicates to them a degree of caloric, which they in turn give up to the inspired air, thus establishing an equilibrium in the temperature of the inhaled and exhaled atmosphere. What other changes of a magnetic, electric kind, &c., the air may undergo in its passage over the beard, is a matter for future research. It will not, however, be at all surprising, should such be discovered to exist. It is a strange perversion on the part of those who shave off the natural porter to the lungs, and tie on an instrument made of silk and wire, unsightly, inconvenient, and by no means equal in efficacy to the natural respirator. The beard at the same time performs the mechanical office of a sieve, arresting many of those fine particles, of which there are, at all times, more or fewer floating in the atmosphere, and which cause greater or less irrita-

tion to the internal surface of the lungs; thus, the very objections urged by some, viz., that the beard would catch the dust evolved around many manufactures, giving it a filthy appearance, is really an argument in its favor. It is certainly much better to have the dirt on the beard, whence it can be easily removed with a little water, than in the lungs, where it cannot be got at, and where it is a positive injury.

Major Tulloch, in his statistics of the British army, informs us that the mortality of 1000, among the Foot Guards, is 21 a year, while that of the Life Guards is only 14; making a difference of one-third in favor of the moustached men. Now, although I do not consider this fact alone conclusive as to the cause of their superior health, as no doubt other influences than those of the beards may be adduced as favoring the Horse Guards; yet there is another fact connected with the statistics, which I think goes far to establish the important part which the moustache plays as a respirator, viz., while, out of the 21 deaths among the foot, 14 die of lung diseases, a number equal to all the deaths of the cavalry, only 8 die of lung diseases where the beards are worn. Thus, if we exclude the lung diseases, the mortality from other affections will be respectively 6 and 7 per 1000, or nearly equal. Now, if we admit that several other circumstances may combine to render the chance of the foot-soldier less favorable, as these will equally conduce to the production of other diseases, and we find the great difference in the mortality to depend on affections of the lungs, I think we may fairly conclude that the horseman owes at least a part of his immunity from this class of diseases to the wearing of his moustache.

We now come to the third use of the beard, which though at first sight is less apparent than either of the others, can, I think, be demonstrated to eclipse them in importance. The function to which I would now draw your attention is that of an eliminator. It is the office of the beard constantly to secrete and excrete from the system a very subtle fluid, which, when retained, becomes a poison; it is analogous to the secretions of the liver, kidneys, pancreas, salivary glands, lungs, skin, &c.; and although it cannot be collected and ocularly shown, like the products of the other excreting and exhaling organs, its existence may be, from its effects, just as surely inferred. Thus, certain diseases have been found to disappear on the individual's ceasing to shave, to reappear on his resuming the habit, and a second time to vanish on his returning to the natural practice.

The cases of two gentlemen in this city will suffice for an example: they were both subject to weakness of the eyes, with inflamed eyelids, as long as they continued to shave, and both recovered on quitting the pernicious practice.

Now this can only be accounted for in one way, viz. by the falling on the eyes of the morbid matter, or action, to which the beard furnishes a natural outlet. Analogous to this are the clumsy attempts to imitate nature, of trying to palliate eye-diseases by piercing the ears, and applying blisters and setons to the back of the neck. Another like process is the relief which it is notorious that skin-diseases yield to the affected internal structures, and the suppression of which has frequently been known to cause obstinate, dangerous, and even fatal diseases of the brain and other vital organs.

It is to the light which pathology throws on physiology that we are indebted for much that we know; and indeed, were it not for the facts obtained by observation of deranged function in the diseases of certain organs, it would have been exceedingly difficult, if not impossible, to have arrived at a correct knowledge of their uses.

To those who believe in the (so-called) infinitesimal system of medicine, there will be little difficulty in admitting the action of the beard-poison, although in quantity too minute, to admit of ocular demonstration. A little reflection, says Mr. Sampson, in his admirable treatise on Homœopathy, will convince us that there must be some portions of our organization, of the fineness of which the human mind will be inadequate to form the slightest conception. It will also appear that these structures are of far higher importance towards the maintenance of life than the coarser and more outward portions of the frame, and that disease becomes dangerous and severe in proportion to the extent to which they are affected. In the most deep-seated affections, therefore, it is to these tissues that the powers of medicine have to be directed; and when we know that medicinal substances, like all material bodies, are infinitely divisible, that we can never by any process reduce them to atoms so fine but that they might still be infinitely reduced, it seems at once obvious, that, if we wish them to reach and to act on those parts to which I have alluded, and in relation to the delicate machinery of which the finest atom to be obtained from our very highest dilutions would appear coarse and ponderable, we must not only endeavor to bring them into a finer state than that in which they are commonly used, but into a state of exiguity far beyond any thing to which we have been accustomed in dealing with coarser structures. It is simply, in fact, proportioning the delicacy of our agents to the delicacy of the instruments on which they are to operate.

Pathologists are well aware that the viruses which produce the most deadly diseases are so minute in quantity as to be altogether undiscoverable by the most delicate tests, and that their existence can only be appreciated by observing their effects. Thus, the

most elaborate chemical analysis has totally failed to discover any difference in the atmospheres of localities infected with ague, cholera, and other epidemic diseases, and that of perfectly healthy places. The contents of the poison-bag of the viper resembles in chemical composition sweet almond oil; and the pus of the deadly plague bubo and the lymph of the vaccine pustule differ not, save in their effects, from ordinary pus and lymph. The experiments of Fontana show that the 1000th part of a grain of the poison of the viper inserted in a muscle suffices to kill a sparrow. De la Bronse, in his voyage to the intertropical regions, has these words: —

"There arrived seven or eight negroes in palanquins, the principal persons of Lousago, who presented their hands to be shaken by the French and English officers. These negroes had previously rubbed their hands with a herb, which is so extremely poisonous that it takes effect immediately. They succeeded so well in their nefarious designs, that five captains and three surgeons fell dead on the spot."

Let me conclude this part of the subject in the words of Professor d'Amadon: "It may be said, these facts are repugnant to common sense. If the action of imperceptible agents is opposed to common sense, that is as much as to say that experience is opposed to it; but as common sense and experience are not and cannot be contradictory, if common sense refuses to believe in the action of imperceptible agents, common sense stands in need of a thorough reform, which experience will be able to effect. Science, which is nothing else than the reflection of experience, has in this manner reformed common sense many times. Common sense believed for centuries that the world was fixed; and astronomical science corrected common sense, and brought it to its own way of thinking. The virtue of vaccine was repugnant to common sense at first; but experience has now so completely demonstrated it, that he who doubted it would be held destitute of common sense. In fine, here, as elsewhere, science, that is to say experience, has advantageously put common sense to rights."

Now, if my theory be correct, viz. that the beard acts not only as a covering to the throat and a protection to the lungs, but also as an eliminator, by which a subtle substance is constantly secreted and exhaled from the body, which when retained becomes a poison, there is no form of chronic disease which its presence may not favor, no organ of the body which may not become a prey to its ravages. This assertion may appear startling; not, however, more so than were those of Galileo, Harvey, Jenner, Hahnemann, and all the great discoverers whose names are familiar, did to those who first heard them. Before going any farther, let me here put you on your guard against understanding

me to attribute all the chronic diseases which afflict us to shaving, or even expecting *all* who shave to be decidedly affected by all or any of them. We know full well that all the recognised agents of disease, such as foul air, unwholesome diet, bad habits, &c. affect different individuals very variously, both in kind and degree. Thus, while some pursue a long life in their indulgence with apparent impunity, others either shortly succumb to their influence, or are forced to relinquish them. What I contend for is, that shaving is one of those fruitful causes of disease to which we are constantly and often ignorantly exposing ourselves.

To return to our subject. As the effects of shaving will result rather in chronic than in acute diseases, and as chronic diseases are always insidious in their attacks and slow in their progress, they are very liable, both by doctor and patient, to be attributed to causes other than their true ones. Again, as the cure of chronic disease is generally slow, and as our discovery is only in its infancy, we have not had the opportunity which a more extended series of observations will afford us of testing its value. I may, however, be allowed to state, that, since the subject first attracted my attention, I have been by no means idle; and that the results of my observations so far, with the reasons already given, lead me to expect that farther experience will confirm the truth of the opinions advanced.

GASTRORRHAGIA.

BY DR. EMIL RICHTER, PORTSMOUTH, N.H.

HÆMORRHAGE from the stomach, hæmorrhagia ventriculi, hæmatemesis, morbus niger Hippocratis, was formerly supposed to arise from diseases of the spleen, liver, suppressed hæmorrhoids, or irregularity of menstruation. At a later time, when the science of physiological anatomy was better attended to, diseases of the stomach, as carcinoma, erosiones, ulcus perforans rotundum, were generally considered as its cause. More recently, it has been stated, that, next to those, a cessation of the circulation in the spleen, diseases of the liver, chiefly granulation, obstruction in the vena portæ, diseases of the lungs, of the heart, most of the discrasies, may likewise often cause Gastrorrhagia. It rarely occurs that no cause is visible in a post-mortem examination.

Gastrorrhagia is of very frequent occurrence, and may be met with at all ages. Hæmorrhage of new-born children may be caused either by hyperæmia primaria or secundaria. It is frequently not a disease of the children, as they are liable to suck blood from the nurse's sore nipples, which is raised again; or they swallow blood arising from a severed ligament of the tongue. Bleeding from the stomach occurs more frequently in women, and especially from the time of puberty.

The next cause of the bleeding is the opening of one of the larger, or one or more of the capillary vessels. Once it was thought that extravasation or exudation of blood might be the cause of the hæmorrhage. But no globules of blood are liable to exude, only the serum reddened by the pigment. This opening may be caused by sharp or pointed bodies, as glass, pins; or by a rupture caused by a blow upon the stomach; by violent vomiting: or it may be effected by corrosion from Mercurius corrosivus, Calomel, Tart. emeticus, Acids, &c. If a high degree of hyperæmia is the cause, the blood will flow from either one or more of the capillary vessels, or even from a larger vein. Such a hyperæmia may be caused by stimulating medicine, or stimulating food or drink, or by suppressed hæmorrhage; by any obstruction in the circulation of the blood, mostly of the liver or spleen; by diseases of the valves of the heart or the venous orifices; by diseases of lungs; by typhus, acute diseases of the skin, scurvy, &c. The change of the chemical composition of the blood, and the relaxation of the muscles of the blood-vessels, facilitates hæmorrhage. Erosions, however, ulcers of the stomach, and cancer, oftener produce bleeding by abrading the larger vessels. The blood may also originate from rupture of an aneurism, either of the aorta or arteria cœliaca, one of the arteries of the stomach; or from the rupture of a venous varix in the stomach. Hæmorrhophilia occurs through a weakened condition of the membranes of the blood-vessels in the stomach.

The symptoms of Gastrorrhagia were formerly divided into preceding symptoms, symptoms of the attack, and consecutive symptoms. The preceding symptoms, however, vary according to the different causes, as well as the consecutive symptoms. The ejected blood is dark-colored, coagulated, and mixed with particles of food, when it is retained a long time in the stomach. By the influence of

the gastric juice, the blood, when it stands for a longer time in the stomach, is changed mostly into a cocoa or chocolate-like fluid; only when raised immediately is it light-colored and liquid. The gastric juice changes the hæmatin to a dark-colored mass, and makes the fibrine of the blood liquid.

The quantity differs from striæ of blood to several ounces, or even to a pound and more, according to the cause. Often, however, the quantity of the ejected blood is not in proportion to the anatomical disorganization. I found in one case of carcinoma of the pylorus, in connection with carcinoma of the left lobe of the liver, such an extent of disease that almost the whole pylorus was destroyed; only a short time before death, not quite half an ounce of blood was raised, and never before through the whole course of the disease. The bleeding happens to be often so large in hyperæmia that it produces utter exhaustion. No certain conclusion is to be drawn, from the quantity of blood raised, as to the anatomical disorganization.

In connection with vomiting, we may notice fulness and a pressure or feeling of warmth in the stomach; passing of blood through the rectum as a dark, pitch-like mass or as coagulated blood; the symptoms of anæmia or oligæmia, and those symptoms which depend upon the original disease. Sometimes we may be able to ascertain the quantity of blood effused into the cavity of the stomach by palpation and by percussion.

We diagnose Gastrorrhagia when we are convinced that the hæmorrhage is not caused by a bleeding from the nose, mouth, pharynx, œsophagus, or from the larynx or the lungs, as in all those cases the blood may flow into the stomach, and afterwards be raised; or that the blood is not sucked by children, or taken fraudulently by adults, in which case we may discover it by the microscope. The distinction between bleeding of the œsophagus and of the stomach is a difficult one. The preceding symptoms only can lead to a clear diagnosis. Percussion and auscultation show the existence of any disease of the lungs or the heart. Of little or no value is the assertion, that, in diseases of the lungs, the blood is raised by coughing; in diseases of the stomach, by vomiting. For blood from the lungs may go to the stomach, and be then raised by vomiting; or blood from the stomach may fall into the larnyx, and be afterwards

raised by coughing. The assertion that blood from the lungs is liquid, foaming, and light-colored, while blood from the stomach is coagulated, dark, and mixed with particles of food, is not always true. Another assertion, that symptoms of any disease of the lungs or the heart must precede bleeding from the lungs; and indigestion, pressure in the stomach, pain, &c., is to be noticed before bleeding from the stomach occurs, is commonly true. But those symptoms exist likewise when blood from the lungs goes to the stomach; and even must exist when there is a complication of any disease of the lungs or the heart with a disease of the stomach, a circumstance that often happens.

The nipples of the nurse must be examined in hæmatemesis of sucking children.

The prognosis depends upon the quantity of the raised blood, the repetition of attacks, and upon the disease which causes it.

Treatment. — The patient must keep quiet, and remove all tight clothing. The best nutriment will be milk, or soups of animal broth; as a drink, pure water or sugar-water, milk of almonds, or lemonade. In slight cases, oily or mucilaginous medicines and drinks are sufficient. Stimulant food or medicine must either be removed or neutralized. For wounds from sharp bodies give oily drinks, or a mucilage of Gummi Arabicum, or milk. If suppressed menstruation or hæmorrhoids be the cause, fomentations to those parts, rubbing of the legs and feet with warm flannel, sinapisms. If the bleeding is copious, iced-water, or small particles of ice, are to be swallowed. If the patient becomes so exhausted by the bleeding that he faints, he is to be kept in a horizontal position, without any elevation of the head; externally, the use of vinegar, eau de Cologne, injections with vinegar, are to be used. In such cases, however, the examination of the mouth and the pharynx is never to be neglected, as coagulated blood often accumulates here, which, if not removed, may lead to suffocation.

Of medicines I will mention Aconite, Arsen., Bell., Canth., Caustic, China, Ipecac., Plumb. acetic., Nux vomica, Phosph., Pulsati., Aconite, Digitalis, Belladonna, in diseases of the lungs and heart.

In carcinoma of the stomach or liver, Arsenic, Brom., Caustic, Lycopod., Nux vomica, Plumb. acetic.

In ulcers of the stomach, Ars. and Argent. nitr. crystalcis.

In hyperæmia of the mucous membrane, Aconite, Bellad., Ipecac., Nux. vom., Puls.
In aneurism, Digitalis.
If anæmia sets in, China, Ferrum.
In hæmorrhophilia, Acid. nitric., Argent. nitric., China.
In gastrorrhagia typica, Chininum.
In wounds of sharp bodies, Arnica.

CLINICAL OBSERVATIONS.

BY DR. HILBERGER, OF TRIESTE.*

1. *Chronic induration of the glands of the neck.* — A woman forty years of age, of middling size, was, the instance to be here treated of excepted, never seriously ill during her whole life.

The present evil originated twelve years ago, in the fourth month of her first pregnancy; and began with a slight, somewhat painful, infiltration of the glands of the neck and back of the left side; which was by herself, as well as by her consulting physician, regarded as of little consequence. The swelling of the glands kept increasing with the progress of the pregnancy. Their rapid enlargement in circumference, especially at the time of lactation, induced the application of some remedies, as leeches, poultices, mercurial ointments, but without the least good result. At the period of weaning the child, an intermission took place. The tumefaction now remained stationary, and exhibited, in the next and the succeeding pregnancies, the same course of increase, and the same periods of intermission. All remedies applied during these years, and, among others, a truly heroic administration of Hydriojod. of potass., were unable to diminish the volume of the enlarged glands.

At the first examination of the patient, I observed the following appearances: — On the left side of the neck, beginning close to the edge of the lower jaw, was a swelling about the size of the fist, not movable, painless, uniformly hard, huckster-like (this form is owing to a confluence of glands infiltrated at various times). The sternocleidomas-

* Translated for the Quarterly from Zeitschrift für hom. Klinik, Aug. 1, 1853.

toideus of this side was very much extended, considerably stretched, difficult to be moved from the swelling. Respiration and deglutition were not obstructed, and the general health good. Only at sudden changes of the weather, the patient felt rapidly-shooting pains in the affected part. A favorable prognosis could hardly be given in this infiltration of such long standing.

The treatment was commenced with Conium 15, every other day a dose: it was continued for three months, whereupon a diminution of the swelling was perceptible, of one-fifth of its size. By the fusion of the tissue connecting the individual glands, it was now distinctly seen that the huckster-like form was caused by the confluence of several glands.

To wait for the second effect of Conium, I gave, for a month, sugar powder, but observed no further change. I thought it, therefore, time for the administration of another remedy, and gave Calcar. carb. 15. After two months, a surprising diminution of the swelling took place (about one-half); and, at the same time, the forward glandular portion separated entirely from the posterior portion. The continued use of Calcar. caused now in four months the disappearance of the entire swelling. Only a small part of the posterior portion remained somewhat infiltrated.

Two years have now passed, the woman nursing her child, three months old; and not a trace exists of a renewal of the anomalous process.

In a physiological point of view, it is interesting to meet with a connection, certainly very seldom occurring, of the glands of the neck with the physiological act of milk-secretion; a fact undoubtedly proved by the course of the disease. In a therapeutical point of view, this case also shows how impracticable is the generalization of the old school. Iod. is their only recourse in glandular indurations; and, as its use is not always followed with success, its inefficiency is attributed to the incurability of long-existing infiltrations.

The homœopathic remedies employed, besides their favorable result, which, under the existing circumstances, can hardly be ascribed to any other agency, can also be relied on as the most suitable for this case by the following reasons.

The relations of Conium to glandular affections, and

especially to the female mammæ, were suspected already by the physicians of the old school: the physiological provings have established these virtues as facts. The considerable hardness of an infiltrated gland, and the rapidly-shooting stitches in consequence of its pressure upon the nerves, form a principal indication for the employment of Conium. It develops probably its effect by calling into action the proper and therefore relaxed nerve and vesicular ramifications; and, in this way, causes the absorption of the tissue, without being able to change the real dyscrasic state, which office it leaves then to other remedies. For this reason, Conium was probably recommended in carcinomas. That in reality it can cure an already-existing cancerous ulcer, I am very much inclined to doubt, notwithstanding the literature of the old school, as well as the new, afford several relations of cures. The diagnosis of an incipient cancer is not very easy; and the less so, as the real nature of the cancer dyscrasy is still unknown (therefore the division in benignant and malignant sores). Investigation, by means of the exploration troicar, is insufficient to decide if a tumor containing the so-called ulcer-fluid be only local, or such as must lead to unavoidable death, even if the general health does not give us the sad assurance that the anomalous formation can have no other termination.

As this point is not decided, the curative power of Conium must therefore be confined only to the dispersion of the induration.

Calcar. carb. is more decided in its effect. It corresponds in general to the scrofulous dyscrasy. That this can often, in advanced years, be the cause of many diseases, without having manifested itself in childhood, every practitioner will be experienced.

Its particular relation to glandular affections is just as plain, and its use perfectly vindicated.

2. *Scrofulous infiltration of the mesenteric glands, and chronic pneumonia.* — A boy eight years of age, of a rhachitic habit (in this case lordosis existed), had been from his childhood afflicted with the various symptoms of rhachitis. When two years old, he began to walk, and, from that time, was progressively improving for three years. About a year ago, the patient was taken, in consequence of a cold, with a violent lung-catarrh. As the former attending physician neglected to make the physical examination, it could not

definitely be decided if at that time a pulmonic infiltration existed. Notwithstanding the violent fever was soon subdued, a slight fever in the afternoon still remained, and also an incessant, spasmodic cough. This was followed by great emaciation, and enormous swelling of the mesenteric glands. The treatment consisted in the application of Leeches, Calomel, Vesications, and finally Opium, China, Ferrum, also Oleum jecoris aselli, without, however, preventing the daily aggravation of the evil.

I found the patient extremely emaciated, the normal temperature of the skin of the whole body considerably diminished, the color cyanotic. The features of the oldish-looking countenance showed great anguish. The thorax constricted posteriorly, and distended upwards and forwards. Percussion gave, in front and above particularly, a tympanitic sound; from the fourth vertebra, dull; and below, quite feeble. Auscultation showed bronchial respiration plainly audible, inferiorly and higher up an indefinite respiration and rattling murmur. Owing to the severe dyspnœa, a slight sawing respiration was already heard from a distance; and the respiration especially was considerably lengthened. The cough was spasmodic; expectoration at times of a tough, at other times of a glassy mucus. The heart normal. The abdomen was greatly distended, and to such a degree that it was impossible to feel the intestines by palpation. Œdematous swellings of the extremities. The patient suffered frequently with retention of urine, and more lately a complete inappetency. Solid food in particular he vomited up frequently. Violent asthmatic attacks occurred at night, so that he was near suffocation.

The lung-symptoms, in considering the whole image of the disease, offered the greatest improbability of a speedy, or even palliative, cessation of the disease. Besides this, the rhachitic state of the columna vertebralis, the total prostration of all vital energy, and the lamentable circumstances of the patient, who was poor, and living in a damp house, in the month of January, the most unfavorable season, were sufficient to leave no room for a hope of improvement. However, to alleviate somewhat the dyspnœa, I gave Arsen. 6, in alternation with Carbon veg. 6; and these, being continued, removed in two weeks the œdematous swellings, and diminished the dypsnœa. By the further continuation of these remedies, I succeeded, to my great astonishment,

in rendering the state of the patient quite comfortable until the beginning of April, when the improvement made rapid progress. I now administered Brom. 6, and the absorption of the swelling of the mesenteric glands went on exceedingly well. At present (month of June), his state is the following: color and temperature of the skin normal, the dyspnœa totally removed, towards the lower part of the thorax on percussion only a dull tone, and only increased vesicular respiration on auscultation, cough entirely gone, abdomen smaller and softer, appetite good. The boy now attends school.

Many a reflection will be elicited by this very interesting case.

A chronic infiltration of the tissue of the lungs, of a scrofulous, pneumonic, or other nature, causes independently fatal symptoms. I diagnosed this case, Pneum. chron., though many doubt its existence. The physical examination, at any rate, left no doubt of a condensation of a very great portion of the tissue of the lungs. The part still free had to perform alone the respiratory act, and must necessarily become emphysematous. The extended cells of the lungs had now little contractile power. To this was added the oppression of the lung and the diaphragm, owing to the lordosis and the upward pressed intestines, rendering the disease almost incurable. It is more than probable, considering the rest of the circumstances mentioned, that the patient would have died under any other treatment.

Even if we regard the remedies only as palliatives, it is manifest in this case that the old school has no such palliatives at its disposition, as its method of cure disregards the dynamic effects. Its derivative remedies, as vesicants, give, according to experience, no relief in such cases, and only favor the subduing of the vital power. The narcotics, though lessening the deficiency of respiration, and alleviating somewhat the dypsnœa, produces total prostration of vital energy: the patient would not long have made use of them. The tonics (Ferrum, China) did not agree, as already stated; the enfeebled digestive organs rejecting them. Its only panacea in scrofulosis, Cod liver oil, said to be efficient in every case, without any special indication, could not boast of any effect. The strict expectative treatment could hardly be of more benefit to the patient, as, under such circumstances, nature alone would have been too

powerless to render harmless the effects of the winter upon the already dying organism. This almost miraculous restoration of the patient must be attributed only to the remedies Arsen. and Carb. veg., which corresponded to the prostrated vital power until the organism gained time for restoration.

YELLOW FEVER.

From a private correspondence from New Orleans, Oct. 1, we give the following particulars relating to the last disastrous epidemic which raged in that city: —

The whole number of deaths cannot be established with certainty. According to the official report, there were, up to the end of September, from eight to ten thousand; which calculation is, however, too low, as twelve to fifteen thousand will come nearer the truth. The nature of the epidemic was, in individual cases, essentially different from that of former years, especially in the rapid post-mortem change to black. Death happened often after an attack of four to six hours, usually, however, on the second or third day. Medicine in general has again given the most decided proof of its deficient knowledge in relation to the doctrines of miasms and epidemics. Even science is in total darkness in regard to the nature of the disease. Several physicians pursued the expectative treatment; others gave purgatives and Chinin. sulph.: homœopathy,* hydropathy, every thing was tried with equal results. Ignorance must have destroyed many thousands. It is stated, that, by the nonsensical administration of Chinin, which was given in the frightful dose of 1½ drachm a day, six hundred patients died apoplectic. Raspail's method, viz. frictions, with Eau sedative, proved serviceable in favoring perspiration.

The epidemic did not confine itself to men; apes were next seized, dying under the most undoubted symptoms of yellow fever, and in some cases with black vomiting; of domestic animals, several dogs were attacked; a German

* We heard that Homœopathy had been very successful, but regret exceedingly our inability to offer any thing authentic. — Eds.

physician lost a large number of ducks, with all the symptoms of affection of the spinal marrow, which is usual in yellow fever.

Some interesting hypotheses have been advanced with regard to the origin of yellow fever. According to the opinion of a German naturalist, who observed the yellow fever in the West Indies, Mexico, and the South of the United States, the quantity of magnetism and electricity in the atmosphere was an essential momentum for yellow fever. An atmosphere overcharged with magnetism and electricity produces decomposition of the iron-parts of the blood, as well as of the blood-color ingredients, hæmatine, hæmasulphine, &c., consequently the yellow fever, is a peculiar chemical process of decomposition. I am not physiological chemist enough to be able to support the scientific admission of such a theory: several observations, however, speak in its favor. The yellow fever, in the first place, occurs near water only, an active factor of electricity. Wet summers, especially summers with many thunder-storms, where the atmosphere, as it were, is saturated with the above elements, are exceedingly favorable to the production and extension of the epidemic. Whoever has breathed the air prognosticating a storm at the South will certainly remember that dull pressure on the brain, of which the headache, the first symptom of yellow fever, only seems to be a higher degree of development, and which is entirely different from that uncomfortable sensation of debility which is felt in the atmosphere of northern climates impregnated with electricity.

Whatever may be thought of the views here stated, one thing is certain, that medicine can clear up the important question of miasmas and epidemics by means of physiological chemistry alone, and thus the uncertainty hitherto existing on this subject be removed.

EFFECT OF CLIMATE ON CONSUMPTION.

It appears that the medical faculty are beginning to question the opinion which has so long prevailed among medical men, that a change of climate is beneficial to persons suffering from consumption. Sir James Clark, of England,

has assailed the doctrine with considerable force; and a French physician, named Carrière, has written against it; but its most vigorous opponent is Dr. Burgess, of Scotland. He contends that climate has little or nothing to do with the cure of consumption; and that, if it had, the curative effects would be produced through the skin, and not the lungs. That a warm climate is not in itself beneficial, he shows from the fact that the disease exists in all latitudes. In India and Africa, it is as frequent as in Europe and North America. At Malta, in the very heart of the genial Mediterranean, the army-reports of England show that one-third of the deaths among the soldiers are by consumption. At Nice, a favorite resort of English invalids, especially those afflicted with lung-complaints, there are more native-born persons that die of consumption than in any English town of equal population. In Genoa, this disease is almost equally prevalent. In Madeira, no local disease is more common than consumption. The next position of Dr. Burgess is, that, as the beasts, birds, and fishes of one region die in another, a change of climate cannot, unless exceptionably, be beneficial to an invalid. Notwithstanding the greater adaptibility to climate which man preserves, the human constitution, it is plain, cannot endure changes of temperature without being more or less affected by it. The frosts and thaws of England have corroded, during the lapse of ages, the solid stone of which their cathedrals were built. In like manner, a foreign climate gradually undermines the health. Dr. Burgess refers to the shattered constitution of every officer who has served for any length of time in India, and to the well-known fact that children born of white parents in India are delicate as a class. The African cannot endure severe and protracted cold. If such is the effect of changes of climate on persons in health, what must it be, argues Dr. Burgess, on invalids? And he fortifies this theoretical conclusion, by reminding the reader that it is not only the natives who die of consumption in Madeira, but that the grave-yards of that island are whitened by the head-stones of thousands who have gone there for health, and remained to die.

Persons not professional imagine, that the consumptive patient, by breathing a mild atmosphere, withdraws irritation, and leaves nature free to work a cure. But this notion Dr. Burgess characterizes as entirely erroneous. It is through the skin, not through the lungs, he contends,

that a warm climate acts beneficially. When a sudden change in the temperature produces a chill, cutaneous perspiration is checked, the skin becomes dry and hard, and the lungs suffer from excessive action; for they are compelled now to eliminate what should have passed off through the skin. The doctor illustrates this by referring to the instantaneous relief which is generally obtained through free perspiration, where difficult breathing or oppression of the chest has been occasioned by artificial heat. What is best for consumptives, therefore, is an equable climate. It is the fluctuations, not the high temperature, of a climate that is injurious.

An able article on this subject has been published in the "Boston Medical Journal" by Dr. J. W. Burnett, of Boston, in which he attributes the prevalence of consumption in the New-England States to the intemperate, changeable climate, the tendency of which is to produce disease in the pulmonary organs. The only season of the year when the climate is favorable to lung-diseases is during the month of September and the first part of October, when the air is warm, dry, and quiet. It has been customary for northern invalids to return when benefited. In general, all who did so have been re-attacked, and finally carried off, sometimes very suddenly. From statistics and information which Dr. Burnett has been collecting, he has come to the conclusion that consumptive invalids, to be permanently benefited by a change of climate, must go South, and make their home there. The climate of Greenville, S.C., and some parts of Georgia, is exceedingly favorable to those laboring under this disease. In summer, the temperature rarely exceeds 90°, and is free from sudden changes. Dr. Burnett is of the opinion that the United States possess a variety of climate and advantages for this disease far superior to those of Europe. — *Annual Scientific Discovery.*

ON THE ACTION OF OZONE ON MIASMATA.

M. Schonbein's additional researches have still further developed the analogy of this substance to Chlorine, and leave no doubt of the injurious effects it may exert on the respiratory organs when in excess. Mice soon perish

in an atmosphere containing 1–6.000. The quantity which prevails in the atmosphere is very variable, being proportionate to the amount of electricity, and therefore at its maximum in winter, and at its minimum in summer. It is, however, highly probable, that, when existing only in minute quantities, it exerts a purifying effect on the atmosphere, by destroying various deleterious miasmata. There are a great number of inorganic gaseous bodies, which, when diffused in scarcely appreciable quantities, yet render the air irrespirable. An incessant source of miasmata exists in the variety of gaseous compounds which are incessantly liberated by the decomposition of the innumerable masses of organic beings which perish on the surface of our globe. Although the composition of most of these is unknown, it is supposed that their accumulation would render the air unfit for respiration. Nature has, however, provided the means of destroying such deleterious compounds as fast as they are generated; for M. Schonbein regards Ozone, which is so constantly generated under electrical influence, and is so powerful an agent of oxidation, even at ordinary temperature, as specially destined to that end. His experiments prove that air containing 1–6.000 of Ozone can disinfect 540 times its volume of air produced from highly-putrid meat; or that air containing 1–3.240,000 of Ozone can disinfect an equal volume of air so corrupted. Such experiments show how little appreciable by weight miasmata may be, which are yet sensible to the smell; and how small is the proportion of Ozone necessary for the destruction of all the miasmata produced by putrefaction of organic matter, and diffused in the atmosphere. We may admit that the electrical discharges which occur incessantly in different parts of the atmosphere, and determine there the formation of Ozone, purify the air by ridding it of oxidizable miasmata; at the same time that these are destroyed by Ozone, the organic miasmata cause its own disappearance, and prevent a dangerous accumulation of it. The opinion that storms purify the air may not be without foundation, as a large quantity of Ozone is then produced. In the author's experiments, he has always found a large proportion of Ozone in the vicinity of the stormy clouds of Jura; and the air ozonized by phosphorus, by experiment, gives forth a similar smell to that perceived amidst storms in mountainous regions. It is very probable, that, in certain locali-

ties, the balance between the Ozone and the miasmata does not prevail, and disease may be the consequence. As a general rule, however, numerous experiments have shown that the air contains free Ozone, so that no free oxidizable miasmata can there exist. M. Schonbein recommends that the atmosphere should be tested for Ozone in localities and at periods where fevers and other forms of disease prevail, so that the results of accumulated observations may be obtained. —*Arch. des Sciences.*

EDITORIAL.

We owe to subscribers an apology for the repeated delays which have occurred in the appearance of our numbers. Most of the numerous European publications to which we were promised access, do not arrive, through faulty management somewhere, in season to be made available; and being resolved to admit no article into our columns for the mere purpose of "filling up," — that lamentable ultimate expedient of some of our poverty-stricken magazine manufacturers, we are obliged to await the arrival of matter suited to the character which "Continental Homœopathy" ought to sustain through our transcribings. There is, however, much reason to hope that our reputation for punctuality will not be, in future, so often jeopardized.

In connection with this subject, we would avail ourselves of the opportunity to remark, that, with reference to domestic contributions hitherto received, or hereafter to be received, we shall still, as heretofore, reject all such, ourselves being judges, as discredit the cause we advocate. Communications from experienced and well-educated practitioners, who do not court publicity from unworthy motives of self-interest, will be at all times thankfully received, and submitted to most respectful attention. But we have no ambition to be the medium of advertising the name and residence of those who make a trade of medicine, and dishonor our noble science, by adopting the infamous practices of the dollar-worshipping charlatan.

In undertaking the thankless, wearisome task of journalizing, our chief object, as we have previously stated, is to place before our readers well-prepared monographs, originating from acknowledged foreign talent, not easily accessible to the profession, except through translations, — in addition to important, reliable, and strictly practical information, in direct accordance with the

law of "similia;" and we believe this description of literature to be infinitely more valuable than that which is composed of the crude, undigested essays of crazy enthusiasts and blundering neophites. However insignificant may be deemed our humble endeavors actively to forward towards perfection Hahnemann's beautiful system, we shall, at all events, take special pains to discourage whatever, in our poor judgment, tends to deface its fair proportions, and obstruct its development.

AMERICAN PROVERS' UNION. — We have received a circular with the Constitution and By-laws of a new Society lately established under the above title, by which its object is plainly indicated. We hail it with pleasure, and hope sincerely that every physician whose leading principle in practice is *similia similibus* will join it, and promptly contribute his share towards strengthening the very foundations of our practice, the materia medica. In order that something truly great, practically useful, and worthy of the profession, may be achieved, the united energy of our entire force should be concentrated upon one point. This truth seems to be felt by the members of the Society, and they deserve the thanks of all who truly wish the advancement and propagation of Homœopathy for its intrinsic value only. Much or all depends on the ways and means of pursuing the object in view; for many, many difficulties must be met with and removed. Not pretending to give instructions to the Society, we, nevertheless, cannot forbear to make a few remarks in relation to this matter.

We are not wanting in medicinal agents; but we are deficient in the knowledge of their virtues. With the increase of the former, the latter will almost necessarily be diminished. Whoever gives us a new and distinct indication of an old remedy, furnishes more valuable intelligence than he who supplies us with a few symptoms of a dozen unknown plants. We are opposed to artificially prepared remedies; for the more difficult their preparations, the more uncertainty attends them. At present, for pure practical purposes, it would be best to re-prove those already partly proved, those which nature always uniformly furnishes, and which are easily prepared, or such new articles as we have by experience confidently ascertained to be useful, in certain forms of disease, and in which the North American vegetable kingdom is rich indeed. The mere symptoms are not all that is wanted, but the peculiar relation of the remedy to this or that individual peculiarity, to external circumstances and causes (as air and geographical locations), to other remedies, by which the symptoms are increased or diminished, to the organs or functions directly affected, &c., &c.

We believe, moreover, that there ought not to be given a general rule of diet, but that the prover in his report should describe particularly his mode of living.

The experiments should be made also with different preparations of the same thing. For instance, the tincture of the root, herb, flower, or altogether; the doses left to the provers be accurately stated by them, and the symptoms left in their natural connection.

We would extend these remarks to a much greater length; but we have full confidence that the Society knows its zeal, and the road leading to it.

MISCELLANEOUS.

THE cure of M. le Marechal St. Arnaud, minister of war, by Dr. Chargé, of Marseilles, has seriously troubled the allopathic medical press. One journal sounds an alarm after the following fashion: "To arms! to arms!" — as though suddenly surprised by the presence of an enemy, of whose proximity it had not before been warned. Dr. Amédée Latour, in the last number of "L'Union Medicale," writes thus: "My dear brethren, Homœopathy is gaining ground: it has even now, in company with our young and lovely empress, entered the palace of Cæsar! Our medical societies are frequently called upon to expel from their fellowship members who have, until the present year, remained faithful. During the last month, we have been pained by the reception of a letter, tendering resignation, in consequence of conversion to Homœopathy, and written by one who holds high rank as a man of science." "Où allons-nous, où allons-nous?"

We here insert a letter from the Marechal St. Arnaud, which will be read with pleasure by all the friends of Homœopathy. It is addressed to Count Bonneval, the author of a series of very interesting articles on Homœopathy, published in the "Courrier de la Gironde:" —

Paris, 18th May, 1853.

Monsieur Le Comte, — You inquire if it is true that I owe my recovery from a very serious illness to Homœopathy; and I promptly reply to the inquiry, happy in being able thus to show my gratitude, and render homage to truth.

For the space of fifteen years, I had suffered, through the fatigues of war, and the influence of the African climate, from a disease which my recent arduous duties had intolerably aggravated. Although I had been persuaded to believe that my complaints were entirely remediless, I nevertheless was induced, while at Marseilles, to consult Dr. Chargé, a homœopathic practitioner; and, under the care of this skilful physician, my so-called incurable disease rapidly disappeared, and my health was soon and almost miraculously restored.

You express the wish, Monsieur Le Comte, that a Homœopathic Institution may be established here, where the doctrine may be taught and practised under special government patronage. It does not belong to me to agitate the subject publicly at present; but I am strong in the hope, that this truth, so important to all mankind, will soon be universally acknowledged. My sincere and energetic testimony to the merits of Homœopathy will never be wanting. I owe too much to it not to favor every measure calculated to popularize its vast advantages.

Receive, Monsieur le Compte, the assurance of my distinguished consideration.

A. DE ST. ARNAUD.

We cannot refrain from adding to the above, another letter, which we have been permitted to peruse, from the same distinguished personage: —

To M. J. Saint Rieul-Dupuoy.

Monsieur, — It is true that I am indebted to Homœopathy for a complete restoration to health, after my life had been seriously compromised by a distressing disease, the first attacks of which I endured fifteen years since.

This my cure is one of the most marked and incontestable proofs of medicinal efficacy on record. A sense of justice forces me to this acknowledgment.

Already has one of your honorable body, Count Bonneval, inquired of me, as you have done, the truth of the report relative to my illness and cure; and at the same time expressed a desire, that free homœopathic instruction should be sanctioned by government. On this subject, my wishes entirely coincide with yours, and those of Count Bonneval; but, as a minister, I cannot, in this, take the initiative. I do not intend, however, to remain silent and inactive.

The Emperor, having invited to Paris the eminent physician who saved my life at Marseilles, is determined, that, since Homœopathy possesses undeniable advantages, its further developments shall not be paralyzed by any narrow rivalry.

Receive, sir, the assurance of my distinguished consideration.

MARECHAL A. DE ST. ARNAUD.

(Paris Journal of Medicine.)

RAIN-WATER. — It is known that Barral made experiments with rain-water. The general results of the analysis of the rain-water caught at the observatory of Paris gave the following resume: He discovered in it Nitric acid and Ammonia, and found that, in the months wherein the quantity of Nitric acid decreased, Ammoniac was diminished. The former always happened as soon as the weather became stormy. In February, March, April, and June, the quantity of Nitrogen and Nitric acid was less than the quantity of Ammoniac. He found also not a small amount of Chlor. in rain-water. The organic particles distributed, and not dissolved in the rain-water, contained Nitrogen.

This observation is of practical value to the homœopathic pharmaceutist, by whom rain-water is frequently used in distillation.

DISCOVERY OF THE EFFECTS OF CHLOROFORM. — The discovery of chloroform, as an anæsthetic agent, was made by Dr. Simpson, of Edinburgh, and was attended by some very amusing circumstances, as narrated by Professor Miller. Dr. Simpson had long felt convinced that there existed some anæsthetic agent superior to ether, which was then all the rage, and, in October, 1847, got up pleasant little parties, quite in a sociable way, to try the effects of other respirable gases on himself and friends. The ordinary way of experiment was as follows: — Each guest was to be supplied with a teasponful of the fluid to be experimented on, in a tumbler or finger-glass, which was placed in hot water if the substance did not happen to be very volatile. Holding the mouth and nostrils over the open vessel, inhalation was proceeded with slowly and deliberately, all inhaling at the same time, and each noting the effects as they arose. Late on the evening of the 4th of November, 1847, Dr. Simpson, with his two friends, Drs. Keith and Duncan, sat down to quaff the flowing vapor in the dining-room of the learned host. Having inhaled several substances without much effect, it occurred to Dr. Simpson to try a ponderous material which he had formerly set aside on a lumber table as utterly unpromising. It happened to be a small bottle of chloroform, and with each tumbler newly charged the inhalers solemnly pursued their vocation. Immediately an unwonted hilarity seized the party — their eyes sparkled — they became excessively jolly and very loquacious. The conversation flowed so briskly that some ladies and a naval officer who were present were quite charmed. But suddenly there was a talk of sounds being heard like those of a cotton mill, louder and louder, — a moment more a dead silence, and then a crash! On awaking, Dr. Simpson's first perception was mental. "This is far stronger and better than ether," said he to himself. His second was to note that he was prostrate on the floor, and that among his friends about him there was both confusion and alarm. Hearing a noise, he turned round, and saw Dr. Duncan in a most undignified attitude beneath a chair. His jaw had dropped, his eyes were starting, his head bent half under him; quite unconscious, and snoring in a most determined and alarming manner — more noise still to the doctor and much motion, disagreeably so — and then his eyes overtook Dr. Keith's feet and legs making valorous efforts to overturn the supper-table, and annihilate every thing that was on it. By and by Dr. Simpson's head ceased to swim, and he regained his seat; Dr. Duncan, having finished his uncomfortable slumber, resumed his chair; and Dr. Keith, having come to an arrangement with the table, likewise assumed his seat and his placidity: then came a comparing of notes and a chorus of congratulations, for the object had been attained; and this was the way in which the wonderful powers of

chloroform were first discovered and put to the test. It may be added, that the small stock of chloroform having been speedily exhausted, Mr. Hunter, of the firm of Duncan, Flockhart, and Co., was pressed into the service for restoring the supply, and little respite had that gentleman for many months from his chloroformic labors. According to our own experience, chloroform is by no means disagreeable. — *Bentley's Miscellany.*

Opium Smoking. — The following graphic description of opium-smoking, and its effect upon the Chinese and adjacent islands of India, is furnished by an English gentleman at one time connected with the China mission. He says: —

"One of the objects at Singapore that I had the curiosity to visit was the opium-smoker in his harem; and certainly it was a most fearful sight, although perhaps not so degrading to the eye as the drunkard from spirits, lowered to the level of the brute, and wallowing in his filth. The idiot smile and death-like stupor, however, of the opium debauchee, has something far more awful to the gaze than the bestiality of the latter. Pity, if possible, takes the place of other feelings, as we watch the faded cheek and haggard look of the being abandoned to the power of the drug; whilst disgust is uppermost at the sight of the human creature levelled to the beast by intoxication.

"One of the streets in the centre of the town is wholly devoted to the shops for the sale of this poison; and here, in the evening, may be seen, after the labors of the day are over, crowds of Chinese, who seek these places to satisfy their depraved appetites. The rooms where they sit and smoke are surrounded by wooden couches, with places for the head to rest upon, and generally a side room is devoted to gambling. The pipe is a reed of about an inch in diameter, and the aperture in the bowl for the admission of the opium is not larger than a pin's head. The drug is prepared with some kind of conserve, and a very small portion is sufficient to charge it, one or two whiffs being the utmost that can be inhaled from a single pipe, and the smoke is taken into the lungs as from the hookah in India. On a beginner, one or two pipes will have an effect; but an old stager will continue smoking for hours. At the head of each couch is placed a small lamp, as fire must be held to the drug during the process of inhaling; and from the difficulty of filling and properly lighting the pipe, there is generally a person who waits upon the smoker to perform the office.

"A few days of this fearful luxury, when taken to excess, will give a pallid and haggard look to the face; and a few months, or

even weeks, will change the strong and healthy man into little better than an idiot skeleton. The pain they suffer, when deprived of the drug, after long habit, no language can explain; and it is only when, to a certain extent under its influence, their faculties are alive. In the houses devoted to their ruin, these infatuated people may be seen at 9 o'clock in the evening in all the different stages, — some entering, half distracted, to feed the craving appetite they had been obliged to subdue during the day; others laughing and talking wildly under the effects of a first pipe; whilst the couches around are filled with their different occupants, who lie languid, with an idiot smile upon their countenances, too much under the influence of the drug to care for passing events, and fast merging to the wished-for consummation. The last scene in this tragic play is generally a room in the rear of the building, — a species of dead-house, — where lie stretched those who have passed into the state of bliss the opium-smoker madly seeks, — an emblem of the long sleep to which he is blindly hurrying.

Chloroform in Cholera. — The London press mentions a successful application of chloroform upon a man of immense physical power, while under a violent attack of cholera. While in the most violent paroxysms of pain and spasm, the chloroform was administered, and the struggling giant tamed into the quiet of a sleeping infant. The functions being suspended, the horrible symptoms ceased, the medicines became absorbed, and in an hour the man was restored to consciousness, and the disease was conquered.

A Singular Case. — A Miss Read, of West Boylston, took chloroform a few days ago, for the purpose of having a tooth extracted; and, after the operation was performed, she was attacked with severe pain in the head, became unconscious, and apparently died. Her friends, supposing her dead, laid her out for burial, and began to prepare for the funeral ceremonies; but their grief was unexpectedly turned to joy and astonishment on finding that the supposed dead began to revive! She eventually recovered the full possession of her faculties; but what is still most singular in her case, as we are told, she suffers violent pains in the head as regularly as evening approaches; and at length, and about the same hour each night, falls into a swoon very similar to that, which, in the first instance, was supposed to have been the sleep of death. This case certainly presents a most remarkable escape from premature burial. — *Worcester Transcript.*

Dr. B. Hirschel, in his "Retrospective View of Homœopathy, in the year 1852,"— Journal for Homœop. Clinic, vii. No. 1 — remarks that "America, above all, promises, whenever it has got rid of the strong mixture of charlatanry and mysticism, and the orthodox adhesion to the antiquated propositions of Hahnemann, to circulate the blessings of Homœopathy in its fullest extent. There, in its fresh regions, it is living vigorously; and we find homœopathic schools in Pennsylvania and Cleaveland, several colleges of homœopathic physicians, a great number of journals for laymen, and homœopathic practitioners in abundance. In the year 1842 there were only three hundred physicians; now there are between two and three thousand, — and the practice has extended to the most distant islands of the West Indies."

A Boston newspaper mentioned, a few days ago, an important discovery by an eminent physician, of the cause of nightmare, — that it was owing to a newspaper bill. This appears natural; for whoever comes under the power of the press must expect a pressure somewhere. Though we claim no eminence, we yet pretend to a still greater discovery; namely, that the frequent occurrence of heart-complaints is chiefly attributable to the custom of cheating the doctors out of their dues. J. B.

PERIODICALS RECEIVED.

AMERICAN.

The North American Homœopathic Journal, August, 1853.
The Philadelphia Journal of Homœopathy.
The American Journal of Homœopathy.
The American Magazine of Homœopathy, vol. ii. Nos. 8 and 9.

FOREIGN.

British Journal of Homœopathy, July, 1853.
Homœopathic Times, up to August.
Homœopathische Viertel Jahrschrift, vol. iv. Nos. 3 and 4, 1853.
Zeitschrift für Homœopathische Klinik, up to September, 1853.
Allgemeine Homœopathische Zeitung, up to September, 1853.
Präger Monatschrift für theoretische und practische Homœopathy, by Dr. Altschul, April, May, June, 1853.
Zeitschrift für wissenschaftliche Therapia, by Dr. A. Bernhardi, vol. i. No. 2.
Médecine Homœopathique des Familles. Tome ii. Nos. 5 and 6.

QUARTERLY HOMŒOPATHIC JOURNAL.

CHRONIC HEADACHE CURED BY BELLADONNA AND ZINCUM.

BY DR. W. ARNOLD, HEIDELBERG.*

In the beginning of July, 1852, I was asked if I would undertake, through written communications, the treatment of the wife of an officer in the army, who had been afflicted with violent headache from her earliest youth.

Requesting a particular relation of her sufferings, I received from the patient the following account: —

"While a child, I had to be dismissed from school frequently, as a headache made me incapable of learning. In the hope that the evil would disappear at the termination of childhood, nothing was done for me, except the application of cold fomentations when the pain became too violent. In my sixteenth year, menstruation appeared, although feebly and irregularly, — often but once in six weeks. The headache, nevertheless, continued, and grew even more severe, so that I often wished for death. A physician, to whom I then entrusted myself, bled me frequently, repeatedly prescribed some mixtures, and advised frequent bathings; which advice I strictly followed. A short intermission of suffering then occurred; but soon the evil returned more severely than ever, menstruation being still irregular.

"In my eighteenth year, I was seized, in consequence of a severe cold taken while bathing, added to a violent mental emotion, with nervous fever and inflammation of the brain, in a very high degree. I was often bled, four times in one day, in the hands and feet: Leeches were applied to my

* From "Zeitschrift für homœp. Klinik," vol. ii., No. 19, translated for the "Quarterly" by J. B.

forehead by the dozen, and whole bottles of Naphtha poured over my head; which latter I can yet distinctly remember, on account of the extreme pain it produced. These remedies were had recourse to, in order to reduce my strength, as I was afterwards informed; for I was delirious during several days, and had to be forcibly retained in bed. After the recovery from this attack, my former sufferings returned, and continued for one year combined with hoarseness. This last symptom was removed by a physician from Freiburg, who entirely prohibited venesections, and recommended frequent drinking of cold water, with the use of warm baths. He gave me medicine in very small phials, of which I had to take but six drops in a tumbler full of water. My hoarseness entirely disappeared, but the headache remained: it retained, on the whole, its former character; while occasionally, especially a few days before menstruation, it became so very violent that my ideas were confused, and my language incoherent and nonsensical. This painful suffering lasted from ten to fourteen days, when it abated, bringing me relief for a few days. I gave up medication, as it not only proved to be inefficient, but disturbed my stomach to such a degree that I, even at the present day, cannot digest most articles of food.

"The headache is now somewhat different from what it has been. I have now a dull, pressing pain directly over the forehead, which was formerly more of a beating and darting nature, and I have the painful sensation as if my head was in a screw-press; the eyes are inflamed, the forehead red and swollen. I cannot sit up, but am obliged to lie on the bed; and am troubled with the most distressing visions, while I hear every thing that happens around me. I see, for instance, my dear child lying before me with bloody, crushed head; and see my husband brought dead into the room. It requires the greatest exertion to convince myself that these are illusions. The headache, having arrived at its highest point, abates somewhat, and then I usually fall asleep. Notwithstanding these pains, my head is not hot, but to the touch is even cold and dry. The severest pain lasts but a day: the duration of the headache is about two weeks; during which time its severity increases and diminishes, and I am very well contented if it is only supportable. When menstruation, which can hardly be called so, should appear, the headache becomes more

violent and stupefying; afterwards it abates again. A few days before and after menstruation, I have a painful tearing pain and considerable sensation of weakness in the back. I don't look sick, by any means; on the contrary, I have considerable color."

I must add to this relation, that the patient is a large woman of a robust make; that she never lived in a city or in city-style; that she is not sensitive, but the reverse, as she can bear pain uncommonly well.

In consideration of the deficient menstruation, I first gave Pulsatilla, as this remedy was also particularly adapted to the symptoms of the head. I prepared 2 drachms of the third decimal dilution, and ordered 10 drops at a dose twice a day. One month after, I was informed that there was no change in the state of the patient, that the headache appeared with equal severity, that menstruation also was not increased. I then administered Belladonna; as not only the similarity of its symptoms, but also much clinical experience, favored its selection. I ordered, of a mixture of half a drachm of the sixth decimal dilution of Belladonna with one drachm of water, 6 drops to be taken every evening. Five weeks after, I was informed that the headache still occurred as frequently and continued as long, but did not seem to be so violent, though it could not be said that there was yet much improvement in this respect: menstruation, however, had undoubtedly been more natural. I now gave one drachm of the sixth decimal dilution, 5 drops to be taken every evening. After three months I was notified, that the headache had much longer intermissions; that the attacks were not so violent, though occasionally, especially in damp weather, the pain reached its former degree of severity. The menstruation was at the last period decidedly more natural. I administered Belladonna now in the fourth decimal dilution, every other day in the evening, 5 drops; and received the information, thirty days after, that the headache had perceptibly abated in point of severity and frequency of attacks, but that the patient was often seized with an irresistible drowsiness. The cerebral irritation had considerably diminished, as far as Belladonna could effect it. What remained I did not think of being able to remove by the same remedy, and therefore selected Zincum as the remedy adapted to the state; especially as a new

symptom, which had lately troubled the patient, pointed to this remedy; namely, frequent vomitings. She attributed this new symptom to a gastric-catarrhal fever which she had recently suffered from, but which had, however, totally passed off: I considered the cause to be rather a change of the original affection. I chose Zincum sulphur., as I frequently employed this preparation with success. I gave to the patient sixteen doses of Zinc. sulphur., each dose being a grain of the second decimal trituration, one dose to be taken every evening dry on the tongue; with directions to omit medicating, after the last dose, for eight days. Four weeks after, the patient wrote to me that she was much better; the headache appeared but moderately, with some pain in the back, previous, during, and after menstruations; at other times she was free from it. I gave now, once more, sixteen equally strong doses of Zinc. sulphur., every evening one dose. After this, improvement progressed essentially, as I was informed five weeks later. After having used a fourth package of sixteen doses of Zinc. sulphur., the woman felt entirely free from pain. Three months were passed perfectly free from pain, when she wrote to me a letter full of thanks; saying, among other things, "You have totally cured me of great bodily suffering, and, what is still more, have preserved my mind from distraction." On the whole, this cure of such an obstinate affection, which had resisted so many remedies, and by which an otherwise healthy woman was tormented from her earliest childhood in an excessive degree, was performed within eight months, by the use of two remedies.

This case, certainly a sure evidence of the curative power of the given remedies, as the result cannot be attributed to a change of diet or other influences, induces the following reflections. The proximate cause of this affection was evidently a hyperæmia of the cerebral membranes, occurring, or at least very considerably increasing, from time to time. To such a state of periodical congestion to the head Pulsatilla corresponds, as well with reference to the similarity of symptoms as to clinical experience, especially if menstruation is tardy or entirely wanting. Experience, however, here established the fact that Pulsatilla was not the proper remedy for this cerebral affection; and I must confess that this seems not remarkable to me, as the tardy menstruation was not the cause, but the consequence, of the

hyperæmia. The effect of Belladonna proves this distinctly, or the already existing proof gains from it confirmation. While Pulsatilla effected no change, not even produced more profuse menstruation, in which point its effect is generally certain, we observe that after Belladonna was taken there resulted a diminution of the headache, and also less severe congestion to the head, and menstruation became more profuse. Every physician would expect this result, who reflects that the hyperæmia in the head was primary, the tardy menstruation secondary; it is evident, therefore, that the remedy which possesses the power to diminish the hyperæmia in the head must also produce a more regular circulation, and consequently a more regular menstruation. Another question will be raised by this observation, namely: Why was Belladonna, this excellent remedy in hyperæmia in the head, and which in this case had produced such a favorable change, not able to complete the cure? In answering this question, it deserves to be considered that the hyperæmia, which had its seat principally in the cerebral membranes, became habitual by the frequent repetition and long duration, and that it necessarily must produce a change on the nutrition of the brain. I believe it to be possible, that even the habitual cerebral hyperæmia might have been removed by Belladonna, if it had been for a longer time and more frequently repeated. From much experience, however, I have come to the conclusion that Zincum penetrates more rapidly into the organism of the brain, and changes its abnormal activity more durably into normal, as far as agrees with its sphere of action. That the latter is the case, was, independent of the similarity of the symptoms, evident to me from the fact that I had been convinced, from repeated experience, of the value of Zincum in certain cases of cerebral irritation. Other physicians, however, may think as they please of my physiological views; but it is the only explanation I can give of the matter. The most important point, however, is the cure of such a chronic affliction, which had resisted for years various methods of treatment, and among them occasionally the most energetic, as they are usually called. Not less important for us is the proof, though frequently given yet always valuable, of the curative principle of similarity; as a cure by nature, without artificial aid, cannot here be reasonably supposed. One fact is shown by the

above observation, that the best adapted remedy to the patient is the one which has a particular relation to the peculiarity of the disease of the originally-affected organ. It is evident that the study of the genesis of the disease is not only of interest to the pathologist, but also of benefit and practical value to the therapeutist.

DIAGNOSIS AND TREATMENT OF THE DISEASES OF THE LIVER.

BY DR. EMIL RICHTER, PORTSMOUTH, N. H.

Diagnosis. — It is often very difficult, even almost impossible, to give an accurate diagnosis of a disease of the liver. There often occurs disorganization of the liver, of which we had no intimation even after most accurate examination. We find carcinoma of considerable size and number, without any protrusion of the liver below the ribs, without any apparent change in its function, and without any subjective disturbance. We cannot wonder at this, since the hystologia of the liver is not yet completed, its physiologia far from being thoroughly known, the most correct examination not always affording sufficient information, and the functional and subjective symptoms being too often fallacious. An examination by inspection is often of little value; and palpation is valuable only when the liver is protruding below the curvature of the ribs, and then mostly in regard to resistance. An examination by palpation helps to ascertain the condition of the surface at the margin of the liver, when the abdominal integuments are not infiltrated and extended, as is known to be the case in meteorismus and ascites. We are enabled by percussion to ascertain the form, the size, and the position of the liver; but we receive from it no direct indication in regard to consistency. And it must always be remembered, that the size of the liver differs, even in a normal condition. We have no positive evidence in regard to the function of the liver, and especially in regard to the secretion of the bile, as the bile is either brought up by vomiting or evacuated with the fæces, and therefore already decomposed. In

many cases, we have often to rely only upon subjective symptoms; and every physician knows how uncertain those are. Sometimes the liver is diseased, but causes no complaint, often only some fulness in the hepatic region with slight symptoms of catarrhus gastro-duodenalis, while we find after death disorganizations and pseudo-formations of considerable size. Of functional symptoms, icterus is the only one which is of importance, though this exists where no disorganization of the liver and biliary ducts can be found. Besides, it is not a constant symptom in hepatic diseases, and even may be called rare in diseases of the parenchyma of the liver, as in the different forms of hepar adiposum, hepar granulatum, and carcinoma hepatis. It exists in atrophia acuta, and in those diseases of the biliary ducts which hinder the secretion of bile, as stenosis, obstruction, obliteration, especially in obliteration of the ductus choledochus and hepaticus. The stomach almost always becomes diseased, mostly by the impeded circulation; and its symptoms, therefore, are not characteristic. Changes in the sanguification are sometimes noticed, mostly in protracted forms of disorganization. But we notice likewise the same in different diseased forms of other organs. An important symptom, in diseases of the liver, is the interrupted or impeded circulation in the vena portæ. But we find this symptom only in certain changes of the parenchyma of the liver; and it is often very difficult to ascertain if this symptom is caused by an obstruction or obliteration, or by a pressure upon the vena portæ, produced by tubercules or cancer of the peritonæum, or by peritonitis chronica, or by diseases of the parenchyma of the liver. The best and surest help to the diagnosis are those changes in the volume, form, consistency, and position of the liver, which we ascertain by percussion and palpation. Those changes, connected mostly with certain alterations of texture, enable us to give, in consideration of the cause and of the condition of the other organs, a special diagnosis of the disease of the liver.

We ascertain the size of the liver by palpation in connection with percussion. If the liver protrudes beyond the ribs, the form and position of the margin of the liver helps us to ascertain if a tumor in the abdomen is seated in the liver or not. But we must be careful not to consider a thickened or obliterated part of the omentum as the margin

of the liver. If the abdominal integuments prevent an examination of the margin of the liver, we are able to ascertain its position by percussion, which in the normal condition yields a flat sound from the linea alba along and below the curvature of the ribs and over the whole right hypochondrium. If the liver is protruding below the ribs, we are at liberty to suspect only an enlargement of the liver, when we have become convinced by percussion that there exists no disease of the lungs, of the pleuræ, the pericardium, of the heart and its valves, or of the larger vessels, and no disease in the mediostinum by which the liver could be pressed down. The size of the liver's left lobe cannot be ascertained, if an exudation exists in the pericardium, or if the heart is enlarged. If the stomach is filled with fluid or solid food, or the transverse colon with fæces, or if there are tumors in the abdominal organs with thick or fluid-like contents, it is almost impossible, at least very difficult, to point out the lower limit of the liver. We must remember, when we have ascertained an enlargement of the liver, that not every enlargement of this organ is the result of disorganization. Then a prolongation of the lobulus rectus, protruding considerably into the cavity of the abdomen, is not uncommon, mostly in women, and often an innate formation.

The liver is enlarged by hyperæmia, as it is caused by disorganization of the heart and its valves; by hypertrophia simplex; by the different forms of hepar adiposum, or by infiltration; by pseudo-formations; by carcinoma; by such kind of disorganizations as echinococcus, or, in obstruction of the bile, by an over-filling of the ductus biliferi.

It is much more difficult to ascertain a diminution of the liver. It is uncertain, as the liver is often pressed into the cavity of the diaphragm by meteorismus, so that the full and clear sound of the lungs changes immediately and without interruption into the full tympanitic sound of the intestines; or some parts of the intestines, filled with gas, protrude before and above the liver; or air, extravasated in the cavity of the abdomen, may be collected before the liver and press this organ backward. In those cases, the liver has the appearance of being smaller, without being so in reality.

The volume of the liver is diminished by anæmia of the liver, by atrophia simplex, by atrophia flava acuta, and by atrophia rubra, as stated by Rokytansky.

Some assistance may be obtained by attention to the different state of the diameter of the liver. An examination of the margin of the liver is of much importance. It is attenuated in hepar granulatum, from which condition it changes in protracted forms often to a mere membrane. We notice a sharp margin of the liver in carcinoma, when such disorganization does not extend so far. When the capsule of the liver is shrunken, the margin appears wrinkled. We notice a smooth and even surface in hyperæmia, and in the different forms of infiltration. The surface is rendered uneven by hepar granulatum, by tumors, ulcers, acephalocystis, and by an extended gall-bladder. The consistency of the liver is likewise often changed, and increased in hepar granulatum often to such an extent that it has been taken for obturation. The consistency is changed only in some places, in certain pseudo-formations, and then often manifests a certain degree of fluctuation or elasticity.

Therapia. — General rules must guide us when we are unable to give a distinct diagnosis. I have found it important to begin the treatment with repeated doses of Aconite, as many diseases of the liver are accompanied by high fever. I have alternated Aconite with Bellad. only when the cramp-like, contractive, and constrictive pains in the abdomen and around the region of the liver were accompanied by vomiting, or severe headache; or with Hyosc. when the cramps in the abdomen extend mostly to the stomach, appear in periods, and are so severe that the patient is convulsed. The pains are often mitigated by a poultice or lukewarm bath.

Bryon. — Sharp, shooting pains in the abdomen; difficult and short respiration, mostly impeded by stitches in the chest and in the sides, — mostly in the region of the liver, — aggravated by movement, breathing, or coughing; chills, constipation, catarrhus gastro-duodenalis. Icterus.

Arsenic., Nux vom., Aconit., Bellad., Ipecac., Carbo veget., Pulsat., Bryon., Phosph., are to be administered when an inflammation of the mucous membrane of the stomach or intestines is connected with the disease of the liver.

Nux vomica. Nausea, vomiting, constipation, painful sensibility of the hepatic region to the slightest touch; pressure and distension of the abdomen.

Arsenic. Extreme weakness, exhaustion; violent vomiting, vomiting of a greenish or brownish matter; evacuations

of the same color. Anxious, wheezing respiration; dry cough (Bellad., Bryon).

Mercur. solub. Icterus, abdomen hard and inflated, violent colic; stinging, burning pains in the hepatic region; violent colic, as if caused by knives; diarrhœa.

Arsenic, China, Sulphur, Iod., Brom., in protracted diseases of the liver. Nux vomica, Pulsatilla, in connection with those remedies, when the mucous membrane of the stomach and the intestines is diseased.

China. Hardness and swelling in the hepatic region, swelling of the liver (Aconit., Bellad., Merc.). Flatulency, diarrhœa; syncope, great prostration; fulness in the abdomen; icterus.

Congestion of blood to the head is ameliorated by application of cold water to the forehead; injections; Bellad., Rhus., Aconit.

Acid. sulph., Acid. phosph., Phosph., China, Arsen., in affections of the blood.

Diseases of protracted nature require a strictly-regulated diet and exercise. Enlargement of the liver: vegetables, acid fruits, Bryon., Iod., Kali carbonic., Natrum.

An excellent remedy in protracted forms of diseases of the liver is acidum nitro-muriaticum (NO_5 2 parts, HCl 3 parts), in addition to a full bath or a foot-bath. It is likewise of much use in icterus, in addition to a full lukewarm bath.

Icterus. — Simple diet, lukewarm bath; ablutions with soap and water, or vinegar and water; acid sweet fruits.

Prurigo. — Ablutions with soap-water or Kali, Mezer.

Soap internally, in diseases of the bile, has often been recommended, but without effect.

Bathing and ablutions with Aqua chlorata has been used sometimes with success, in chronic disorganizations of the liver.

Hydrops. — Digitalis, Bryon., Cantharid., Bellad., Iod.

Gastritis Chronica. — Veratr. Nux, Pulsat.

FERRUM JODATUM.*

Ferrum jodatum. — Thomson, in his provings of Ferrum jodatum on himself, obtained the following symptoms. When taken in doses of three grains, it stimulates the appetite; excites the entire tractus intestinorum, and increases alvine evacuations; it gives a blackish color to the excrements, and diminishes odor. When it does not act upon the alvine evacuation, it excites the action of the kidneys and increases the secretion, where it can be traced by chemical agencies; it raises the temperature of the skin, and augments transpiration. Thomson felt, soon after the doses of ten grains, unpleasant sensations in the epigastrium, nausea for some length of time, and slight headache; which symptoms were lessened after a copious evacuation. In two hours, the secretion of the urine was considerably increased. The result of those provings was confirmed by those of Cogswell, which he made on animals, as watery evacuations; frequent and copious secretion of urine; vomiting. A predominant disease of the bowels, the lungs but slightly deviating from the normal condition. Ricord says, Ferrum jodatum, in small doses, induces an appetite and constipates; in large doses, it lessens the appetite, produces diarrhœa, vomiting, and after a short time inflammation of the intestines. It produces a peculiar pustulous eruption upon the skin, mostly in the face, and particularly upon the nose and forehead. This eruption is of an acute character, and is frequently connected with fever and a disordered state of the tractus intestinorum. In other cases he noticed the appearance of erythema, or erysipelas, or eczema.

As well as the tractus intestinorum, Ferrum jodatum affects the respiratory organs, even if there exists no symptom which manifests a diseased state of the lungs. But there must be disease here, as there is a distinct connection between the alimentary and respiratory organs. The formation and the deposition of tubercles in the lungs cannot be effected without injury to the whole system. A

* From the Prager Monatschrift, vol. i., No. 5, by Dr. Emil Richter, Portsmouth, N. H.

catarrh of the intestines is often, in tuberculosis, the only, or at least the most predominant symptom. The removing of this catarrhal state of the intestines has, as we know, often the best effect upon the diseased state of the lungs.

The following case may prove it.

L. B., a woman forty-eight years old, of a tall and slender habit, had in former years suffered two or three times from pneumonia, in the treatment of which disease she was freely bled, and to which may be clearly traced the cause of the present state of tuberculosis. She has been often subject to nose-bleeding, hæmoptoë, diarrhœa, and similar catarrhal affections. She has had several children. Menstruation ceased during her thirty-second year. The thorax exhibited the usual form in tuberculosis; the regio subclavicularis drawn in: the patient is feeble and emaciated, and complains often of chills in the evening, with subsequent heat and frequent night-sweats. The cough, having been from the beginning dry, is now loose, and the patient raises a greenish, purulent matter, in which small granulations are perceptible. She, however, feels relieved after the expectoration of this matter. Much oppression in the middle of the chest obliges the patient to rest mostly upon the back. The percussion was on both sides tympanitic; therefore there was no condensation of the parenchyma, but rather a serous infiltration, yet, however, aërous. The stethoscope showed a consonant rale and bronchial respiration below both clavicles. We ordered Ferrum jodatum, prepared by equal parts of Limatura martis and pure Iodine, and the double measure of distilled water, and triturated so that each grain contained $\frac{1}{20}$ gr. of Ferrum jodatum (prepared = 5 : 100). The patient had to take from this trituration, daily, 3 to 4 grs. After a lapse of six weeks, the copious expectoration was lessened without producing an oppression of the chest; and, instead of the former purulent matter, the patient raised only mucus. The cough became less frequent, the fever disappeared, the appetite increased, the alvine evacuations more regular but darker. The patient appeared easier, more cheerful and strong.

Though Ferrum jodatum had apparently mitigated the symptoms in this case, we do not indulge the belief that it is able to effect an entire reformation of the tuberculous matter. However, there would be much gained, if it could

only facilitate the absorption of the tubercules, and change the condition to the formation of new tuberculous matter.

The effect of Ferrum jodatum is, like all other remedies used, in conformity to the law of "Homoion." It removes, indirectly, only those symptoms which it produces. This is in agreement with the experience of Thomson, when he says that it will heal syphilitic eruptions, as, according to Ricord, it is able to produce pustulous eruptions on the face, nose, and forehead.

We recommend Ferrum jodatum to the candid examination of other provers.

RESULTS OF CHEMICAL INVESTIGATION, FAVORING THE DOCTRINE OF INFINITESIMAL MEDICINAL DOSES.

The doctrine of effective imponderable medicinal doses is not unfrequently, by men of science even, included within the limits of a dark mysticism, so long as their matter is not recognizable by the hydrostatic scale, or has not passed the ordeal of chemical reagents.

The following experiments irrefutably prove that the invisible curative power may, like the primitive force in the universe, manifest itself in the smallest drop of vegetable liquid, as well as in the particles of metallic atoms, though our organs of sense cannot establish their existence.

There were two experiments made: the first, by myself and chemist Belohlawek; the second, by apothecary C. Führer and myself.

First experiment (Oct 12, 1853). — Two loth* of pure Quicksilver were boiled over a spirit-lamp, with eight loth of distilled water, in an open phial, with free admission of atmospheric air. The liquid was then poured out, and allowed to remain for an hour. Reagents were then tried for Sulphate of ammonium. Not a trace of dimness could be perceived. To the decanted liquid were then added a few drops of Aqua hydrosulphurata. The reagent showed not a trace of a reaction.

* One loth, about half an ounce.

Second experiment. — One ounce of pure Quicksilver was boiled for an hour with ten ounces of distilled water, then decanted, and, with the addition of ten drops of pure Nitric acid, evaporated to an ounce, and afterwards tested with the above-mentioned reagents. The result was the same as above given, that is, purely negative; not a trace of Quicksilver being detected in the liquid. We made also the test with Chloretum stanni (Chloret of zinc) and Iodetum kalicum (Iodide of potass.). We obtained, as with the above-mentioned reagents, no trace of Quicksilver, though, on weighing the liquid after boiling, there was a loss of eight grains, probably caused by the evaporation of Quicksilver with water.

These observations correspond perfectly with those of Paton, Fawrot (Journ. Chem. Medic., vol. xiv., p. 306), and Girardin, who could not find a trace of Mercury in their Quicksilver decoction evaporated with Nitric acid; though Wiggers (Journ. f. pr. Chem., vol. xv., p. 123) stated that Quicksilver was somewhat soluble in boiling water. It was observed in one case, where two ounces of Quicksilver in twenty ounces of water were boiled down to two ounces, though the decanted liquid showed no reaction with Hydrothion and Zincum muriat., yet, after its evaporation with ten drops of Nitric acid, the residuum became slightly brownish with Hydrothion. So Anthon found that the water, boiled for fifteen hours with Quicksilver, silvered gold-leaf after being decanted, and after evaporation with Nitric acid, gave reactions as well with Hydrothion as with Zinc. muriat.: which can, however, only be explained by the fact that the Quicksilver of Wiggers, as well as of Anthon, might not have been perfectly chemical-pure, but combined with other metals; as, in our experiments with absolute chemical Quicksilver, no reaction whatever could be gained; — and it would be really desirable, as Gmelin justly observes, that chemical experiments be made with larger quantities of the filtered decoction of Quicksilver, in order to ascertain in varying observations the true state of the case.

Though chemistry cannot demonstrate the slightest trace of Quicksilver in the decoction, Quicksilver-water, nevertheless, manifests excellent anthelmintic action in children afflicted with worms. The former physicians recommended a decoction, or even simply an infusion of Quicksilver, for

hours digested with water, under continued succussion, as a powerful remedy against worms. Baldinger gave to children, with the best success against ascarides lumbricoides, a Quicksilver decoction, of from three to four ounces of Quicksilver with two quarts of water, decanted and strained, in several portions.

The Bohemian and Moravian peasants sometimes apply to the apothecaries for a Decoctum Hydrargyri, under the name of "worm-water," prepared in the above manner from chemical-pure Quicksilver, and use it successfully against lumbrici. Such a preparation of Decoctum Hydrargyri, kept ready in the apothecary's shop for dispensation, had been tested by my deceased friend, apothecary Schicht, with the aforesaid chemical reagents, and not the least trace of Quicksilver could be detected.

However, it is established beyond doubt, that we cannot imagine power without matter; and in the Quicksilver-water, having perceptible anthelmintic action, there must be some minute Quicksilver particles distributed, which the most subtile chemical reagent cannot discover, which are yet able to produce, in their inconceivable atomic minuteness, astounding effects upon the living organism, as the most sensitive reagent of nature; that it does not always require *obvious* medicinal doses to accomplish a desired end; that, in many cases, also infinitely small medicinal doses, so apt to be regarded as null by merely calculating minds, are able to produce unexpected curative effects.

An excellent confirmation of this view we find in the late scientific journals of Paris, wherein a memorial of Dr. Burg is under discussion, in which it is asserted that cholera-patients can be cured by putting, on their arms and legs, rings of copper and steel. The discovery is seriously considered by the French Academy; especially as it has been shown that, in the years 1832 and 1849, the workmen in copper and steel were free from cholera: which fact can only be explained by the circumstance, that the workmen in copper are frequently in an atmosphere impregnated with the finest atoms of copper, evidently sufficient for protection against cholera; or we must, on the other hand, attribute the miraculous effect of the metal rings, only to magnetic, electric, or galvanic influences.

Although it is rendered clear beyond doubt, that in many diseases infinitely small medicinal doses can accomplish

most perfect cures, we are, nevertheless, not disposed to favor, unconditionally, the infinitely small doses; but rather believe that, in a considerable number of pathological states, the *lower dilutions* are required to effect beneficial results. The doctrine of homœopathic doses is still open to discussion; its favorers are still on polemic ground: yet are its party-champions in the field of scientific reform, — particularly since every party contains worthy elements, — men who understand how to defend their dogmas with the weapons of science and experience. An immutable normality and definite regulation for homœopatic medicinal doses is reserved for future generations to establish.

WHY SHAVE? *

THERE are misguided men, and I am one of them, who defile daily their own beards, — rasp them away as fast as they peep out from beneath the skin, mix them ignominiously with soap-suds, and cause them to be cast away with the offscourings of the house. We are at great pains and trouble to do this; and we do it unwillingly, knowing that we deprive our faces of an ornament, and more or less suspecting that we take away from ourselves something given us by nature for our use and our advantage, as indeed we do. Nevertheless, we treat our beards as so much dirt that has to be removed daily from our persons, for no other reason than because it is the custom of the country, or because we wish, or (according to the French philosopher) because we strive to make ourselves prettier by assimilating our appearance to that of woman.

I am no friend to gentlemen who wilfully affect external oddity, while they are within all dull and commonplace. I am not disposed, by carrying a beard myself, to beard public opinion. But opinions may change: we were not always a nation of shavers. The day may again come, when "'Twill be merry in hall, when beards wag all," and Britons shall no more be slaves to razors.

I have never read of savages who shaved themselves

* From Dickens's Honsehold Words.

with flints; nor have I been able to discover who first introduced among civilized men the tonsure of the chin. The shaven polls and faces of ecclesiastics date from the time of Pope Anacletus; who introduced the custom upon the same liberal authority of Scripture, that still causes women to wear bonnets in our churches that they may not pray uncovered. Saint Paul, in the same chapter, further asks the Corinthians, "Doth not even nature itself teach you, that if a man have long hair it is a shame unto him?" Pope Anacletus determined, therefore, to remove all shame from churchmen, by ordering them to go shaven altogether. The shaving of the beard by laymen was, however, a practice much more ancient. The Greeks taught shaving to the Romans, and Pliny records that the first Greek barbers were taken from Sicily to Rome, by Publius Ticinius, in the four hundred and fifty-fourth year after building the city. The Greeks, however (certainly it was so in the time of Alexander), seem to have been more disposed to use their barbers for pruning and trimming than for the absolute removal of the beard, and of that ornament upon the upper lip which they denominated the *mystax*, and which we call, using the same name which they gave to it, slightly corrupted, moustache. In the best days of Greece, few but the philosophers wore unpruned beards. A large flowing beard and a large flowing mantle were, in those times, as naturally and essentially a part of the business of a philosopher, as a sign-board is part, in these days, of the business of a publican. So there is a small joke recorded of an emperor, who, having been long teased by an importunate talker, asked him who or what he was. The man replied, in pique, "Do you not see, by my beard and mantle, that I am a philosopher?" "I see the beard and mantle," said the emperor; "but the philosopher, where is he?"

The idea that there existed a connection between a man's vigor of mind and body, and the vigor of growth in his beard, was confirmed by the fact that Socrates, the wisest of the Greek philosophers, earned pre-eminently the title of the bearded. Among races of men capable of growing rich crops on the chin, the beard has always been regarded, more or less, as a type of power. Some races, as the Mongolians, do not get more than twenty or thirty thick coarse hairs; and are as likely then to pluck

them out, after the fashion of some northern tribes, as to esteem them in an exaggerated way, as has sometimes been the case in China. In the world's history, the bearded races have at all times been the most important actors; and there is no part of the body which, on the whole, they have shown more readiness to honor. Among many nations, and through many centuries, development of beard has been thought indicative of the development of strength, both bodily and mental. In strict accordance with that feeling, the strength of Samson was made to rest in his hair. The beard became naturally honored, inasmuch as it is a characteristic feature of the chief of the two sexes (I speak as an ancient), of man, and of man only in the best years of his life, when he is capable of putting forth his independent energies. As years multiply and judgment ripens, the beard grows, and with it grows, or ought to grow, every man's title to respect. Gray beards became thus so closely connected with the idea of mature discretion, that they were taken often as its sign or cause; and thus it was fabled of the wise king Numa, that he was gray-haired even in his youth.

To revert to the subject of shaving, Tacitus says that in his time the Germans cut their beards. In our times, among that people, the growth of a beard, or at least of a good *mystax* or moustache, had come, by the year eighteen hundred and forty-eight, to be regarded so much as a mark of aristocracy, that, after the revolutions of that year, the Germans took to the obliteration of the vain mark of distinction, by growing hair on their own chins and upper lips. Hairs have been thus made significant in a new way. There are now such things to be seen, on the Continent, as revolutionary beards; and not long ago, in a small German State, a barrister was denied a hearing, because he stood up in his place in the law-court, wearing a beard of the revolutionary cut. Not only custom, but, even to this day, law, regulates the cultivation of the hair on many of our faces. There is scarcely an army in Europe which is not subject to some regulations that affect the beard and whiskers. In England, the chin, and, except in some regiments, the upper lip, have to be shaved; elsewhere, the beard is to be cultivated and the whiskers shaven. Such matters may have their significance. The most significant of whiskers are, however, those worn by the Jews in the

East, and especially in Africa; who, in accordance with a traditional superstition, keep them at a uniform level of about half an inch in length, and cut them into cabalistic characters curiously scattered about over the face.

As there are some communities especially bestowing care and honor on the beard, and others more devoted to the whiskers, so there are nations, as the Hungarian, in which the honor of the moustache is particularly cherished. The moustaches of General Haynau were about half a yard long. A Hungarian dragoon, who aspired to eminence in that way, and had nursed a pair of moustaches for two years, until they were only second to Haynau's, fell asleep one day, after dinner, with a cigar in his mouth. He awoke with one of his fine nose-tails so terribly burnt at the roots, that he was obliged afterwards to resort to an art used by many of his companions, and to fortify the weak moustache by twisting into its substance artificial hair.

Such freaks and absurdities are, of course, inconsistent with the mature dignity of bearded men. Let us have a whisker, beard, and moustache, reverently worn, and trimmed discreetly and with decency. I ask not for the cabalistic whisker, the Hungarian moustache, or a beard like that worn by the Venetian magnate, of whom Sismondi relates, that, if he did not lift it up, he would trip over it in walking. Still worse was the beard of the carpenter, depicted in the prince's court at Eidam; who, because it was nine feet long, was obliged, when at work, to sling it about him in a bag. A beard like either of these is, however, very much of a phenomenon in nature. The hair of a man's head is finer, generally, than that on the head of woman, and, if left uncut, would not grow to nearly the same length. A woman's back hair is an appurtenance entirely and naturally feminine. In the same way the development of the hair upon the face of men, if left unchecked, although it would differ much in different climates and in different individuals, would very rarely go on to an extravagant extent. Shaving compels the hair to grow at an undue rate. It has been calculated that a man mows off, in the course of a year, about six inches and a half of beard; so that a man of eighty would have chopped up, in the course of his life, a twenty-seven-foot beard, twenty feet more, perhaps, than would have sprouted had he left nature alone, and contented himself with so much

occasional trimming as would be required by the just laws of cleanliness and decency.

It has been erroneously asserted, that a growth of beard would cover up the face, hide the expression of the features, and give a deceitful mark of uniform sedateness to the entire population. As for the last assertion, it is the direct reverse of what is true. Sir Charles Bell, in his Essay on Expression, properly observes that no one, who has been present at an assembly of bearded men, can have failed to remark the greater variety and force of the expression they are able to convey. What can be more portentous, for example, than to see the brow cloud, and the eyes flash, and the nostrils dilate, over a beard curling visibly with anger? How ill does a smooth chin support, at any time, the character assumed by the remainder of the face, except it be a character of sanctimonious oiliness that does not belong honestly to man, or such a pretty chin as makes the charm that should belong only to a woman or a child!

Therefore I ask, Why do we shave our beards? Why are we a bare-chinned people? That the hair upon the face of a man was given to him for sufficient reasons, it will take but little time to show. It has various uses, physiological and mechanical. To take a physiological use first, we may point out the fact that the formation of hair is one method of extruding carbon from the system, and that the external hairs aid, after their own way, in the work that is to be done by the internal lungs. Their use in this respect is not lessened by shaving: on the contrary, the elimination of carbon through the hairs of the face is made to go on with unnatural activity, because the natural effort to cover the chin with hair is increased in the vain struggle to remove the state of artificial baldness, as a hen goes on laying if her eggs be taken from her; and the production of hair on the chin is at least quadrupled by the use of the razor. The natural balance is in this way destroyed. Whether the harm so done is great, I cannot tell; I do not know that it is: but the strict balance which a man keeps between the production of hair and the action of the lungs is too constant and rigid to be altogether insignificant. We have all had too much opportunity for noticing how, in people whose lungs are constitutionally weak, as in people with consumptive tendencies, the growth of the hair is excessive even to the eye-lashes. A skin covered with

downy hair is one of the marks of a scrofulous child; and who has not been saddened by the charm of the long eye-lashes over the lustrous eye of the consumptive girl?

The very anomalies of growth show that the hair must fulfil more than a trifling purpose in the system. There has been an account published in the present century, by Ruggieri, of a woman twenty-seven years of age, who was covered from the shoulders to the knees with black woolly hair, like that of a poodle-dog. Very recently, a French physician has related the case of a young lady, over whose skin, after a fever, hair grew so rapidly, that, at the end of a month, she was covered with a hairy coat an inch long, over every part of her body, except the face, the palms of the hands, and the soles of the feet.

There are other less curious accounts of women who are obliged to shave, regularly, once or twice a week; and it may be asked, "Why are not all women compelled to shave? If beard and whiskers serve a purpose, why are they denied to women?" That is a question certainly not difficult to answer. For the same reason that the rose is painted and the violet perfumed, there are assigned by nature to the woman attributes of grace heightened by physical weakness, and to the man attributes of dignity and strength. A thousand delicate emotions were to play about a woman's mouth, expressions that would not look beautiful in man. We all know that there is nothing more ridiculous to look at than a ladies' man, who assumes femininity to please his huge body of sisters, and wins their confidence by making himself quite one of their own set. The character of woman's beauty would be marred by hair upon the face; moreover, what rest would there ever be for an infant on the mother's bosom, tickled perpetually with a mother's beard? Not being framed for active bodily toil, the woman has not the man's capacious lungs, and may need also less growth of hair. But the growth of hair in woman is really not much less than in the other sex. The hair upon a woman's head is, as a general rule, coarser, longer, and the whole mass is naturally heavier, than the hair upon the head of a man. Here, by the way, I should like to hint a question, whether, since what is gained in one place seems to be lost in another, the increased growth at the chin, produced by constant shaving, may not help to account for some part of the weakness of

hair upon the crown, and of the tendency to premature baldness, which is so common in English civilized society.

The hair upon the scalp, so far as concerns its mechanical use, is no doubt the most important of the hair-crops grown upon the human body. It preserves the brain from all extremes of temperature, retains the warmth of the body, and transmits very slowly any impression from without. The character of the hair depends very much upon the degree of protection needed by its possessor. The same hair, whether of head or beard, that is in Europe straight, smooth, and soft, becomes, after a little travel in the warm climates, crisp and curly, and will become smooth again after a return to cooler latitudes. By a natural action of the sun's light and heat upon the hair, that curliness is produced; and it is produced in proportion as it is required, until, as in the case of negroes, in the tropical suns of Africa, each hair becomes so intimately curled up with its neighbor as to produce what we call a woolly head. All hair is wool, or rather all wool is hair; and that the hair of the negro differs so much in appearance from that of the European is only because it is so much more curled, and the distinct hairs are so much more intimately intertwined. The more hair curls, the more thoroughly does it form a web in which a stratum of air lies entangled, to maintain an even temperature on the surface of the brain. For that reason it is made a law of nature, that the hair should be caused to curl most in the hottest climates.

A protection of considerable importance is provided in the same way, by the hair of the face, in a large and important knot of nerves that lie under the skin near the angle of the lower jaw, somewhere about the point of junction between the whiskers and the beard. Man is born to work out of doors, and in all weathers, for his bread: woman was created for duties of another kind, which do not involve constant exposure to the sun, wind, and rain. Therefore man only goes abroad whiskered and bearded, with his face muffled by nature in a way that shields every sensitive part alike from wind, rain, heat, or frost, with a perfection that could be equalled by no muffler of his own devising. The whiskerless seldom can bear long exposure to a sharp wind that strikes on the bare cheek. The numbness then occasioned by a temporary palsy of the nerves has, in many

cases, become permanent; I will say nothing of aches and pains that sometimes affect the face or teeth. For man who goes out to his labor in the morning, no better summer shield or winter covering against the sun or storm can be provided, than the hair which grows over those parts of the face which need protection, and descends as beard, in front of the neck and chest; a defence infinitely more useful, as well as more becoming, than a cravat about the neck or a prepared bear-skin over the pit of the stomach. One of the finest living prose-writers in our language suffered for many years from sore throat, which was incurable, until, following the advice of an Italian surgeon, he allowed his beard to grow; and Mr. Chadwick has pointed out the fact, that the sappers and miners of the French army, who are all men with fine beards, are almost entirely free from affections of the lungs and air-passages.

Mr. Chadwick regards the subject entirely from a sanitary point of view. He brought it under the discussion of the medical section engaged on sanitary inquiries at the York meeting of the British Association, and obtained, among other support, the concurrence of Dr. W. P. Alison, of Edinburgh. We name that physician, because he has since persuaded the journeyman masons of his own city to wear their beards, as a preventive against consumption that prevailed among them.

For that is another use of the beard and moustache. They protect the opening of the mouth, and filter the air for a man working in dust or smoke of any kind; they also act as a respirator, and prevent the inhalation into the lungs, of air that is too frosty. Mr. Chadwick, years ago, was led to the discussion of this subject, by observing how, in the case of some blacksmiths who wore beards and moustaches, the hair about the mouth was discolored by the iron dust that had been caught on its way into the mouth and lungs. The same observer has also pointed out and applied to his argument the fact that travellers wait, if necessary, until their moustaches are grown, before they brave the sandy air of deserts. He conceives, therefore, that the absence of moustache and beard must involve a serious loss to laborers in dusty trades — such as millers and masons, to men employed in grinding steel and iron, and to travellers in our dusty roads. Men who retain the hair

about the mouth are also, he says, much less liable to decay or achings of the teeth.

To this list we would add also, that, apart from the incessant dust flying in town streets and inseparable from town life, there is the smoke to be considered. Both smoke and dust do go into the lungs, and only in a small degree it is possible for them to be decomposed and removed by the processes of life. The air-passages of a Manchester man or of a resident of the city of London, if opened after death, are found to be more or less colored by the dirt that has been breathed. Perhaps it does not matter much; but surely we had better not make dust-holes or chimney-funnels of our lungs. Beyond a certain point, this introduction of mechanical impurity into the delicate air-passages does cause a morbid irritation, marked disease, and premature death. We had better keep our lungs clean altogether; and for that reason men working in cities would find it always worth while to retain the air-filter supplied to them by nature for the purpose, — the moustache and beard around the mouth.

Surely enough has been here said to make it evident, that the Englishman, who, at the end of his days, has spent an entire year of his life in scraping his beard, has worried himself to no purpose, has submitted to a painful, vexatious, and not merely useless but actually unwholesome custom. He has disfigured himself systematically throughout life, accepted his share of unnecessary tic-douloureaux and toothache, coughs and colds, — has swallowed dust, and inhaled smoke and fog, — out of complaisance to the social prejudice which happens just now to prevail. We all abominate the razor while we use it, and would gladly lay it down. Now, if we see clearly — and I think the fact is very clear — that the use of it is a great blunder, and if we are no longer such a slovenly people as to be afraid that, if we kept our beards, we should not wash, or comb, or trim them in a decent way, why can we not put aside our morning plague, and irritate our skin no more as we do now?

I recommend nobody to grow a beard in such a way as to isolate himself in appearance from his neighbors. Moreover, I do not at all desire to bring about such a revolution as would make shaven chins as singular as bearded ones are now. What I should much prefer would be the old Roman custom, which preserved the first beard on a young

man's face until it became comely, and then left it entirely a matter of choice with him whether he would remain bearded or not. Though it would be wise in an adult man to leave off shaving, he must not expect, after ten or twelve years of scraping at the chin, when he has stimulated each hair into undue coarseness and an undue rapidity of growth, that he can ever realize upon his own person the beauty of a virgin beard. If we could introduce now a reform, we that have been inured to shaving may develop very good black beards, most serviceable for all working purposes, and a great improvement on bald chins; but the true beauty of the beard remains to be developed, in the next generation, on the faces of those who may be induced from the beginning to abjure the use of razors.

ON COFFEE AND TEA.

BY PROF. H. ERNI, BOSTON.

It is a remarkable fact, that wherever the human race exists, in whatever clime or condition, whether in the highest state of mental cultivation or the first dawnings of civilization, the custom prevails of producing, by different means and ways, an artificially excited state of mind, which, in its extreme and most pernicious form, we call drunkenness.

The Mexican enjoys his Maguey-wine, or Pulque; the inhabitant of Chili, his Palm-wine; the Tartar, his Cumiss; the inhabitant of the Orinoco and Amazon, his beverage from chewed Maïs.

All these drinks are intoxicating, and resemble those in general use with us, inasmuch as the active principle is alcohol, always the product of decomposition of sugar (fermentation), either direct or indirect, starch having been previously converted into sugar (manufacture of beer, whiskey).

The greatest luxury for the Peruvian mule-driver is Coca, the leaves of an American shrub (Erythroxylon Coca), the active principles of which bring on a stupid, dreamy con-

dition for days. H. Wackenroder found in Coca-leaves tannin, aromatic oil, gum, resins.

The use of intoxicating drinks made out of red Agaric (Agaricus muscarius?) in the north of Siberia, and of a species of pepper (Piper mestysticum) in the South-Sea islands; the smoking of opium in the south of Asia, or of an extract of hemp in Africa; are in reality nothing else than a narcotic poisoning, which, when frequently repeated, results in complete physical ruin.

Our intention is, however, to consider here more particularly the history and chemical properties of Coffee and Tea, which are in such general use at the present time.

Coffee is the well-known dried seeds of the fruit of a tree (Coffea Arabica) cultivated in the East and West Indies and Brazil.

It is commonly believed that coffee was first used in Arabia, during the fifth century; but it has been known in Abyssinia from time immemorial.

In the year 1554, a great tumult was caused in Constantinople, by the extraordinary success of the first coffee-houses thrown open to the public: the powerful clergy threatened the sultan in case of his non-interference; as these establishments were crowded day and night, whilst the mosques were all forsaken and empty. The sultan tried to mitigate the anger of the muftis by laying a heavy tax on the sale of this new beverage, and availed himself thereby of one of the most profitable resources of revenue; but, in spite of every precautionary measure, the use of coffee soon became very general, and spread all over Europe.

In the East, coffee was even employed in public worship, for the purpose of keeping people awake during prayers on the holy nights (in the month *Ramadan*). It was distributed in small dishes; but it became to some orthodox Mohammedans an object of deep hatred, and even gave rise to theological discussions; — the adversaries of coffee going so far as to assert that the faces of those subject to coffee-drinking were, on the day of the resurrection, blacker than roasted coffee; but, as women, according to the Koran, are excluded from paradise, they should be permitted to enjoy their favorite beverage.

In 1652, a Greek erected the first coffee-house in London, in St. Michael's Abbey, on the spot where we find at present the Virginia Coffee-house. To Paris, coffee was

first brought in the year 1669, and the first coffee-house opened in 1672, in St. Germain, one of its suburbs; and in 1683 another was opened in Vienna.

The total annual consumption of coffee may be fairly estimated at 500,000,000 pounds; of which more than half (260,000,000) is consumed in Europe.

The use of TEA has been known in China from the earliest ages; indeed, tradition in the third century refers to it in the following way.

A pious hermit, who, during nightly watching and praying, was often overwhelmed with sleep, being indignant at the weakness of the flesh, cut off his eye-lids and threw them on the ground; but a god caused the tea-shrub to grow out of them, whose leaves, showing the form of eye-lids fringed with lashes, have in an eminent degree the property of banishing sleep.

All the different varieties of tea are from two species of the same genus, Thea Chinensis and viridis. According to some botanists, these are but two varieties of one and the same species; the difference being owing to the mode of culture, preparation, and soil. The same leaves furnish black tea, when, after drying, they are roasted over an open fire; and green tea results, when the leaves are caused to wither by the action of steam, and dried at a much lower temperature. Warrington proved that all the green teas imported into England were coated with a green powder composed of an orange dye and Prussian blue (a poison), the deep color of which is rendered light by an admixture of plaster of Paris.

The first tea was brought to Europe, in the year 1610, by Dutch merchants. At the commencement of the seventeenth century, the Russian ambassador, returning from China, received as a present, in return for his beautiful sable-skins, a package of dried green leaves; which, being regarded as merely a useless curiosity, he brought to Moscow, where an aqueous decoction of the tea, for such it was, met with great approbation as a refreshing beverage. In 1664, the English East-India Company thought they were making, in two pounds of tea, a very valuable present to the king of England.

In China and Japan, about 400,000,000 pounds of tea are annually consumed; while the whole export is estimated only at 50,000,000 pounds.

The same fondness that the Chinese has for his decoction of tea is shown by the population of South America, for a similar beverage, called Maté or Paraguay tea, made of the leaves of a Brazilian shrub (Ilex Paraguayensis), and known there from time immemorial. As a substitute for it, they use frequently Guarana, so called, a kind of coffee prepared from the seeds of Paullinia sorbilis.

When the Spaniards first came to Mexico, they learned the use of a drink called Chocollatt, prepared from the seeds of a tree (Theobroma Cacao), which was nothing else than our present chocolate.*

Thus have the articles above described, the discovery of which rests in obscurity, been generally adopted as a kind of nutriment, and have come to be regarded as an indispensable necessity of life. Their choice, which was made everywhere rather instinctively than from reasoning or reflection, must surprise us the more when we consider the results chemistry has arrived at, in regard to the character and properties of these drinks.

The active principle of coffee was found, by Runge, to consist in a highly nitrogenous substance ($C_{16}H_{10}N_4O_4$) called caffeine; another chemist discovered a similar substance in tea, to which he gave the name of theine; this same body was proved then to exist in Paraguay tea; caffeine was found in the Garana, and Jobst clearly showed caffeine to be identical with theine; in Cacao, a substance called theabromine ($C_{14}H_8N_4O_4$) was discovered, which, though of a somewhat different composition, is closely related to theine (theabromine contains, as observed by its formula, C_2H_2 less, and is prepared from Cacao-beans like theine). Hence we see, with surprise, that the active properties of these drinks, in such general use all over the globe, belong, in small proportions, to one and the same substance.

Theine is prepared by treating the aqueous extract of tea with Sub-acetate of lead: the mixture is filtered, and in the filtrate the lead removed by Sulphuretted hydrogen, and the liquid evaporated, when the theine is deposited in white transparent needles. It is easily soluble in boiling, but much less so in cold water: it tastes slightly bitter, and is inodorous; melts at 178° C., and volatilizes at 385° C.

* Chocolate is a mixture of roasted cacoa beans with sugar and spices.

unaltered; shows slightly basic properties, and must be ranked among the alkaloids.

100 parts of tea or fresh coffee contain from 3 to 6 parts of theine; green tea more than black tea, owing to the different modes of drying; fresh coffee much more than roasted, by which process we improve its flavor, and render it more easy to be pulverized, but it loses thereby a portion of its theine (the roasting ought to be performed in closed vessels, and the temperature should never exceed 200° C.; the coffee will then have assumed a chestnut color, and sustained a loss of about eighteen per cent.; and, while hot, it should be packed in tight tin boxes).

In the fresh coffee, the theine, together with Potassa, is combined with Chlorogenic acid (resembling Tannic acid in gall-nuts) to a double salt. Besides fatty substances, sugar, gum, and a trace of a volatile oil (eliminated during torrefaction, and whence coffee derives its aroma), we find in coffee vegetable caseïn; which, mostly united with Lime, does not dissolve in our common coffee extract, but may be saved, as a highly nutritious substance, by the addition of a very small quantity of Soda, of the size of a pea, to a quart of coffee, rendering it soluble.

In the ashes of coffee, amounting from 3 to 5 per cent., we find Carbonate and Sulphate of potassa, Chloride of potassium, Carbonate and Phosphate of lime, Magnesia, Oxyd of iron and manganese, Silica.

In tea, we find, besides theine, common Tannic acid, precipitating persalts of iron black (ink), and a similar one, Boheic acid: it also contains gum, fat, Chlorophyll, and vegetable caseïn, which does not pass in the common tea decoction, its union with Tannic acid rendering it insoluble, but the addition of a little Soda restores its solubility.

The flavor of tea is caused by a volatile yellow oil, which has in its isolated state, in an eminent degree, the taste of tea, and acts powerfully on the nervous system, burns in the throat, causes trembling, &c. The effects of tea decoction are to be ascribed partly to this oil. Green tea contains about one per cent; black tea, owing to the higher temperature applied in drying, a half per cent. The most advantageous method of extracting tea and coffee for family use, infusion with boiling water in a closed vessel, to save the aroma, is obvious from their chemical composition.

In the ashes of tea are found the same inorganic constituents as in coffee.

Future investigations and experiments have to decide whether coffee and tea, in a medical point of view, are really innocent substitutes, as recommended by the pious Father Matthew, for alcoholic drinks, unfortunately so frequently adulterated in this country.

The few and only experiments on the human system with pure theine, known to me, are those of Prof. Lehman in Germany,* who, in common with some of his pupils, took from two to ten grains, causing the following symptoms: viz. violent excitement in the vascular and nervous system, palpitation of the heart, frequent and irregular pulse, oppression in the chest, headache, ringing in the ears, sleeplessness, sparks before the eyes, visions, confusion of the senses, and delirium. Some individuals were more, others less, affected; and some rendered quite unfit for any kind of labor on the following day. It increases the functions of the kidneys, causing an increased urinary secretion.

What signification coffee and tea have in the process of nutrition is yet unknown; but it appears that these articles, containing such highly nitrogenous compounds, must supply some want in that unnatural condition of society to which the poorer classes, especially of Europe, are subjected. We know that efficient food must be of a twofold character. It must contain nitrogenous compounds (plastic elements, Liebig), such as albumen, caseïn, fibrine, necessary for the formation of blood; and non-nitrogenous substances (elements of respiration, Liebig), such as fat, starch, sugar, gum, &c. which furnish principally the necessary means of resistance against the action of the oxygen in our atmosphere, which, uniting during respiration with certain portions of the body, strives constantly to destroy (oxydize) our tissues and organs, whereby invariably the common products of combustion (carbonic acid and water) are formed and exhaled during respiration. By this process, the necessary temperature of the body (animal heat) is produced. The model representative of nutriments, including all that is necessary to sustain life and develop the young animal, we have in the milk; the composition of which we give in the following scheme: —

* Lehrbuch der physiologischen Chemie, Leipzig, 1850.

MILK.

WATER	85 per cent.	
SALTS	½ per cent.	
	Phosphate of lime.	Chloride of potassium.
	Phosphate of magnesia.	Chloride of sodium.
	Phosphate of iron.	Free soda (keeping casein in solution).
CASEIN	3 to 4 per cent.	Nitrogenous (plastic elements).
FAT (cream)	3 to 5 per cent.	Non-nitrogenous (elem. of respiration).
SUGAR OF MILK . .	4 per cent.	

It is well known that the laboring classes of Europe are often compelled to live almost exclusively on potatoes, rice, fruit, &c. These vegetables, which contain mere traces of plastic elements, are insufficient for nutriment; so much so that physiologists, acquainted with the mode of living in many instances of destitution, are puzzled to discover whence the nitrogenous compounds are derived that are required to build up our constantly to-be-renewed organs (change of matter).

Now, we find that the poorest classes, in whose dictionary the word "bread" is not to be found, depend the most obstinately on the use of stimulants, like coffee and tea. Is it not more than probable, we may ask, that the instinct of men, outreaching science, discovered in these articles, in some measure, substitutes to balance the want of proper food?

ANACARDIUM ORIENTALE.

BY DR. WEBER, HANOVER.*

DURING my practice of sixteen years, it happened to me but three or four times to be asked for advice in cases where, though the bodily strength was totally restored, the mental powers had not regained their former energy. I must state here at the commencement, that I do not mean recent but old cases only. It is known to every experienced practitioner, that, after acute fevers, especially the typhoid, and also after concussions of the brain, the ability to engage in intellectual labor will not return often for a long time, for

* From the "Zeitschrift für homœp. Klinik," Nov. 1, 1853, translated for the "Quarterly" by J. B.

weeks and even months; but, with proper care, cold bathing, much exercise in the open air, travelling, &c., the body recovers its previous weight and fulness, and the intellect its freshness, elasticity, and power, frequently to an extent not before known. I do not here refer to such instances, but to those where patients, after convalescence, cannot for a long time regain their intellectual capacity, though the bodily strength is restored, and perhaps becomes greater than before. The first case I had was the following: —

1. Conrad K., eighteen years of age, the son of a farmer, always healthy and strong when a boy, was seized with smallpox eighteen months ago. The disease lasted six weeks under allœopathic treatment, then his usual strength returned; but his relations soon observed, that the disease left him with "a foolish behaviour" (dämeliges Wesen), as the peasants called it here. They understood by this a limited faculty of comprehension, deficiency of reflection and deliberation, and weakness of memory. The farmer, though wealthy, is not very much in favor of doctoring. A state like that just related is likely to be left to nature, especially as death is not to be apprehended. More than a year and a half had passed in this manner, without any perceptible improvement of the mental faculties. Of all the remedies recommended in the materia medica pura, Anacardium stands in the foremost rank (according to Hahnemann, Chron. Diseases, part ii. pp. 156, 159). Anacardium is one of those remedies, which, according to my observation, should here be placed only in the third rank. As the patient was otherwise perfectly healthy, I gave, for the mere symptom "weakness of memory," Anacardium orientale I, eight drops of which was taken in the evening with water. After two weeks I saw him again in my house, quite pleased with the change which the remedy had produced in his "head," as he expressed himself. He assured me that his head became quite clear after it, and requested me to allow him the continuation of the remedy. I saw the patient frequently afterwards, and convinced myself of his mental faculties and good memory.

2. A young robust farmer, twenty-two years of age, who had passed through typhus, manifested after this disease a still, gloomy behaviour. What might have attributed considerably to the development of this state of mind, was his having been himself aware that his memory was less good

after the disease than before. Errands, to be attended to by him in the city, he had entirely forgotten, and he experienced thereby much trouble. This, ambitious as he was, caused him to be morose, angry, and unpleasant in company. After this state had continued over a year, he complained of it to me. He thought, if no change could be produced, he would rather drown himself, than suffer any longer to be taken for a fool by his companions. I must confess that this case, according to my experience, indicated Zincum rather than any other remedy. But, to many of my colleagues, the same might perhaps have happened. In similar instances, we are apt to have recourse to the remedy to which we owed once an excellent cure and our consequent reputation; though, in the case in question, another remedy seemed to be more appropriate, according to the external symptoms. I gave Anacardium I, as above, and gained in three weeks the same result as in the first case. I must here mention further, that, in both instances, no medicine was taken for over a year previous. A completion of effect of allœopathic remedies, perhaps given in large doses during the disease (smallpox, typhus), is also out of the question here as well as the cure by nature.

The third and fourth case I will not specify here, as the observations were imperfect. Several remedies were previously given. It is also not improbable to me, that the large doses of Opium and Plumbum, which had been administered some weeks before in typhus, were not without a conditional influence upon the state of mind.

"CHRONIQUE."*

Under this caption, Bellenger, in a late Paris Medical Journal, attempts a lengthy refutation of the numerous theories advanced in explanation of the present extraordinary conduct of household furniture. He admits the fact to be satisfactorily established, that chairs of any size, shape, or material, can be persuaded to undertake remarkable feats of agility, throwing their legs about, "à la Française," to

* For the "Quarterly," by Dr. A. T.

an extent wholly startling and unlooked for; and that even ponderous billiard-tables, losing their usual gravity, manifest a kind of elephantine liveliness under the action of some undiscovered principle. He believes that electro-magnetism, the law of attraction, the influence impressing on the earth its diurnal motion, the magnetic fluid, admitted by few, not understood by any, the "dominant idea" of Faraday; in short, that all imponderable agents, known or conjectured, are entirely inadmissible as causes for the modern phenomenon that is exciting so many feeble minds to madness.

We have time only to translate, and no room for more than, a portion of his communication. He concludes thus: —

"It has been attempted, without recourse to the uncertain, incomprehensible action of an unknown fluid, to find in sensible facts an interpretation that the mind can seize upon and pursue in all its phases;" that the movement of tables is dependent on general motion subject to physical laws. It is known that the will has material instruments, viz. the muscles. How the order is given to, and executed by them, is not known to us. It is an impenetrable mystery. But, though muscular contraction is, in its source, an incomprehensible fact, it becomes, in its exercise and application, a physical or mechanical fact, accessible to sense and to calculation. Now we have, of late, been informed that "there is a mode of muscular contractility which has not yet been attended to; which is exercised involuntarily, without mental perception: it is a fibrillar contractility, an imperceptible *va-et-vient*, which never ceases. The muscles cannot endure a state of absolute repose. When we place our hands on a table, the muscular contractility acts unobserved by us; it increases through the effect of attention, of the will, of the looks even, which become assistants to contractility, without the mind being conscious of it. This is the cause of the moving of tables, and of all other inert bodies: when they move, jump, and turn about, it is the person who gives the impulse without perceiving it. There is nothing mysterious, nothing inexplicable, in this motion. It is produced through a communicated movement, which is exercised in accordance with the ordinary laws of mechanics."

This explanation of M. Chevreul has served to satisfy

many who are not willing to leave the domain of science, and who strive against the current that bears credulous minds towards occult and supernatural causes. Nevertheless, such an explanation encounters difficulties and objections that appear to be insurmountable. It is easy to conceive, that a slight influence of this kind may have a slight effect; that a light substance may be moved without perception. But, when tables weighing a hundred pounds are seen to turn about with rapidity, is it reasonable to attribute such a motion to a power which escapes observation? Can it be believed that bodies, which can hardly be made to stir by the application of all our strength, should jump and turn about by means of a force exerted by us without consciousness?

It has been attempted to remove this difficulty, and refute the objection, by asserting that the slight forces which result from muscular contractility cannot produce at first much effect; but, when added one to another, there arrives a period when the total force produced by an accumulation of all the partial forces overcomes resistance. It is then, they say, that bodies start; afterwards the motion, constantly augmenting by successive arrivals of fresh forces, continues, by virtue of this increase, and according to the laws of accelerated motion.

It is unfortunate that circumstances connected with the facts observed do not favor this explanation. Tables and other objects often do not move until more than an hour after the imposition of hands. At other times, on the contrary, they move after a few minutes, under the operation of some experimenters, or even a single individual. How, in this case, can an accumulation of motive forces take place? There can be no reason why, if there is reality in this gradual accumulation of motive power, an hydraulic wheel should not be acted upon by the fall of drops of water. Would more be required than to cause single drops successively to fall up to the time when their accumulated power became sufficient to overcome resistance?

A well-known writer has cited, in connection with this theory, the example of two pendulums suspended to a common bar of metal, one of which transmits its vibrations to the other through the intervening basis of support. We very well know that this movement can be thus transmitted; but, as it has not in itself the principle of increase,

it is divided proportionally to the mass of substance which receives it, and can only recover, in all its secondary effects, the power at the point of departure. In the movement of tables and other inert bodies, we see no relation between the resistance overcome and the power which passes from our hands.

All these failures to explain the phenomenon induce those "spiritually" disposed to say, "There is something diabolical in this manifestation. It is the devil, who appears in a new disguise: it is that 'awful wretch' who acts upon the tables: they are possessed"!

It cannot be denied, that this motion and rotation of tables or other inorganic bodies remains entirely unaccounted for. We have not had the first word of a rational explanation. What are we to think of it? It appears undeniable that the principle of motion emanates from man; that, in some way, it originates in, and is regulated by, the human will. We are here, without doubt, in presence of that marvellous agent which produces all vital action, and which astonishes and defies our reason in the eccentric manifestations of animal magnetism. We cannot expect to become acquainted with the nature of this novel power, nor solve the mystery of its generation. We know, in fact, nothing of other imponderables; nothing of thought itself. We are not acquainted with the electric principle, except through its effects; we know nothing of the action of the will upon the muscular organs, but by observation of contractility and the different mechanical movements; we cannot seize on thought, but under the sensible "ultimates" of scripture and language. So we may never expect to know more of this new power than its effect upon substance. We can study these results; we can bring all experience to bear upon observations conducted with care and patience; we can investigate laws and relations; mount step by step to the principle itself: but here we must stop; this is the limit of science, which, in a physiological and moral view, is ever reduced to a very short phrase, vital force, — the principle of life, a power yet unexplained and incomprehensible.

EXCISION OF THE TONSILS.

[In a paper by Mr. Toynbee on the question, "Ought the tonsils to be excised in the treatment of deafness?" there are some interesting particulars as to the effects arising from the loss of these organs. The simple enlargement of the tonsils is a disease very often met with in strumous habits, and through frequently amenable to homœopathic treatment, yet cases occur where the absorption appears so tedious that the patient or his friends are apt to be induced to listen to surgical opinion, and gladly embrace so quick a mode of apparent cure as excision offers. It is well, then, in such circumstances to know, that an operation so simple in itself often paves the way to confirmed bad health.]

Mr. Toynbee remarks, "In addition, these operations become wholly unjustifiable when the extent to which they are performed, and the evils which result from them, are fully appreciated. I can say, from my own experience, that they have been performed in every possible variety of deafness, from cases where the disease has evidently been in the brain or labyrinth, where the nervous system of the ear has partaken of the general debility of the system, down to those of hypertrophy of the membrana tympani. Indeed, it was only requisite for a patient to be deaf, in order to secure the excision of his tonsils, or some part, at least, of his throat, being cut. And what has been the result of these operations? In the first place, I have no hesitation in stating, that my own experience agrees with that of Mr. Harvey, and that many cases of deafness have been much increased by them. Mr. Harvey says:—'Some thousand operations have been performed on man and woman, the greater number seemingly without a reason or excuse. The profession is entitled, surely, to be made acquainted with the results,—results which, I fear, when known, will be found to be, though remote, not the less melancholy." In the previous page, Mr. Harvey says,—'Such excision (of the tonsils) is by no means calculated to afford relief to defective audition; nay more, it is more likely to prove injurious, in many cases, than serviceable.

The same experience has satisfied me, that the removal of the tonsils gives rise occasionally to deafness; that it enfeebles the frame, injures the constitution, affects the system in general, and alters the nutrition of the body.' But the local injury is not confined to the ear. I have met with many cases; and some of these, I regret to add, have occurred in professional singers, whose voices have been completely ruined by them. Even while writing this paper, a celebrated physician mentioned to me a case of the kind. He said, 'Poor Miss A., a professional singer, too, was induced to submit to the operation; I would not assent; I endeavored to dissuade her from going, and refused to accompany her; the tonsils were excised, and she has never sung since.' The voices of some patients have been so much injured by the operation, that they have never been able to read aloud afterwards; the ordinary voice has been weakened, a difficulty in swallowing has been experienced, and there has ever remained a sense of dryness in the mouth and throat, accompanied by thirst.

"A second way in which the excision of the tonsils acts injuriously is by deranging the general health. In addition to their local influence upon the mouth and fauces, the tonsils seem to have some intimate relation with other organs, especially in women. I have seen numerous instances in which the patients have dated the origin of a general debility, with its various accompaniments, to the extirpation of their tonsils. Indeed, the day on which the tonsils have been extirpated has been mentioned to me by several, as one of the bitterest in their lives. Here is another corroborative case from Mr. Harvey:—'A young lady, about eighteen years of age, had the tonsils removed for apparent obstruction, as well as for some thickness of the voice; she was of a ruddy complexion, and the mammæ were developed. A few days after the operation, her health became deranged; her bosom sank, and great disturbance was complained of in the other functions. Here there can be no doubt of the close connection between the mammary gland and the tonsils. My friend Mr. Hunt detailed to me the particulars of a case of a young lady, whose health sympathized in a similar way with the excision of the tonsils.' Mr. Harvey also says:—'The result of my observation and experience is that excision of the tonsils has also produced considerable disturbance in the pulmo-

nary apparatus, both in the mucous membrane of the bronchi, and in the parenchyma of the lung itself.' I myself have frequently seen cases in which a pulmonary affection has dated from the extirpation of the tonsils; and I do not hesitate to say, that there is scarcely a medical man of large practice who could not add his testimony to the fact of the injury, local or general, which has accrued to patients from tonsil-cutting, and other operations on the throat.

"I cite the following cases, in illustration of the evil effects of excision of the tonsils, out of the many that have fallen under my notice:—

"Miss W., aged 25, of a weakly constitution, consulted me a short time since on account of deafness. She says that her mother was deaf, and two of her cousins are so. Eight years ago, after a severe cold and pain in the ears, she became dull of hearing, and the affection gradually increased. She requires to be spoken to through an elastic tube. . She complains of a loud rushing noise, which comes on suddenly in an aggravated form whenever she is excited. She is also more deaf when she is weak. On examination, each meatus and membrana tympani was found in a healthy state, and the Eustachian tubes pervious. This lady stated, that, a few years previously, she had consulted a gentleman on account of her deafness; and that, upon looking into her throat, he at once said, 'I must cut out your tonsils: that will certainly cure you.' The lady's aunt slightly expostulated; however, the gentleman at once proceeded to perform the operation, 'and, after several unsuccessful attempts to lay hold of the tonsils, he at last managed to get them both out, the parts removed being about the size of a small almond.' This lady's report is, that 'since the removal of the tonsils the deafness seriously increased, that her voice has been so weak that she has been seldom able to read aloud, and then never for more than a quarter of an hour at a time, which she considers a very severe deprivation. Although she previously had a very fine voice, she is now disabled from singing, has frequent pain in the fauces, a constant sense of dryness in the mouth, and perpetual thirst.' Her general health has also materially suffered, and she is now under the care of a celebrated physician accoucheur in London. Upon looking into this patient's throat, there was no vestige of the tonsils. Dr.

Copland, who saw this case with me, said, 'The operation was quite unjustifiable; that organs had been cut away which exercised very important functions in the animal economy.' Dr. Copland added, in a note to me, that he 'considered these operations of cutting off the tonsils and uvula more or less injurious, and that he never knew a person who could sing to preserve their voice afterwards, dryness of the throat and hoarseness being generally complained of.'

"Another young lady, about the same age, and whose case was as similar as possible to the above, and who was under my care, thus writes to me:—'The first time I paid the gentleman a visit, he said decidedly the tonsils ought to be removed, and expressed some surprise that they had been allowed to remain so long. He assured me, very positively, that their removal would cure the deafness, which, he said, was solely caused by their enlargement, and also attributed a very frequent sore throat, I was at that time subject to, to these same unfortunate tonsils; though, now that I am better acquainted with the nature of enlarged tonsils, I believe mine to have been most innocent, and not in any way to be blamed for my infirmities: they certainly never inconvenienced me, and, when removed, were not larger than the end of the little finger. The gentleman removed them the second visit I paid him, and, just before doing so, told me not to be surprised if the cure was not immediate, as it might be some weeks. The day after the operation, the throat become ulcerated on both sides, and very much swollen, and remained so for a week or ten days, and it was with great difficulty that I could swallow even liquids in very small quantities; he said I must have taken cold. In the frequent visits I paid him afterwards, he always put caustic to the throat, stuffing a sponge which contained it as far down as possible. The first time, it gave me intense spasm to an extent I hope never to have again; it frequently had the same effect afterwards, but in a milder form, and always made the throat very sore for a day or two.' This patient, who was brought to me by Sir John Liddell, had partial anchylosis of the stapes to the fenestra ovalis. I need not say that she was not in the slightest degree benefited by the operation; but it was the opinion of her mother and others, that her health was seriously affected by it. She has lately been a great sufferer,

and confined to her room for some months with an affection of the chest.

"It is possible that some of my readers may think I have laid some too much stress upon the injurious results which have followed the excision of the tonsils and other operations upon the throat. From the large number of cases I have myself met with in my own practice, — from the numerous cases detailed to me by others, — from the attempts made by medical men, especially by the late Mr. Liston, to put a stop to the operation, and from the fact that 3000 operations have been performed by one gentleman alone, I do not think I have magnified the extent of their evil effects. That they must have been keenly felt by society, is shown by the fact, that one of the most popular of modern poets, who did not raise his voice without due cause, thought it his duty to aim the lash of his satire at these operations of 'tonsil-cutting,' as well as at the system of unceasingly injecting the Eustachian tube." — Med. Times, 1853, p. 495.

[We have witnessed in a marked manner the evils of this operation. A young lady, subject to irritation of the throat, was prevailed on to have slightly enlarged tonsils and elongated uvula excised. The operation was performed, and from that time she dates her confirmed bad health; frequent rawness and ulceration of throat, complete loss of singing voice, general irritation of the mucous membrane of chest, digestive organs, and uterus. — Eds.] — *British Journal.*

EDITORIAL.

We have received the first number of the "Chicago Homœopath," a well-written work, of an unusually-neat appearance. It is conducted by three medical gentlemen, resident in Chicago, Illinois. Judging from the tenor of its introductory and other articles, — being honest, unobtrusive, yet spirited, and altogether free from the offensively-arrogant style characterizing certain periodicals of a similar nature, — we venture to predict for the 'Homœopath' a full measure of success, and cheerfully commend it to the attention of our New-England community.

Appeals to popular decision in favor of a special medical system have too often a nauseous infusion of the individual; partake too

much of the character of warehouse advertisements; and, issued withal in violent, denunciatory language, presumptuously repudiating all of the good that the past has furnished, creates inflexible opposition with many who might, by an opposite conciliatory course, be led to a candid investigation of our claims. We believe that a needless display of independence is the very mode best calculated to repel rather than attract just such advocacy as Homœopathy is seriously in need of, much as we may affect to its influence. We are happy in being able to recognize in our Illinois brethren that winning spirit which should ever be allied to the intrinsically-attractive cause of Homœopathy.

PETITION TO THE LEGISLATURE OF NEW YORK, IN REFERENCE TO THE LEGALITY OF DISSECTIONS. — It cannot be questioned, that there is at the present time a great deficiency of material subjects for the proper prosecution of anatomical studies, and that the above petition to the Legislature was drawn up purely for the interest of medical science. It must also be evident to every sensible man, that, without anatomical knowledge, no one will ever become a *physician*, in the true sense of the word. How inconsiderate and highly unjust, then, to the profession is it for state-governments to require of their medical academies the teaching, and of the students the learning, of anatomy, while at the same time they favor the prejudice of the community, by refusing to legalize the only method for the accomplishment of the above object! Is it a wonder that quackery flourishes here (with and without diplomas), when dissections for the benefit of the science and humanity are regarded by the public as horrible butcheries? It is strange that such an extremely morbid desire exists for the preservation of the dead, while life is sported with in the most fool-hardy manner.

IT has been suggested that some notice be taken by us of an uncommonly malignant attack on Homœopathy, contained in the November number of the "Boston Medical and Surgical Journal," over the signature of P. Dyer, M.D., whose residence, the public are respectfully informed, is at present in "Lewiston Falls, Me.," an unassuming village somewhere "down east." It is wholly for the satisfaction of "a subscriber," and with decided reluctance, that we condescend to this notice; for we must, in all sincerity, confess that, of the thousand unmanly assaults made on our method of practice, we have not seen one more unworthy of a formal reply. Altogether innocent of argument, if we may except that fallacious reasoning about efficient medicinal action being necessarily accompanied by "sound and fury," the article alluded to appears to have been written in a moment of boyish irritability;

resulting, perhaps, from actual or apprehended destitution, through the influence of that system which the seemingly juvenile writer undertakes, in his gross ignorance, to decry. An affirmation more thoroughly gratuitous than the following, — one uttered in a more dogmatic fashion, standing so completely alone and unsupported in its responsible, presumptuous position, — we do not remember ever before to have seen "in print."

"That it [Homœopathy] is *entirely* inert and powerless, needs *no* argument to prove; that those who practise it are men who have more interest in the pecuniary profits of their trade than in the welfare of their patients, or the promotion of science, *needs still less.*"

We quote the above as a sample of the writer's spirit and style, and as being nearly the whole sum and substance of all that he has written on the subject. Our friends, we trust, will excuse us for declining further comment on such an uncharitable communication. We really feel an invincible repugnance to prolong criticism on a production so strikingly undignified and ignoble.

MISCELLANEOUS.

VENTILATION. — If our people only knew how many thousands of lives they are annually sacrificing, — how many hundreds of thousands are now suffering from fevers and other maladies which have their origin in the inhaling of noxious air, the excitement and alarm on this subject would be unprecedented. They are poisoning themselves by wholesale, and two-thirds of them have no suspicion of the fact.

Our dwellings are often charnel-houses. The very first necessity of every living human being — pure air to breathe — is rarely regarded in their construction. The air actually inhaled steals in at crevices and crannies, felon-like, because it cannot be shut out. Only the defects of our architecture prevent our dying of a vitiated, poisoned, mephitic atmosphere, from which the vital element has long since been exhausted. Most men, including architects, would seem ignorant of the fact, that the atmosphere is a combination of different gases, only one of which is wholesome and life-giving, and that this is consumed in the lungs upon inhalation, leaving the residue to be expelled as a poison. The church, lecture-room, or other structure which is filled, or even half filled, with human beings, and its doors and windows closed, while no express provision has been made for its ventilation, very soon becomes a slaughter-pen in which no rational being should tarry another minute. Few churches or other public edifices are sufficiently ventilated; while a large majority of them are utterly unworthy of

toleration, and ought to be closed up by the public authorities until they shall have been rendered fit for their contemplated use, and no longer nurseries of disease and antechambers to the tomb.

Our manufactories are nearly all disgraceful to their owners and architects in regard to ventilation. They are often divided into rooms less than ten feet high, each thickly stowed with human beings, who breathe and work and sweat in an atmosphere overheated and filled with grease, wool, or cotton waste, leather or cloth, and the poisonous refuse expelled from human lungs, which together are enough to incite a plague, and are in fact the primary cause of nearly all the fevers, dysenteries, consumptions, &c., by which so many graves are peopled. No factory should be permitted to commence operations until it shall have been inspected by some competent public officer, and certified to be thoroughly provided with ventilators, — not windows, which *may*, indeed, be opened, but in a cold or stormy day very certainly will not be, — but apertures for the ingress of fresh and others for the egress of vitiated air, both out of the reach of ignorance, and defying the efforts of confirmed depravity of the senses, to close them.

Our bedrooms are generally fit only to die in. The best are those of the intelligent and affluent, which are carefully ventilated; next to these come those of the cabins and ruder farm-houses, with an inch or two of vacancy between the chimney and the roof, and with cracks on every side through which the stars may be seen. The ceiled and plastered bedrooms wherein too many of the middle classes are lodged, with no other apertures for the ingress or egress of air but the door and windows, are horrible. Nine-tenths of their occupants rarely open a window unless compelled by excessive heat, and very few are careful even to leave the door ajar. To sleep in a tight six-by-ten bedroom, with no aperture admitting air, is to court the ravages of pestilence, and invoke the speedy advent of death.

Our railroad cars and steamboat berths are atrociously devoid of ventilation. A journey is taken far more comfortably and expeditiously now than it was thirty years ago, but with far greater risk and harm to health. There are probably ten thousand passenger-cars now running in the United States, whereof not more than one hundred are decently supplied with fresh air. Most of these, wherein forty or fifty persons are expected to sit all day and doze all night, ought to be indicted as fit only for coffins. The men who make them probably know no better; but those who buy and run them have not even that poor excuse. They know that they are undermining constitutions and destroying lives; they know that ample means of arresting these frightful woes are at command; yet they will not adopt them because they cost something. How long shall this be endured?

THE sacred tree of Thibet, — the extraordinary, unaccountable nature and appearance of which excites the greatest wonder of the traveller in Central Asia, — is well described in the following extract from "Hue's Tracts in Tartary and Thibet:" —

"THE TREE OF TEN THOUSAND IMAGES. — It is called Kounboum, from two Thibetian words, signifying Ten Thousand Images, and having allusion to the tree which, according to the legend, sprang from Tsong-Kaba's hair, and bears a Thibetian character on each of its leaves. It will here be naturally expected that we say something about this tree itself. Does it exist? Have we seen it? Has it any peculiar attributes? What about its marvellous leaves? All these questions our readers are entitled to put to us. We will endeavor to answer as categorically as possible. Yes, this tree does exist; and we had heard of it too often during our journey not to feel somewhat eager to visit it. At the foot of the mountain on which the Lamasery stands, and not far from the principal Buddhist temple, is a great square enclosure, formed by brick walls. Upon entering this, we were able to examine at leisure the marvellous tree, some of the branches of which had already manifested themselves above the wall. Our eyes were first directed, with earnest curiosity, to the leaves; and we were filled with an absolute consternation of astonishment on finding that, in point of fact, there were, upon each of the leaves, well-formed Thibetian characters, all of a green color, — some darker, some lighter than the leaf itself. Our first impression was a suspicion of fraud on the part of the Lamas; but, after a minute examination of every detail, we could not discover the least deception. The characters all appeared to us portions of the leaf itself, equally with its veins and nerves; the position was not the same in all; in one leaf they would be at the top; in another, in the middle; in a third, at the base, or at the side; the younger leaves represented the characters only in a partial state of formation. The bark of the tree, and its branches, which resemble that of the plane-tree, are also covered with these characters. When you remove a piece of old bark, the young bark under it exhibits the indistinct outlines of characters in a germinating state; and, what is very singular, these new characters are not unfrequently different from those which they replace. We examined every thing with the closest attention, in order to detect some trace of trickery, but we could discern nothing of the sort; and the perspiration absolutely trickled down our faces under the influence of the sensations which this most amazing spectacle created. More profound intellects than ours may perhaps be able to supply a satisfactory explanation of the mysteries of this singular tree; but, as to us, we altogether give it up. Our readers possibly may smile at

our ignorance; but we care not, so that the sincerity and truth of our statement be not suspected. "The Tree of the Ten Thousand Images" seemed to us of great age. Its trunk, which three men could scarcely embrace with outstretched arms, is not more than eight feet high; the branches, instead of shooting up, spread out in the shape of a plume of feathers, and are extremely bushy; few of them are dead. The leaves are always green; and the wood, which is of a reddish tint, has an exquisite odor, something like that of cinnamon. The Lamas informed us, that in summer, towards the eighth moon, the tree produces large, red flowers, of an extremely beautiful character. They also informed us, that there nowhere exists another such tree; that many attempts have been made, in various Lama-series of Tartary and Thibet, to propagate it by seeds and cuttings, but that all these attempts have been fruitless."

Spontaneous Kindling of Fire in the Human Body. — The *Courrier de l'Eure* communicates to the world an account of spontaneous kindling, though no combustion, in the person of a mantua-maker. She was sewing at night by the light of a candle, when she felt an undue heat over her body. She noticed, at the same time, that her forefinger was on fire. The flame was bluish, and emitted a sulphurous smell. She plunged her hand into water, and wrapped it in moistened cloths; but the burning still continued, and spread over her hand. Her apron caught fire, and she was obliged to take it off. The flame was only visible in the dark. She spent the night in efforts to extinguish the blaze, and only succeeded at day-break.

The Brooklyn Homœopathic Dispensary. — The first annual meeting of this Association was held at the office of the Dispensary, No. 50, Court-street, on Tuesday evening, Dec. 15. By the report of the Board of Managers, it appeared, that, during the year which has elapsed since the Institution was organized, 1,100 prescriptions have been made: 275 patients have attended at the Dispensary and had the advice of the attending physicians, of whom 64 have been cured, 44 benefited, and, of 125 cases the result of which has not been reported, all or nearly all may be set down as benefited: of the whole number treated, 17 only are reported as not benefited; the rest, other than above mentioned, are still under treatment. Of the physicians, whose services have been obtained by the Board, two have ordinarily been in attendance an hour daily during the year. The Managers elected for the ensuing year are E. W. Dunham, Edward Corwin, John N. Taylor, Alexander H. Dana, A. S. Barnes, S. F. Church, A. G. Allen, and Edward Lambert.

THE BROOKLYN HOMŒOPATHIC DISPENSARY. — Whatever may be the merits of the rival theories of medicine, we hold the *practice*, be it what it may, as worthy of approval, so far as it embraces the cause of humanity. In this view, it is gratifying to see Homœopathy taking its place among the agencies for the relief of the sufferings of the indigent.

The citizens of Brooklyn who profess a preference for that mode of medical treatment show their consistency, by charitably imparting the benefit of it (or whatever they suppose to be its benefit) to others. So much we may say without offence to any, that what a man conscientiously believes to be useful to himself he is bound by the law of charity to bestow, so far as he reasonably can, upon his fellow-men. The Homœopathic Dispensary of Brooklyn, a notice of which is in our columns to-day, therefore deserves, and, we trust, will receive, the liberal support of all who have adopted the Homœopathic treatment in their families. All the sects of medicine, as well as of religion, may, in this respect at least, meet upon common ground, viz. — in the alleviation of human suffering, and administering to the comfort of the destitute.

——— (*N. Y. T.*)

THE doctors of Worcester have struck. More pay or less physic is their motto. Hereafter they will have one dollar for an ordinary day-visit, two dollars for an ordinary night-visit, three dollars for a consultation-visit by day, and for other services in proportion, or leave the people to die natural deaths.

OBITUARY.

DR. FR. HARTMANN, one of the editors and founders of the "Allgemeine Homœopathische Zeitung," died at Leipzig the 10th of October, 1853. He was born the 18th of May, 1796, and one of the few yet living pupils of Hahnemann.

DR. CURIE, one of the first and most zealous propagators of Homœopathy of London, died on the 6th of October.

JOSEPH G. LOOMIS, M.D., professor of obstetrics and diseases of women and children, in the Homœopathic Medical College of Pennsylvania, died in the city of Syracuse, N.Y., the 25th of October.

DR. JOHN MARTIN NUSSER, of Basel (Switzerland), a naturalized German, from Ulm. He was for twenty-five years prosector at the University of Basel, an esteemed physician, and great adorer of Homœopathy.

NEW PUBLICATIONS.

Handbuch der reinen Pharmacodynamik, von Dr. H. G. Schneider. No. 3; containing the Rheum disease (conclusion), Ipecacuanha, Ferrum, Stramonium, and Veratrum disease. Magdeburg, 1853.

Klinische Erfahrüngen in der Homœopathy, von Th. I. Rückert. Vol. i. No. 9. Dessau, 1853.

Introductory Lecture to the Class of the Homœopathic Medical College of Pennsylvania, delivered Oct. 12, 1853, by W. A. Gardiner, M.D., Professor of Anatomy. Published by the class. Philadelphia, 1853.

Der Homœopathische Rathgeber in allen Krankheiten der Geschlechts und Harnwerkzeuge &c., by Dr. Wm. Gollmann Wien, 1854 [The Homœopathic Adviser in all Diseases of the Sexual and Urinary Organs, &c.].

PERIODICALS RECEIVED.

AMERICAN.

The North American Homœopathic Journal.

The Philadelphia Journal of Homœopathy, September, October, November.

The American Journal of Homœopathy, September, October, November, December, 1853.

The American Magazine of Homœopathy, vol. ii. No. 12, December, 1853.

The Chicago Homœopath, vol. i. No. 1; a bi-monthly. Conducted by Drs. D. S. Smith, S. W. Graves, and R. Ludlam.

The Scalpel; a Journal of Health, adapted to popular and professional reading, and the exposure of quackery. Edited by E. H. Dixon, M.D. New York, November, 1853. Quarterly.

FOREIGN.

British Journal of Homœopathy, October, 1853.

Homœopathic Times, up to Dec. 10, 1853.

Homœopathische Viertel Jahrschrift.

Zeitschrift für Homœopathische Klinik, up to November, 1853.

Allgemeine Homœopathische Zeitung, up to November, 1853.

Prager Monatschrift für theoretische und practische Homœopathy, by Dr. Altschul, July, August, September, October.

Zeitschrift für wissenschaftliche Therapia, by Dr. A. Bernardi, vol. i. Nos. 3 and 4.

QUARTERLY HOMŒOPATHIC JOURNAL.

ON ASIATIC CHOLERA.

BY L. HOFFMAN, CHEMIST, OF CAMBRIDGE.

In the year 1817, a terrible disease made its appearance in the south of Bengal; a disease which was unknown to and baffled the skill of the oldest practitioners. It was the Asiatic Cholera. This was not really the debut of this fell destroyer of the human race, as the description of a similar distemper has been found in a very ancient Arabic work on Medical Science. Since then, the whole Materia Medica has been taxed in vain for a remedy; in vain has the faculty endeavored to find among its members another St. George, who would encounter and annihilate this fearful dragon, the latest contribution from Pandora's box. The opportunities for observing and studying this disease have now been unfortunately so very frequent and extensive, and the amount of important knowledge regarding its causes and its remedies is so infinitely small, that we are justified in placing very little confidence in our present empiric Cholera Therapeutics. A general "sauve qui peut" is the only specific in which non-medicos most readily indulge. But I am mistaken. Have we not patented Cholera elixirs, Cholera pills, Cholera doctors, and other fungi of quackery. Is not the existence of a general and appalling calamity a happy opportunity for speculation, and a matter of sincere congratulation to the quack tribe? The modern Moloch has taken in his horns, put on a better face, and hides his cloven feet in patent-leather boots; he holds his elixir vitæ high in the right hand, and picks his victim's pockets with the left.

"Viventes rapit, inferias quos immolet umbris."

From the foregoing remarks, it may be concluded, that the Cholera question is not yet settled, and still open to competition. Practice has had fair play, and every conceivable indulgence on the part of the suffering public. Cholera patients have been plumbed with Sugar of lead; they have been pickled with Salt and Chlorate of potash, and, lastly, their exit from this worldly stage facilitated by the soporific influence of Opium. Blood-letting, stewing, roasting, scorching, and similar resources, have all been exhausted by stern practice. Why, then, should not Theory, humble, bashful Theory, step in, and take her grandfather Practice by the hand, and try gently to pull the headstrong old man in the right direction? Yes! but Theory is often as fanciful, gambolling, and mischievous, as her parent is matter-of-fact, sedate, and austere. However, the quick perception of the junior, added to the vast experience of the senior, cannot but advance their mutual interest. A trustworthy, matured theory, then, is wanted by Cholera practice to guide it through the midnight darkness, by the faint glimmer of solitary fire-flies, flashing here and there a ray of light on the benighted wanderers and the rough pathway.

The discussion on the causes and the cure of Asiatic Cholera, in this article, is far from claiming the honors of a complete and correct theory; its pretensions are satisfied by flashing a ray of light, with the good intention of helping along the respectable couple we left on the road. It must be distinctly understood that the following is written with a deep conviction that there is some truth in it which may be useful in the formation of a complete theory on Cholera. It would be misunderstanding the spirit in which this is published, by supposing that it was intended as a sure guide for the practitioner. No! it only represents the feeble snow-ball, started on the summit of an immense declivity, gathering strength as it rolls, and coming down upon the monster at which it is aimed as a destructive avalanche; or else, if it comes to the worst, melting away under the scorching influence of superior argument.

The strictly scientific investigations, both chemical and physiological, on the disease in question, have elicited very little new truth indeed. The viscosity of the blood, the non-participation of the bile in the causes producing the disease, the diminution of the quantity of Chloride of sodium in

the blood, and the increase of the same salt in the evacuations (the rice-water fluid), are the only trustworthy observations worth mentioning. The disease, in its symptoms, is certainly very simple; and it is only the frightful rapidity of its mostly fatal course, and the consequent impossibility to effect a cure by any but the most rapidly or most powerfully acting remedies, which invests Cholera with an awe and a mystery effectually isolating, and *italicizing* it in the catalogue of diseases. Now *what* are the symptoms of the disease? The most common form of Cholera is indicated by rapid shrinking of the muscles, deadly paleness, a breath whose temperature rapidly decreases, cramps in stomach and extremities, and evacuation of large quantities of rice-water fluid. In some very rare cases (four of which came under my immediate observation), the patients only complained of cramp in one leg, mostly the left, neither vomiting nor purging, their hands and feet shrivelled, their face ghastly pale, eyes sunk, breath cold, retaining their mental faculties, and even considerable strength in the arms. Such cases invariably terminated fatally in three to five hours. The subjects were all *strong* men.

The question which naturally occurs now is, What *can* produce such rapid and fearful symptoms? It is impossible to ascribe to the derangement of one or two organs of a *part* of the system such rapidly destructive results? The *whole* system withers and crumbles to dust, as if by the touch of a magic wand. What is it that carries the disease on its deadly errand to all parts of the body with such astonishing celerity, shrivelling, scorching, as it were, the muscles in its passage? It would be difficult and unlikely to suppose that any thing but the blood, the agency of the blood, is the cause of the symptoms enumerated above. The blood carries life and death with equal velocity.

It is impossible to observe and compare the uniform abundant and characteristic evacuations of dysentery, yellow fever, and cholera, without being struck by the thought that these evacuations must be the result of peculiar decompositions of the blood, either in its full development, or in its early stage as chyle. The shrinking of the muscles, and the discharge of enormous quantities of rice-water fluid, amounting often from a gallon and a half to two gallons, containing the salts of which the viscid blood is deficient, show pretty conclusively, that the disorganization of the

blood is the most general, if not the only, cause of all the Cholera symptoms. I say cause, because it is against all probability that the decomposition of the blood should be the effect of the morbid state of the system in the disease under consideration. Blood is the most susceptible substance to chemical decomposition in the body of man; and it is therefore unlikely that any combination of circumstances, such as must exist previous to the generation of Cholera epidemic, should induce a derangement of the organs, in preference to a decomposition of the blood. But it may be asked, How could this decomposition of blood account for such dissimilar diseases as dysentery, yellow fever, and Cholera? To answer this question, we may, with great plausibility, reason from analogy. We have, in organic chemistry, indifferent substances, which readily undergo decomposition under certain circumstances, yielding products and showing symptoms (if I may be allowed the expression) differing with those circumstances. Thus we have an alcoholic, a mucic, an acetic, a lactic fermentation for sugar. Is it so very unwarranted an assumption to adopt by analogy the notion of a dysenteric, cholera, or yellow-fever fermentation in the blood? It may appear ridiculous and far-fetched by some; but I make bold to declare, that the dreadful scourge we are dissecting here is somehow related to that direful calamity which our fellow-sufferers, the tubers, are experiencing in Ireland, and some other parts of Europe. That the potato-disease owes its origin to a fermentation produced by climatical influences on a degenerating plant, appears to me the most satisfactory explanation of its origin, and became a conviction on the first microscopic examination of a diseased tuber, in 1845. The starch, the blood of the potato, had undergone decomposition, and the starch-cells were destroyed. From all appearances of the blood of Cholera patients, I should be inclined to think that the fibrine had undergone a material change, though the contrary is maintained in some works on physiological chemistry. On what analyses or investigations their opinion is based, I am unable to find, and feel inclined to doubt its correctness. A systematic research on the albuminous bodies, qualitatively and quantitatively, in the blood, before and after death from Cholera, has not been instituted, to my knowledge; and it may therefore be supposed how unwilling I must be to attempt

a corroboration of the views above detailed, on purely chemical grounds. The fact that the blood is left as a thick, ropy mass, like tar, sufficiently shows that it has undergone a radical change, say a fermentation. How far the different constituents of the blood are affected by that change, remains to be cleared up by future inquiry.

Not to lose, however, any chance of adducing some testimony in favor of the Cholera fermentation, it may be useful and interesting to pass in review different remedies which have been hitherto employed with some success. Calomel is probably the most generally used. It is given repeatedly and in large doses, often combined with Camphor. Now it is a pretty well-ascertained fact, that Calomel, in the presence of a fluid containing Chloride of sodium and free acid, in the stomach, forms a small quantity of Sublimate, which is a powerful destroyer of fermentation. Next to this come Laudanum and Oil of turpentine. Laudanum reduces the temperature of the system, and acts as an antiseptic; in which latter capacity it is superseded by Oil of turpentine, which is an active check to fermentation. Fowler's solution has been successfully employed; and it is well known that Arsenic is, next to Sublimate, the most powerful antiseptic, as the bodies of persons poisoned by Arsenic prove by remaining under ground often for a long time without undergoing putrefaction. Nitrous acid has also been extolled as a sure remedy against Cholera. It also belongs to the class of powerful antiseptics. The other curatives, Organic alkalies, Tannin, Acetate of lead, act probably in a different manner. It is worth remarking, that Tannin and Acetate of lead precipitate freely albuminous substances; and it might be conceived, that, by combining with the fermenting nitrogenous substances producing the disease, they arrest its progress. Two very active antiseptics alone had never been used in Cholera, namely, Sulphurous acid and Creosote. The above considerations prompted me to make a few experiments with Sulphate of ammonia and Creosote, during the prevalence of Cholera in the island of Jamaica. The results were, however, not so striking as had been expected; the experiments could not be carried on sufficiently for want of material. When employing Sulphurous acid in the shape of Sulphate of ammonia, I had unwittingly taken for granted, that the Sulphurous acid of this salt would be liberated by the free acid in the stomach.

The fact, however, is, that there is no free acid in the stomach of Cholera patients in the state of collapse, in which I experimented on them. The fluid of the stomach has an alkaline reaction from the presence of Ammonia, the constant companion of putrid fermentation. I should therefore have employed Sulphurous acid dissolved in water or alcohol. This would also explain the successful action of the Sulphate of ammonia as preventive. The Sulphate of ammonia was also given to several persons as a preventive; and, whether accidentally or otherwise, none of them were attacked. However insufficient these results with Sulphurous acid and Creosote may have been, I cannot help thinking that some good may be effected by drawing attention to them in connection with Cholera.

The homœopathic treatment of Cholera would consist in a counter-fermentation, which would modify the disease to a milder and more manageable type. It struck me forcibly, that a similar proceeding is actually employed in typhus fever, where Yeast is given as a remedy. Here it seems as if it was intended to generate a fermentation by yeast, in opposition to the typhus fermentation. It is well known that typhus fever often degenerates into Cholera, and *vice versa;* so that it is no great stretch of imagination to class Cholera with malignant fevers, and to apply all considerations on the first disease also to the last-named; and this close connection of the two diseases brings me back to a point which I merely touched upon above, namely, the non-participation of the fibrine, according to books, in the decomposition of the blood in Cholera patients. The blood may be almost completely abstracted from a dog without killing him, provided a proportionate quantity of blood, similar to dog's blood, be injected into his arteries after a short interval. It has now been found, that dog's blood, deprived of its fibrine and injected without delay, was not able to effect the recovery of the dog. The animal became very feeble, and died in the course of a few days, with all the symptoms observed in certain malignant fevers. Here, the absence of fibrine is evidently connected with malignant fevers, which are somewhat akin to Cholera. It must be borne in mind, that a small quantity of nitrogenous substance, in the form of ferment, is sufficient to produce the most rapid decomposition of blood; and this small quantity of altered fibrine might easily escape in analysis. But,

besides this, the blood of Cholera patients in collapse does not coagulate like ordinary blood, which sustains the view taken of the case. The large quantity of albuminous matter which is found in the intestinal fluids of Cholera subjects would then most probably derive their origin from the fibrine of the blood, as it is known that the fermentation or putrefaction of fibrine furnishes a substance coagulating in the heat like albumen, and likely to be mistaken for it.

The analogy between typhus fever and Cholera may be traced still further. As general causes of the former, we have exhaustion of the system, poor living, vitiated atmosphere, depression of spirits, fear, intemperance, sudden change of weather: in fact, any influence disposing to the milder form of fever, may, under favorable circumstances, produce typhus. Typhus is frequently only a sequel of inflammatory fever. It takes its origin most readily in jails, hospitals, transport-ships, and the "Black Seas" of cities. It is contagious. It is mostly cured by the application of stimulants and antiseptics. All these qualifications and characteristics apply with equal truth to Cholera, and also to the Plague, which has now disappeared with the crowded, unventilated cities, whose lanes, like London and Paris of old, were filled with filth; and most of whose inhabitants were doomed never to enjoy the life-preserving influence of beneficent sunlight within their hovels.

According to the views above detailed, and considering dysentery, yellow fever, and Cholera produced by peculiar decompositions (fermentations) of the blood, we may arrange the different fevers in the following way:—

1. Common and milder form of fever, corresponding to an alcoholic fermentation, the products of which are not distinguished for chemical affinity.

2. Dysenteric fever, typhus and yellow fever, corresponding to an acid fermentation, the result of which is a substance of a strong affinity for bases.

And, lastly, Cholera fever and plague, corresponding to a putrid fermentation, the result of which is Ammonia, a body of a powerful affinity for acids.

All these speculations are merely hints, thrown out for the sake of directing the thoughts of intelligent readers to these important points, leaving to them the "onus" of separating the grain from the chaff, or grinding the whole into gunpowder. Here is a subject for discussion; and if I can

only succeed to give an impulse, to start the yeast which will produce the right fermentation amongst the *latent* Cholera theories, my object is attained. If we allow that fermentation of the blood is the real cause of all the diseases named, it is obvious that the cure depends upon a substance capable of checking or modifying the fermentation by its mere presence, or a substance capable of combining with the ferment, and destroying its contagious property; or else a substance capable of combining with the blood, and rendering it insusceptible of fermentation. I consider Quinia such a substance. This is ascribing to it an action which may properly be described as "Kyanizing" the blood to render it safe against putrefaction. All substances thus employed must, however, have the property of entering rapidly and without material change into the blood which they intend to protect from decomposition. In the course of this paper, the mention of small-pox and hydrophobia, as related to the diseases treated of, has intentionally been omitted, on purpose not to frighten any one by such an array of direful diseases, all ascribed to some peculiar fermentation. The idea, however, of ascribing contagious diseases to some such fermentation is not new, as can be seen on perusal of Liebig's dissertation on Contagion, Poison, and Miasma, in his Agricultural Chemistry. In this instance, as in so many others, has this grand-master of chemists laid the foundation of an inexhaustible field of speculation and useful discovery. All I can claim is to have particularized the idea, amplified it, attempted to sustain and render it a little more popular among practitioners.

But to come back to small-pox and hydrophobia. It appears that not every subject bitten by diseased dogs is liable to be in his turn attacked. The dog-poison, therefore, does not find in every one's blood that particular substance which will carry on the process of disease, exactly as in small-pox or Cholera. Now I have found it mentioned (with what claim to truth I am unable to decide, having never seen a case of hydrophobia), that, in the early stage of hydrophobia, "virus" is secreted in small pustules under the tongue, which would bring it at once in very close proximity to small-pox. I will not go so far as to say that a kind of "vaccination," or rather "doggination," might be a safeguard against this terrible disease; but I think there is a chance of getting the better of it, if our fermentation hypothesis will hold good.

ON THE "CROTALUS HORRIDUS."

BY DR. WALDO I. BURNETT.

AMONG a number of living reptiles placed at my disposal by Dr. Dearing, of Augusta, Ga., for anatomical and physiological uses, were two quite large and beautiful rattlesnakes, with which I lost no time in making many experiments. The largest, a little more than four feet in length, and having fourteen rattles,* was killed; and I made a dissection of its mouth, in order to learn some details of the anatomical relations of the fangs and poison-apparatus. As the opportunity for the study of the progressive development of these was an unusually good one, I will give the results somewhat in detail.

The two fangs in use, with the poison-sacs at their base, presented nothing remarkable, except that they were old and worn, and evidently soon to be shed. But, directly behind these, the mucous membrane on each side was crowded with what may be called the *fangs of reserve;* for, like successive teeth elsewhere, they are ready for complete development in turn, as fast as those in use passed away. These were of all sizes, from near that of the fangs in use, down to the smallest germ; and I was able to easily count twelve on each side. Their development, studied with the microscope, appeared as follows: First, a minute involution of the mucous membrane (the tooth follicle). In this is seen a small conical papilla, as the first trace of the future fang. This is gradually developed by the aggregation of cells; and, when about 1-25 of an inch in length, its cavity (the pulp-cavity) is occupied with a net-work of blood-vessels. The growth, after this, is more rapid and determinate. The epithelial cells covering the apex of the papilla become lineally arranged, and, fusing together, form fibres, which, when filled with calcareous salts, constitute the intimate structure of the enamel. This enamel is formed very early,

* The popular belief is, that the number of rattles on the tail indicates the years of the snake's life. But, according to several observers (Buchanan, Holbrook, and Dearing), this is not so; for not only may it lose several of the rattles by accident, but two, or even four, have been known to form in a single year. One of my own accidentally lost two of its rattles, and it is rare to find specimens having more than ten or twelve.

and sometime before the appearance of the dentine or ivory; so that at one period you find simply the epithelial tooth-sac, crowned with a point of enamel. As the tooth-sac increases, and is pushed out, the enamel point is more and more elongated, becoming, finally, very long and acicular, and with the sharpness well known in the perfect fang.

Meanwhile, the dentine, or ivory, is formed; and, as this process is going on, its edges begin to roll towards each other, on the convex and upper surface of the tooth. This rolling of the edges to meet each other continues gradually with the growth of the tooth; being first a half, and usually, at last, a complete canal. This canal is the poison duct; and, being thus formed, two results ensue: 1. It is outside, and disconnected with the pulp-cavity, but communicates with the tooth-follicle at its base. 2. It is only in the ivory substance, terminating externally at the point where this last connects with the enamel; the enamel point, therefore, being free and solid.

Thus formed, these fangs seem to be in waiting to replace the old ones, in the event of their being removed or naturally shed. How this replacement takes place, I am unable to say from observation. But it appears to me that the original tooth-follicle becomes the poison-gland or sac; for several of the larger reserve-fangs had each a small sac embracing its base, and which appeared to be only the primitive tooth-sac; and, moreover, the largest pair of these reserved fangs lay directly behind the ones in use. The replacement might therefore occur as with the higher animals, the pair of reserve passing gradually, together with the poison-gland, into the places of those removed.

But, however occurring, the substitution is exact and complete, and may take place in a very short time; for Dr. Dearing informed me, that, from one of his captive specimens, he extracted the fangs, which were exactly replaced in six weeks; this he repeated several times with a like result.

There are many facts tending to show that these fangs are naturally shed once in a while, if not regularly; at all events, their points are likely to be broken off by frequent use; and, however removed, nature appears to have provided an ample stock in reserve for their almost indefinite repletion.

The virulence of the poison of this animal is too well

known for special description. I will only add, there is good reason for the belief, that its action is the same upon all living things, vegetables as well as animals. It is even just as fatal to the snake itself as to other animals; for Dr. Dearing informed me, that one of his specimens, after being irritated and annoyed in its cage, in moving suddenly accidentally struck one of its fangs into its own body; it soon rolled over and died, as any other animal would have done. Here, then, we have the remarkable, and perhaps unique, physiological fact, of a liquid secreted directly from the blood, which proves deadly when introduced into the very source (the blood) from which it was derived!

With the view of ascertaining the power and amount of this poison, Dr. Dearing performed the following experiment. The snake was a very large and vicious one, and very active at the time. He took eight half-grown chickens, and allowed the snake to strike each under the wing as fast as they could be presented to him. The first died immediately; the second, after a few minutes; the third, after ten minutes; the fourth, after more than an hour; the fifth, after twelve hours; the sixth was sick and drooping for several days, but recovered; the seventh was only slightly affected; and the eighth not at all.

With the remaining specimen I was desirous of performing several experiments as to the action of this poison on the blood. The following is one: The snake was quite active, and, as any one approached the cage, began to rattle violently; but twenty-five or thirty drops of chloroform being allowed to fall on his head, one slowly after the other, the sound of his rattle gradually died away, and, in a few minutes, he was wholly under the effects of this agent. He was then adroitly seized behind the jaws with the thumb and fore-finger, dragged from the cage, and allowed to recover partially; in this state, a second person held the tail, to prevent his coiling around the arm of the first, while a third opened his mouth, and, with a pair of forceps, pressed the fang upward, causing a flow of the poison, which was received on the end of a scalpel. The snake was then returned into the cage.

Blood was then extracted from a finger, for microscopical examination. The smallest quantity of the poison being presented to the blood between the glasses, a change was immediately perceived; the corpuscles ceased to run and

pile together, and remained stagnant, without any special alteration of structure. The whole appearance was as though the vitality of the blood had been suddenly destroyed, exactly as in death from lightning. This agrees also with another experiment performed on a fowl, where the whole mass of the blood appeared quite liquid, and having little coagulable power.

Other and like experiments were performed, but I must omit here their description.

The physiological action of this poison in animals is probably that of a most powerful sedative, acting through the blood on the nervous centres.

This is shown by the remarkable fact, that its full and complete antidotes are the most active stimulants; of these, Alcohol, in some shape, is the first. I cannot better illustrate this important point than by the two following cases, furnished me by Dr. Dearing, in whose experience they occurred.

Mr. B. was bitten just above his heel, three-quarters of a mile from home. The usual symptoms of acute pain and large swelling immediately followed: he succeeded, however, in reaching his house, but complained of blindness and universal pain. Brandy was then given, to the amount of one quart in an hour; this produced a little nausea, but not the least intoxication; in the next two hours, another quart had been given, followed with relief of pain and subsidence of swelling, *but without the least intoxication.* Stimulants were kept up in small quantities during the ensuing forty-eight hours, with the gradual passing off of the local and other symptoms. He kept his room the three following days, complaining only of a general soreness. After this, he was about as usual; but, a few weeks after, his hair fell off entirely.

Miss F. was bitten on her middle finger; the usual severe symptoms immediately followed; but brandy, with the addition of a little Ammonia, was freely given, and continued in large doses until relief of symptoms, but without the least appearance of intoxication, although in health the individual could not probably have borne a single ounce; the symptoms gradually disappeared, and, on the third day, the patient was well generally, although the finger sloughed. These two cases, authentic in every particular, are quite valuable; for, aside from their physiological relations, it is

of no small importance to know that the sure fatality of such an accident can be fully prevented by so simple a remedy.

I have been desirous of performing some experiments, with a view to learn the relations of this poison to the state of anæthesia in animals. I commenced these a few days ago; but the behaviour of the snake was far from being commendable or satisfactory, and I shall postpone them for the present.

THE NATURE OF ETHER AND CHLOROFORM, AND THEIR COMPARATIVE ACTION ON THE ANIMAL SYSTEM.

BY J. A. T.

A LAMENTABLE degree of ignorance has long prevailed in relation to the true character of the anæsthetic agents now so commonly and so carelessly made use of in dental and other operations. We have met with nothing more reliable and satisfactory than the "Memoir" presented to the French Academy by De Lamballe, of which the following is an abstract. After a series of careful experiments on animals, the writer states that the blood is changed both in color and consistency by Ether, the healing of wounds being retarded by its action, while no such result follows the inhalation of Chloroform. Ether has a tendency to inflame the organs with which it comes in contact, causing considerable irritation in the respiratory apparatus, agitation in the heart and other muscles, while the inhalation of Chloroform is not attended or followed by any such disturbance. Ether produces anæsthization gradually; and the effects remain long afterwards in the form of giddiness, headache, deficient circulation, &c. Chloroform, on the contrary, is quick in its operation, and its action is usually at an end immediately after its inhalation. Symptoms of inflammation result from the use of Ether; symptoms of debility, from that of Chloroform. Ether very rarely causes death, and, if so, with difficulty; while Chloroform may destroy life immediately, if caution is not used in its administration,

or if any serious lesion exists of the pulmonary organs or of the heart. Both Chloroform and Ether disturb the heart's action; the latter, however, in a much greater degree than the former. Chloroform exerts a calming influence, while Ether agitates. Both suspend the functions of muscular organic life and of locomotion; but Chloroform may cause complete and instant paralysis of all the organs, arresting irrecoverably the heart's action. Great caution is therefore necessary in the administration of Chloroform. It should never be used when cardiac or pulmonary disease exists, when the nervous system has been seriously disturbed by wounds, by extensive suppuration, by hemorrhage, or in chlorosis. The inhalation of Chloroform should be immediately arrested, whenever the force and frequency of the heart's beatings suddenly decrease. At first, there is a slow diminution of power and action; but, when the inhalation continues after insensibility is fully established, the pulsations decrease in number and force with frightful rapidity. The operation should in no instance be continued after the pulse has fallen to 55, excepting the cases of those individuals whose pulse is habitually slow; and, even then, great danger is involved in a much further reduction.

Should symptoms of death be observed, immediate and long-continued exertion will be required by the application of cold water, by frictions, by currents of fresh air directed on the face and limbs; while artificial respiration should also be excited, through motions, not violent however, communicated by the hands to the chest, as in the case of the drowned. The person must be laid in a horizontal position. Ammonia may be applied to the mouth and nostrils. It is, however, stated in this Memoir, with great confidence, that, if any contractile power remains in the heart, life may be promptly recalled by the application of electricity. If the heart's movements have entirely ceased, it is believed to be wholly idle to attempt, because absolutely impossible, to restore life. Through electricity, the nervous system is aroused, muscular contraction renewed, sensation and motion restored. It will revive the spark of life, should there be the smallest remnant of vitality to act upon. When artificial stimulants or irritants, externally or internally applied, prove of no avail against that state of syncope which Chloroform may produce, when life is on the very verge of extinction, the power of electricity will happily bring about

complete restoration. Muscular contractions are awakened; and, as the regenerating current flows on, these contractions increase, until sensibility and motion are excited to their normal condition. The partial paralysis that Chloroform sometimes produces yields immediately to electricity. Whether the Chloroform is positively neutralized, or its hurtful properties exhausted through the continued vitality maintained by the electric fluid, is a question undecided; but De Lamballe is convinced that electricity augments the nervous power, and preserves vitality and muscular action until the Chloroform evaporates by the mucous surfaces (chiefly the lungs), or escapes by the secretions.

The application of the above-mentioned agent, the best form of which is the electro-magnet, was by bringing the positive and negative pole of the electrical battery in contact with the buccal and rectal point of union of the mucous membrane with the cutaneous surface; and, through this circuit, rapid muscular contractions were caused, exciting increased cardiac and pulmonary action. Another mode of application was by electro-puncture, one needle being inserted in the back of the neck, the other in the sacral region, thus comprehending the entire length of the spinal marrow, or in the pectoral muscles.

While alluding to the restorative agency of electricity, it may not be out of place here to add that considerable attention seems now to be directed to its remedial property in diseases; and that a remarkable degree of success has resulted from its use of paralytic conditions, in nervous debility, neuralgia, chronic rheumatism, &c. In connection with this subject, we append to this article a relation of much interest from the "Dublin Quarterly Journal of Medical Science":—

"The following important case (says M. Donovan, M.R.I.A.) is one of the most convincing instances I have met of the great value of magneto-electricity, as an auxiliary in the medical art; but for its aid, the patient would unquestionably have died. A gentleman residing in Valparaiso had swallowed what he purchased as half an ounce of powder of cubebs. He retired to rest, but almost immediately felt a dizziness and inclination to sleep. He was accidentally discovered in the morning by a physician, about twelve o'clock, with his face red and swollen, his lips dark purple, the veins of the forehead and temples turgid; the

eyes rolled upward, injected, and their pupils contracted to a point; pulse moderately full, and very slow; respiration very slow and gasping. By agitating him violently, he was aroused for a moment. He uttered some incoherent expressions, and sunk back in comatose sleep. After administering the usual remedies, the patient appeared to be sinking; the surface was cold, and covered with a clammy sweat; the face was pallid, and of a purplish tinge; the jaw and eye-lids were fallen, and feeling almost gone. Pulse scarcely perceptible, if at times it was to be felt at all.

"It was now three o'clock, P.M., and there were no signs of reaction. An attempt was made to walk the patient in the cool air, the stimulants being continued; but, after a few unsuccessful efforts to move, he sunk almost lifeless into the arms of his assistants. He could no longer swallow; his breathing became short and hurried; his mouth was widely extended, and his jaw fallen. Nothing seemed capable of arousing him.

"His medical attendants, Drs. Page, Houston, and Barrabino, who seem to have left no means untried to save the patient, now completely worn out with fruitless efforts, desisted. At this juncture, the fortunate thought occurred to Dr. Page to try the effects of magneto-electricity. Cerebral congestion was urged as an objection, but admitted not to be sufficient, in such a desperate case, to set aside the experiment. The conductors were applied, at first, to each side of the neck, and then down behind the clavicles. The arms and body now moved convulsively; but the patient was unconscious as before. One conductor was passed over the region of the heart, and the other to a corresponding point on the right side. In an instant, his eyes opened widely, and, with a ghastly expression of countenance, his head and body were thrown convulsively toward the operator, and he groaned. He then sunk back into his reclining posture, and was again asleep. The conductors were reapplied in the same situation, with similar results; a third and fourth time, and he cried "no more." Reaction was now positively established, the heart having received a strong impulse. The pulse was becoming more full, and the surface warm. He was left quiet for an hour, and then he could be awakened by shaking, or calling loudly his name. There was no further occasion for the magneto-electric machine. He was aroused at intervals, and, at eleven o'clock

at night, was sufficiently awake to relate several particulars. On the following morning, he was pretty well. He declared that he had heard many things the preceding day, that were said by the persons about him; but that he neither had the power to open his eyes, nor move his tongue to speak. The last thing he recollected hearing was a remark made by Dr. Page, that 'nothing more can be done but to make the experiment.' From that time, all was a blank to him, until, as he expressed it, he 'felt as if a gun had been fired off within him, which thrilled through, and shook him to the very extremity.' This was the application of the magneto-electrical machine. That this patient would have died but for the electricity, there can be no doubt; the sudden transition from the extreme limit of life, to a flattering prospect of recovery soon after realized, seems to settle this point. Were evidence wanted, we unfortunately have it in the death of a French gentleman, who took a dose of the same cubebs powder, purchased at the same place. At ten o'clock at night, he swallowed half an ounce of cubebs; and, at twelve o'clock next day, he was a corpse. The fatal cubebs powder having been examined by a chemist, it was found that about seventy-five grains of Opium had been contained in the dose taken by the patient."

OLD REMEDIES ACCORDING TO NEW INDICATIONS.

FROM OBSERVATIONS BY DR. B. HERSCHEL.*

If we can look back with complacency upon the discarded stock of the old schools, and feel gratified with having thrown overboard a great amount of worthless rubbish, we must, on the other hand, acknowledge, that, with the reform of therapeia, and the additional number of important polychrests derived from Homœopathy, remedies have really fallen into oblivion, which were once beneficially employed by us. This advantage we can retain, if the conditions of their efficacy, the concrete-specific circumstances, be known

* From "Zeitschrift für homœp. Klinik," vol. ii., No. 24, translated for the "Quarterly," by J. B.

by provings on the healthy. These are the remedies which the old school ignorantly gives with benefit, according to the law of *similia*, while we prescribe them through a knowledge of this law. *These are the old remedies according to new indications.*

One of these remedies, which have been too little regarded by us, is Tartarus emeticus, recently recommended in this paper by Dr. Arnold, of Heidelberg, in its relations to rheumatism of the muscles and joints. I shall attempt to direct attention to it anew, having observed its most decided efficacy in several diseases. I must, however, confess having been induced to this by my previous allœopathic experience. I was at one period assistant to an allœopathic physician in an extensive practice, who was a great admirer of Tart. emet. As it was then administered in the most simple form, or, at most, in the indifferent vehicle of a decoction of Althæa, in order to diminish its primary effect upon the mucous membrane of the stomach; the many clinical observations made by me must therefore be considered as pure. The usual dose was from a half to four or six grains, in four to six ounces of water, or as a decoction.

The old-school view afforded a very wide field of application to Tart. emet. This is owing less to special empirical observations of its local specific efficacy, than to the great extent which categories as "antiphlogistic," "alterative," "resolvant," give in the allœopathic practice; and in the expansion which the antipathic and derivative effects occupy in the therapeia of the old school, as well as to the importance which "gastric impurities" have, considered at one time as the cause of the disease, at another necessary to produce artificially the way for a cure. This is the reason why allœopathy recommends so highly Tart. stib. as antiphlogistic in inflammations, as refrigerant in fevers, as antigastric, emetic, cathartic, resolvant, in gastric derangements, as a great alternant in rheumatism and cutaneous diseases, vegetative states of various forms, nervous disorders, and mental affections. With all the importance, however, which the old school gives to its primary, and, for healing purposes, unnecessary, vomiting effect, even in inflammations, as in croup, its specificity is anticipated, as we observe in its relations to pneumonia, delirium tremens, &c.

It is my object, at present, to establish more firmly,

according to the principle of similarity, the indications, upon physio-pathological experiments on the healthy, corresponding with toxicological and clinical observations, and change them in specific-empirical, not general-dogmatical indications. We confess that Tart. stib. unfortunately is not a favorite remedy among homœopathists. On the contrary, it is yet too little known in a physiological point of view; and it would be well worth the labor to take it up again, and complete what Hahnemann, Th. Rückert, Gross, and Stapf have so nobly commenced.

This is not the place to enter particularly into the characteristics of Tart. stib. This much only can be said, which is especially confirmed by observations of Frenchmen (Magendie, Orfila, Laennec), that it has a very *decided effect upon the blood*, and that it produces at first hyperemia and inflammation, and, in the higher stage of development, decomposition of the blood, appearing partly as dilution, partly also as inspissation and coagulation, and even progressing and softening or gangrenous destruction of the tissues. Besides the physiological observations, the results following its application may here be compared; i. e. incrassation of the dura mater, the arachnoidea, softening of the brain, discharge of serum in the ventricles, inflammation of the mucous and serous membranes, with glutinous coating, gangrene of the membranes of the stomach, putrefaction of the spleen, the lungs, and the diaphragm; inflammation and grey hepatisation of the lung, with dark blood and contracted tissue; dark color of the blood itself, especially in the lungs and the brain; coagulation in the mesenteric arteries; formation of pustules in the mucous membrane and the cutis externa, &c. The effect on the nerves is subordinate to this influence on the blood, being decomposing and destructive in its nature; it is probable that the former is in most cases dependent on the latter, and consequently connected with the vegetative life. The relations of Tart. stib. to the brain and the spinal marrow must be explained on this view (compare the applications in delirium tremens, in hypochondria proceeding from abdominal plethora, in hydrocephalus arising from humors, &c.). With the particular consideration of the affinity of Tart. stib. to the respiratory organs (vagus?), its effect in the inflammatory states of these parts, larynx, trachea, bronchia, and lungs, so in the inflammations of the mucous and serous membranes,

to which Tart. stib. stands also in specific relation, can be attributed to the same affection of the blood. The asthmatic affections of Tart. stib. are also generally from a material cause. The loosening catarrhal (gastric) effects of Tart. stib., the perspirations, diarrhœas, vomitings of blood, discharge of blood by coughing, blood-evacuations, the venous and bilious abdominal affections, exanthematic productions, hydropic exudations, cannot all these be naturally reduced to this peculiar effect on the blood, *localized by particular organic relations;* and have not Noack and Trinks, page 88, given a faithful representation when they say Tart. stib. is principally adapted for the lymphatic, feeble, venous-lymphatic, or for the gastric, bilious constitution; for the phlegmatic or melancholic temperament, with weak, morbidly sensitive skin, easily-suppressed perspiration, great tendency to gastrosis, rheumatism, and catarrhs, with constant inclination to digestive disorders, or imperfect digestion; as well also in individuals inclined to critical perspirations, &c.?" If we contemplate this general characteristic, does not the old school even give similar significant hints for the selection?

We are not, however, yet satisfied with these new indications, and look for more special ones for our old remedies, according to the locality and form of the disease. It may now be allowed as a monograph of Tart. stib. It is intended here to state those observations only which the author himself experienced with Tart. stib., and earnestly to recommend the same for further application.

In reference to the diseases of the *respiratory organs*, I gave —

1. In *Pneumonia*, Tart. stib., not by any means so often in my homœopathic as I did formerly in my allœopathic practice, where the deficiency of specific remedies almost always led me to it, and, of course, with various results. Though pneumonias do not occur in Dresden very frequently, yet I found the usual remedies, Aconit., Bryonia, Belladonna, Phosphor, Sulphur, almost always sufficient; and but two or three times only did I administer Tartar stib. I consider its application very limited in this form of disease. It is suitable only in the stage of hepatization with great anxiety and orthopnœa, and in lung œdema (Wurmb and Caspar), and threatening paralysis, in incipient, but difficulty-expectorated loose and consequently

rattling of mucus, with somnolency and decline of strength, in gastric and bilious complications, in pneumonics of old people, or tuberculous lung-inflammations.

2. In *Pleuritis*, I observed from Tart. stib. decided effects only when its corresponding symptoms showed that exudation had taken place. However, I found Tart. stib. always more appropriate in pleuritis muscularis than in pl. serosa, which is owing partly to the certainly subordinate relation of this remedy to the serous membranes; and, on the other hand, to its indication, already mentioned by Stapf, to the morbid process of rheumatic affections. It will always be efficacious when the rheumatic affection has been transferred from the pectoral muscles to the pleura.

3. The efficiency of this remedy I cannot too highly praise in a peculiar affection of the tracheal and bronchial mucous membrane, usually occurring in children at the period of dentition, in the form of catarrhal hyperæmia, generally up to two years of age. The children begin to cough, with a short, somewhat shrill, sound; very soon, however, rattling of mucus appears, which ceases but seldom, and is mitigated if the children are carried upright, which they prefer, in spite of their extreme weariness, probably on account of the increased oppression in laying down. This rattling is audible at a considerable distance, and proceeds from the upper bronchial ramifications. The dissimilar respiration, shorter at one and longer at another time, is more rapid on being laid down than when carried upright; probably on this account, aggravation is caused at night with sleeplessness, and, in the higher degrees, somnolency. The child coughs but seldom, and then seems compelled to it by an upright position, with a loose, rattling sound, without expectoration, appearing, as if, by vomiting, or coughing with deeper inspiration, relief might be obtained. This catarrh seldom becomes purely inflammatory, yet continues for days, with increasing oppression and decline of vigor, if no energetic measures are taken, and leads through œdema to paralysis of the lungs. The fever is quite moderate; pulse weak, quick, trembling; the epidermis being often covered with flowing or viscous perspiration; want of thirst, pale countenance, great uneasiness, ill-humor. In this state, to which the effects of Tart. stib. decidedly correspond, and where neither Aconite nor Bryonia, nor the seemingly very appropriate Hepar, are successful, I found,

in a great many cases, almost immediate relief from Tart. stib. I give usually Tart stib. dil. i. (containing $\frac{1}{20}$ gr.) gtt. xxx. or first trituration, 3 grains to 2 ounces water, less the second trituration, every two hours a teaspoonful. Occasionally (even after the second dilution) there occurs vomiting, or mere nausea, or diarrhœa. But I can confidently assert, that this is the superfluous primary effect, or the point of repletion of the impression, and not the cause of the improvement. I have seen, full as frequently, complete recovery, without these additional symptoms, as expectoration occurred in the easiest manner. The rattling of mucus, so tormenting to parents and child, abates often after the first or second dose.

4. This primary effect of vomiting seems to me to be the main point in the action of Tart. stib. in croup, thus according with our ideas of secondary consideration. In very advanced cases, to which it is only adapted, I observed from Tart. stib. but a momentary discharge of the membranes, without a durable curative effect. As, with such an expectoration, recovery can be effected, it can therefore cure in this, I might almost say mechanical, manner. I find myself certainly somewhat embarrassed by those worthy authorities, which report cures by Tart. stib. in croup, even *without vomiting* (Bicking, Ægidi, and others). The laryngeal and tracheal symptoms seem also to indicate a homœopathic relation to croup; for instance, croaking, gasping for air, rattling of mucus; oppression, compelling an upright position; danger of suffocation; unequal, intermittant respiration, &c.; but they are not definite enough, and, from the other general characteristic, the conclusion of an inclination of Tart. stib. to croupous-plastic inflammations (compare, for instance, Tart. stib. pneumony) cannot be drawn. It would be indelicate and unjustifiable to claim, that the few observations which I made with Tart. stib., in this form of disease, must be regarded as great evidence of proof, in opposition to others. But, on comparing the dates and indications given by Cl. Müller, in his treatise on croup, it is clear that —1. Some of the recommenders used other remedies, as Bosch (Spongia) and Schneider (Kal. sulphur). That, 2. All the cases under treatment were probably genuine, that is, plastic-croup cases; as is proved, for instance, with due regard to the diagnostical penetration of Dr. Elb, by the division adopted by him, containing pseudo-croup, as also by

some of the reported cases, and even by the very indications given for Tart. stil. (Bosch treats rather the residues of croup). And, 3. That the relation of the remedy to the nervus vagus, and consequently to the concomitant lung-inflammation, must be taken into particular consideration, as is stated, for instance, indirectly by Bicking (partial paralysis of the n. vagus), and quite plainly by Jahr. Might not benefit be also expected from Tart. emit. in œdema of the lungs, or long-existing lung-affections? However, further observations of croup-cures by Tart. stib., without vomiting and diarrhœa, must first be made, before this question can be decided.

5. In the year 1837, there occurred at Leipsic an important and widely-extended influenza-epidemic. We administered, almost exclusively, Tart. stib., and with excellent effect. Since then, I have also used Tart. stib. beneficially in sporadic influenza, when Bryonia, Rhus, Mercur., Pulsatilla, and other remedies, seemed to be adapted, and the disease exhibited the following symptoms: Rheumatic pains in the limbs and chest (also with participation of the pleura), stitching pain in the chest; oppressed respiration, relieved by expectoration; incessant inclination to cough, with a loose, serous, albuminous sort of expectoration; very hard cough, especially at night, shaking the chest, and causing head-ache, particularly in the forehead; apthæ around the mouth; thick, white, or bilious coating of the tongue, with great accumulation of mucus; sickishness, vomiting, with clammy or bitter taste; great want of appetite, without great thirst; sensation of emptiness in the stomach; pressure or even distention of the hypochondrias, especially in the region of the liver; occasionally pituitous, not copious, diarrhœa; pressing pain in the forehead (characteristic of influenza), with dizziness, stupor, dulness of the head, slight delirium; sleepiness, but no actual sleep; great apathy, alternating with occasional uneasiness at night; aching of all the limbs, proceeding especially from the back; stiffness of the neck; pulse small, nervous; surface frequently chilled with profuse perspiration, which give no relief. Tart. stib. was, in such cases, usually beneficial in a very short time; and all the other symptoms mentioned diminished so sensibly, that often no other remedy was required, — a proof that the totality of the symptoms was specifically combated, which appears by no means

remarkable after consulting the pathogenetic effects of Tart. stib. The form of administration was the solution mentioned above.

6. Tart. emet. cannot find in pulmonary tuberculosis, according to the nature of the thing, a curative application. I observed, however, a great alleviation effected in the last stage, where the expectoration was rendered difficult on account of deficient contraction of the cells of the lungs and innervations, the tubercle-mass being yet movable. In cases where Stannum was inefficient, I obtained benefit from Tart. emet. In the allœopathic practice at Leipsic, above mentioned, we often gave Tart. stib. for weeks, in increasing doses, from a half grain to six grains in six ounces of water. The patients soon became so used to it, that neither vomiting or diarrhœa occurred, which was frequently the case with the first doses, evidently showing the homœopathic effect in the cessation of the colliquative diarrhœa. The expectoration, however, proceeded in such an easy manner, and so copiously, that an emollient influence upon the tubercles may justly be attributed to Tart. em., corresponding otherwise with its character, and consequently, to a certain extent, also accelerating the termination of tuberculosis.

7. The effect of Tart. stib. in chronic catarrh, especially of old people, with and without bronchitis, is well known. I mention it only to intimate that this remedy would be beneficial in emphysema, and its corroboration by paroxysms, as many symptoms indicate it. In this form, I have thus far, which, by the way may be added here, seen the best effect from Phosphor. Trinks has given with great success, according to his verbal statement, Ammonia castor. Wurmb and Caspar recommend Arsen. and Carb. veg.

In conclusion, I will mention, that I have observed favorable results from Tart. stib. in affections of the brain and in delirium tremens. In this particular, I also had a good opportunity for observations, while assistant to another physician of the city government. I treated alone the whole subordinate force of the police. It is natural to suppose, that, in consequence of the hard service of these men in the open air, and other exposures, spirituous liquors were used; and, in many instances, inebriety in a greater or less degree existed. I succeeded always with the simple administration of Tart. stib. in a few days; and it will not require much trouble to collect the indications for it from its patho-

genetic symptoms (particularly in gastric complications of importance); and the cure must be attributed to the homœopathic principle, of which I at that time had no knowledge.

TUBERCULOSIS PULMONARUM.

BY DR. MÜLLER.*

I WAS sent for on the 7th July, 1852, to see a lady, 27 years of age, who arrived in Leipsic on the day previous. She was never seriously sick, married when twenty years old, was the mother of a healthy boy, five years old, whom she had nursed during infancy; one year after her removal to Vienna, she was attacked in the winter with influenza, which raged in the city very extensively, leaving cough, hoarseness, shortness of breath, emaciation and debility, constantly increasing, so that, at the end of June, her physician declared a longer residence in Vienna to be highly improper, involving the most serious consequences. She went then, with the greatest difficulty and exertion, to Dresden, where, however, the consulting physician of course advised her not to remain. She, after this, with considerable effort, came as far as Leipsic. Though Leipsic is no favorable place for tuberculous patients, the development of the disease is nevertheless much slower here than in Dresden; and, in the summer months especially, such patients generally feel considerably well, while, on the other hand, Dresden seems to be better adapted for individuals affected with emphysema and diseases of the heart. Under the circumstances of this patient's illness, another and further journey was entirely out of the question, as, in such case, the worst was to be apprehended. Consequently, the patient remained by necessity in Leipsic, and under my treatment. I recommended, in the first place, a suitable residence, which was soon found in a village in the vicinity, situated low, and not exposed to dust and wind. Until now, she had taken regularly every day, by the direction of her physician of Vienna, Phosphor. 6; and, during

* From the "Hom. Viertel Jahrschrift," vol. xiv. No. 4, translated for the "Quarterly," by J. B.

very violent turns of coughing, even threatening suffocation, Hyoscyamus.

Her state at that time was as follows: excessive debility, being scarcely able to walk twenty steps; considerable emaciation, while she had always been corpulent; out of breath after the least exertion or talking; excitement and irritability, with flying heat and palpitation; every afternoon, dry heat, thirst, dulness of the head; restlessness at night, sleeplessness, perspiration towards morning; want of appetite, with a sense of pressure in the stomach, and constipation; voice toneless, hoarse, and feeble; incessant pressing and burning in the throat, larynx, and trachea, down to the chest, with a sensation of rawness, compelling her to cough; feeling of pressure and heaviness in the chest; short, dry cough, day and night, terminating, two or three times daily, through very violent spasmodic attacks, in perfect exhaustion, want of breath, and glowing heat in the face and head; slightly viscid, thick expectorations, sometimes tinged with blood; menstruation for four months feeble or entirely suppressed; epidermis dry, pale, greyish; the lungs sunken at both clavicles, especially the right; slight and irregular movement of the thorax on respiration; perceptibly shallow sound, on percussion, at the superior part of both lungs, especially on the right; on the summit of the right lung, bronchial respiration, while, further below, indefinite and feeble vesicular respiration; the pulsations of the heart violent in the vessels of the neck (nonnengeraüsch).

Under such circumstances, the diagnosis could not be doubtful; the tuberculosis, probably caused by the neglected influenza, and located particularly in the superior right lung, was also much favored and advanced in its development by numerous depressing emotions of the mind, especially anguish, excessive desire, and anxious hope, as well as more lately by the exciting pleasure of a meeting, after a long separation, and, finally, the manifold troubles incident to an unexpected journey; all these tended to the apprehension of a rapid course of pulmonary consumption. I omitted Phosphor and Hyoscyamus, and administered Iod. 3, morning and evening one drop, earnestly urging, at the same time, the greatest possible rest of body and mind. The violent coughing turns almost immediately ceased, and her state in general also improved, though quite slowly. Four weeks after, the same course being pursued, with the excep-

tion that I gave a few times in the evening Merc. sol. 2, instead of Iod., a much more rapid and durable improvement appeared; so that the patient, who could walk at first with exertion only through the room, could, after eight weeks, walk, without much difficulty, from her residence to the city, a distance of about three miles. The cough abated more and more, and the voice became more full and pure; the main complaints were merely heaviness or pressure on the chest, especially on lying down, and being soon overpowered by heat, and inability to endure the warmth in a room. Belladona and Bryonia were on this account given a few times, but Iod. and Mercur. were always returned to at longer intervals. Four months after, I was informed by the patient, that she believed herself pregnant. I did not, however, apprehend any particular obstacle to the convalescence from this state, having several times observed an evident stand-still of tuberculosis during pregnancy, and never having perceived any essential declining, even during the period of confinement and nursing; though this had been only observed by me in less higher degrees of the disease. The winter months passed away without any untoward occurrence, some ailments of pregnancy excepted, although the residence in the village, adapted only for the summer, and highly inappropriate for the winter, was retained, against my advice. The slight and, until February, rarely occurring cough, became then, however, suddenly worse again, appearing, especially in the evening, violent and longer-lasting paroxysms, of a short, dry, hacking cough, as if from dryness and rawness of the larynx and trachea, and with almost suffocating shortness of breath; with this, also, the pressure and heaviness upon the chest became more severe again, especially in bed after lying down. For this state, Bryonia exhibited a remarkable degree of efficacy; as every time it was taken at the beginning of such a paroxysm of coughing, not only the insupportable irritation in the throat soon after completely disappeared, but even the cough ceased totally within one week, and had not returned to this time (October). Pregnancy progressed favorably, and there was nothing unnatural in the confinement, but a remarkable and excessive mammal congestion occurred, causing considerable trouble for a week, reaching to the upper arms, which were swollen, red, and painful. The infant, a girl, though small, was, however, well nourished, and even fleshy, remaining in

good health and growing fast. After the confinement, as might have been reasonably apprehended, no symptoms of the former affection recurred, so that the patient is so far quite comfortable, and has regained almost completely her former strength and healthy look. The region of the right clavicle, however, is still sunken; yet there is no bronchial respiration, and no respiratory sound at all, only a strong vesicular respiration around it. The voice is clear, and has become stronger than before, being feeble only after long and loud speaking.

Even admitting that the disease will break forth again sooner or later, and not be then arrested so easily, nevertheless, this termination of such a far advanced tuberculosis of the lungs, with such significant phthisical symptoms, is an unusually fortunate and rare occurrence. This case clearly shows the direct impression of homœopathic remedies, and their real participation in the cure of diseases which have been usually considered inaccessible and uncurable; because, if a favorable influence may also be attributed to other agencies, as change of climate and residence, or even to pregnancy, the effect of Iod. in the beginning, and of Bryonia afterwards, was here so evident and direct, that nobody can doubt it, unless my veracity is at the same time called in question.

INFLUENCE OF POISONS UPON ANIMAL HEAT AS A CAUSE OF DEATH.

CERTAIN experiments lately conducted by Dr. Sequard, of Paris, with the design of confirming some peculiar views in relation to the effect of poisons have led to the issuing of a *brochure*, wherein the opinion is confidently expressed, that the fatal result of poisoning is due to the diminution of animal heat. Dr. S. has ascertained, that poisons which destroy life, when no circumstance exists to oppose the reduction of temperature, will not cause death when the normal heat of the body is preserved by artificial means. Precisely the same amount of poison was administered to two dogs, as nearly as possible alike. One was confined in an apartment, the temperature of which was reduced to 46° Fah.; the other was placed where a Fah. thermometer

indicated 75°. The former died at the end of twelve hours; the latter, which had been kept warm, although considerably affected by the poison, was entirely well on the following day.

The statement is given, that a reduction of the body's temperature always occurs under the action of poisons; and, in this connection, allusion is made to the experiment of M. Chossut, who injected a solution of Opium into the veins of a dog, and observed the temperature diminish from 105° to 62° Fah. This diminution of temperature will, according to Dr. Sequard, alone endanger life, whether produced by extensive burns, wounds, poisons, or by certain diseases, as cholera, palsy, &c. He states, that he has caused the death of a rabbit, by diminishing its temperature only 22° Fah. And he has never known any animal to live after the reduction of its temperature beyond 44° Fah. Also, that a rapid increase of animal heat produces a proportionably rapid destruction of life.

The conclusion of all this is a very earnest recommendation to physicians, principally to endeavor, in cases of poisoning by Camphor, Opium, Tobacco, Belladonna, Alcohol, Oxalic acid, and several other poisons, to arrest the diminution of animal heat by all the artificial means in their power, and to keep up the temperature of the body as near as possible to the standard of 100° Fah.

The views above expressed bear an important relation to the well-proved antidotal action of stimulants referred to in Dr. Burnett's article on "Crotalus Horridus," and also deserve attentive consideration in connection with Dr. Hering's advice as to the local application of dry heat to poisoned wounds. J. A. T.

ON BROMINE IN CROUP.

BY DR. KIRSCH, OF WEISBADEN.*

A FINE boy, formerly afflicted with glandular affections, nearly ten years of age, had been for five days suffering from an obstinate, highly dangerous angina.

His attacks of anxiety, with dryness of the throat, and the dreadful turns of coughing, were most distressing to witness; and I should not have consented to take him under

* From "Allg. Hom. Zeitung," vol. xlvi. No. 14.

treatment, as he had been, during these five days, treated with care and attention by two allopathic physicians, though without benefit, up to the last stage of angina, if my wife had not been deceived by incorrect statements of the case, and had sent some Aconite before my arrival. Besides poultices around the neck, Moschus had been administered as a last resource, but without effect.

As the parents thought that the child was easier after the administration of Aconite, I left Aconite and Brom., to be given every half hour, in alternation, the latter in the second dilution in drops, and ordered a sponge, dipped in tepid water, to be constantly applied to the larynx. The next morning, I perceived a change in the tongue, and that the attacks of anxiety and coughing had diminished. I took now a small phial of pellets, with Brom. 200, and another phial of Brom. second dilution, in drops, to be given every two hours in alternation.

The reasons for the low doses are found in the antecedents; and the high doses I gave, to reach, if possible, the deeply-seated derangements. The boy thought that he always felt a peculiar tickling in his throat, after the pellets every four hours, and also felt easier after these than after the drops. He began to sleep for hours; the pulse, as well as the general cutaneous activity, showed the commencement of a curative process, directly touching the disease, in harmony with the inner life, which will, with further proper treatment, cause a favorable termination. During the second night, attacks of a loose cough occurred, continuing for a quarter to half an hour, disappearing again, however, in the morning. The remedies were continued. At night, a loose cough appeared which became again in the daytime so severe and suffocating, that the violent fever attacks, occurring in the afternoon and evening, alone left room for a possible recovery. On the fifth day of the homœopathic treatment, the fever abated, a loose expectoration appeared, containing more small membranes than before. On the seventh day, I was able to inform the little patient that all danger was over, since the trachea, as well as the larynx, had become free by the continued administration of the above preparations of Brom.

The tonsils were and are still swollen; a piping voice, burning and dryness in the larynx, were for a time the predominant symptoms, but they gradually disappeared after Phosphorus had been given for several days.

ON THE USE OF ZINC IN SCARLATINA.

BY DR. MEYER.*

Dr. Elb's communication on Zincum and Calcarea, in certain states of scarlatina, I always favored; and particularly great was my confidence in the former remedy. Though it did not give me perfect satisfaction in several cases where I followed strictly the indications given by Dr. Elb as corresponding with its physiological proving, yet I attributed this especially to the circumstance that I did not continue it long enough, and exchanged it too soon for another remedy. The following two cases confirmed this my supposition:—

E. O., two and a half years of age, well fed, somewhat scrofulous, had been, up to the 28th of February, 1853, perfectly well. On that day, at 4, A.M., I was suddenly called upon to see the child. I found her in a violent fever; face glowing hot, skin hot and dry, pulse about 120 and small, great thirst, no appetite, tongue dry, with a whitish coating. In the bed she threw herself about uneasily, not answering even the questions of her mother, and she could not be induced to open her eyes. As two children were already confined in this family with scarlatina, it was no doubt to be apprehended also in this case. I administered Belladonna, 6, qtt. v. in one ounce of water, every three hours a teaspoonful. In the same state I found the child on my evening visit, except that she had vomited several times during the day, had been crying a great deal, and had not slept at all. No trace could yet be seen of an exanthem. I directed the continuation of the medicine.

At two in the night, I was requested by the father of the child to go with him as quickly as possible, as he feared I would hardly find it living. Its condition was indeed lamentable. Since eleven o'clock, convulsions had set in. A short time previous, she had slept for a few minutes, but awoke with convulsions of the extremities, which still continued; occasional spasms through the whole body, with clinching of teeth; besides uttering at times an awful scream with a totally changed voice. The eyes were half-closed; the face was now pale, sunken, somewhat distorted;

* From "Homœop. Viertel Jahrschrift." Translated for the "Quarterly," by J. B.

the forehead covered with cold, clammy perspiration; skin more cool and dry; pulse very small, and hardly to be counted; respiration short and quick, but free from ronchus; involuntary passage of urine, and somewhat fluid alvine evacuation. I entertained but little hope for the patient, and so informed the parents. The scarlatina epidemic, which had raged here for eighteen months, had proved fatal to many under similar circumstances. I myself lost two patients, with quite similar, though not even such violent symptoms, within twelve to twenty-four hours; none of the celebrated remedies producing any effect whatever. I felt, consequently, in this case, no inclination to try them again, and administered Zincum met. 2 decimal trit., one grain every two hours, besides warm poultices upon the feet; cold water for drink.

February 9, 8 A.M. — The child was not worse, but had had no rest; and the convulsions were neither so violent nor so frequent; clinching of the teeth had ceased since 5 A.M.; the face, though still very pale, was yet warm, as was also the skin; pulse not much better than in the night; no exanthem yet perceptible. The medicine was continued. At my evening visit, I found the whole scene changed, to my great joy. The child had since noon several times slept for fifteen minutes at a time, always awaking, however, with cries. The convulsions had ceased; she opened occasionally her eyes, the right pupil was somewhat dilated. She recognized her mother, and asked distinctly for something to drink. After a good deal of persuasion, the child showed me her tongue, which was coated and dry. The pulse was somewhat fuller and 130. *In the face, and on the neck, some small, red spots appeared.* The medicine was continued, but the poultices were omitted.

February 10, *in the morning.* — The child was covered all over with a smooth scarlatina eruption. She slept, though still uneasily, yet in the whole over two hours. Sometimes convulsions and screaming still occurred during sleep. She eat, this morning, half a cracker in a cupful of milk. She answered my questions now, though very reluctantly: the eye still somewhat staring; fever moderate; pulse 115, not suppressible. Zincum 2 continued, one grain every four hours. In the evening, I found the patient quite smart, sitting up in the bed, playing with her toys; she slept from twelve to two o'clock, and awoke without screaming. The

eruption was full. No medicine. The scarlatina proceeded regularly from this time, without any further interruptions, under the moderate use of Belladonna; and, on the eleventh of March, she could leave her bed for several hours.

On the 15th day of the same month, when the period of desquamation was not quite completed, she went unnoticed out of the room, and sat upon the stairs. Though she was instantly missed, and carried back into the warm room, the malicious disease nevertheless had its revenge. I was informed the next morning that the child had been very uneasy during the night, and had screamed considerably. I found her in a state similar to that existing before the eruption of the scarlatina. Skin glowing hot and dry; pulse small, 120; the eyes half-closed; she recognized nobody, responded to questions by crying, spoke confusedly, as soon as she had slept a few minutes; thirst not very great, but no appetite; her bowels moved yesterday, but the urine was insufficient, having a brownish tinge. According to the mother's report, some signs of convulsions were perceptible during the night, of which I saw nothing on my visit. But there was an alarming, though yet small, œdematous swelling around the ankles, and great redness of the whole face.

I gave again, without hesitation, Zincum met. as above. After the second powder, the child fell into a quiet sleep, during which the surface of the body became covered with a profuse perspiration. On my evening visit, the child was more quiet; it showed me its tongue, which was clean, pulse 100, skin moist, the swelling still the same; urination had occurred but once, and slightly, during the whole day. The patient was still very morose, though she did not cry in her sleep: medicine continued.

Feb. 17. — The child was quite comfortable, though somewhat peevish; she slept well at night; the swelling of the ankles gone, the face was still rather flushed, the pulse indicated no fever. I directed the continuation of Zincum every four hours. She did not require any medicine the next day, and, after a few days more, was able to leave her bed.

Soon after, another opportunity was offered to me in the same family to try again the efficacy of Zincum. Helene, the sister of the above mentioned, five years of age, who, with the exception of scrofulous ophthalmia when two

years old, had never been sick, was seized with scarlatina on the 28th of January, 1853. It terminated quite normally, so that she had left her bed on the 28th of February; and on the 9th of March, after the completion of desquamation, she left her room. On one of the succeeding days, when going home, she was overtaken by a severe snow-storm, and got her feet wet. The following night, she was very uneasy, with a constant dry cough. On my visit, the 13th of March, she had considerable heat, pulse quick and full, skin hot and dry, tongue slightly coated, thirst considerable, no appetite, abdomen not painful. Percussion and auscultation showed no change, slight bronchial respiration in the right side excepted. Administered Aconit. 6 gtt. v. to one ounce of water, one tea-spoonful every three hours.

March 14. — The girl was quite delirious during the night, and threw her hands and feet about frequently, without any apparent cause. I found her now in a soporous state, from which she could with difficulty be awakened. She coughed considerably in her sleep, with a short but normal respiration. Pulse to-day small, about 100, skin dry, head hot, evacuation normal, no œdema anywhere. After she was raised up with much difficulty, the previously lively child appeared entirely indifferent to every thing, and only through considerable persuasion would she show her tongue, after which she forgot to return it into her mouth. The tongue was somewhat coated, with red edges. She answered either slowly or not at all. I began to apprehend typhus, though the spleen was not yet enlarged. I prescribed Tart. emet. 3 trit. every three hours a dose, as the best adapted for the whole state.

March 15. — Not the slightest improvement took place; on the contrary, the patient was to-day much more uneasy than yesterday. The sopor had but partially disappeared, the head was very hot; she cried a good deal, and was very peevish. The cough had rather increased, still dry and scraping, though the physical examination gave no other results than on the previous day; spleen not enlarged; there was no appetite; pulse 100; skin dry; slight alvine evacuation. She did not complain of any pain. Administered Rhus tox. 4, gtt. viii. to one ounce water, every four hours a teaspoonful.

March 16. — The child slept very uneasily last night; it aid unconcernedly in bed, with half-open and somewhat distorted eyes; face pale, sunken, and covered with a cold per-

spiration; pulse hardly to be counted, threadlike, easily compressible; skin dry and cool; the temperature of the back part of the head very much increased; cough less, but more difficult; respiration accelerated and superficial; the patient would or could not speak, but, from time to time, cried out with a shrill voice. I did not conceal the danger from the mother, in her presence, and was hesitating between Sulphur and Arsenic, when the weeping mother asked me if I would not be willing to give to the child the powders which did so much good to her Elizabeth. I confess, that, during the whole disease, Zincum did not cross my mind; and, though it did not appear to me quite adapted to the state, I nevertheless prescribed it in the first trituration, one grain every hour, with strict directions to inform me instantly of the least appearance of aggravation.

On my visit at 4 P.M., I was surprised at the excellent effect of Zincum. The child was lying in bed, with open eyes; the death-like paleness of the face had disappeared; the pulse was more full, no more compressible, 95 beats; the skin warm, moist; the head less hot; the tongue more moist, though still coated, thirst slight; she partook of some biscuit and some barley coffee; cough still dry, respiration good. The patient was brighter, and answered all questions; in short, the danger was over. Directly after the second powder was given, the improvement commenced. Zincum was continued every two hours.

March 17. — The girl sat up in the bed playing; pulse 90. The tongue became clean, and there was a return of the appetite; cough as yesterday. The medicine to be continued.

March 18. — The child was quite well. I gave Ipecacuanha only on account of the still-existing dry catarrh, by which in a few days the cough was also removed.

I abstain from any further epikrisis of this interesting case, and will only remark, that the diagnosis, as frequently happens, was rendered more certain by the effect of the remedy. The disease was undoubtedly located in the brain; violent congestion, and threatening, perhaps already existing, exsudation in a slight degree, were the cause of all the symptoms. Sulphur might perhaps have been efficacious; but it is not to be presumed that it would so rapidly and so completely have effected the cure as Zincum. It would be well if other physicians published the result of their experience with this remedy.

MICROSCOPICAL DISCOVERY OF ANIMALCULÆ ON THE TEETH, AND ITS INFLUENCE ON THE HOMŒOPATHIC TREATMENT OF THE AFFECTIONS OF THE TEETH.

BY DR. ALTSCHUL.*

THE value of the microscope for the diagnosis and treatment of dental affections is unquestionably as great as in any other form of disease that affects our race.

We may ask, with Dr. G. Hartmann, — Who would have supposed, even ten years since, that the human teeth could be a habitation for animals and plants? Who would have thought, before the application of the microscope, that the dark-brown spots on the teeth were dense collections of mushrooms and animalculæ, depriving the teeth gradually, vampire-like, of all vitality, and making of their beautiful structure a sad ruin? It is indeed doing no injustice to these parasites to consider them the real, immediate cause of caries, as they develop themselves during the decomposition of the particles of food that adhere to the teeth. We observe, however, that these mushrooms owe their existence and propagation, like all animal parasites, to minute eggs, often hardly the size of a particle of dust, which, floating in the atmosphere like sun-motes, come in contact with the impure, decomposing substance on the teeth, and, rapidly becoming developed in this favorable field, produce new eggs, which are again developed in the same spot. These mushrooms, however, which live from the product of decomposition, die very soon, and their carcases continually support and favor the process of putrefaction, causing destruction of the teeth.

It is therefore easily understood why the homœopathic remedies recommended against carious toothache (*odontalgia ex carie producta*), as Calcarea, Silicia, Mezereum, Acidum nitri, Carbo animal and Aurum, are entirely inefficient, unless at first the complete eradication and entire destruction of these unwelcome intruders is earnestly attended to. Dr. Hartmann recommends for this purpose Chloride of lime-water, the tooth-brush to be dipped into it, and, for about three minutes, hard pressed upon the location

* From "Prager Monatschrift," vol. ii. No. 2, translated for the "Quarterly."

of the parasites, and the place to be rubbed until every little black point is erased, when the mouth is to be rinsed with tepid water. The application of Chloride of lime-water might, however, hardly be admissible when a homœopathic treatment is intended; and we propose, therefore, simple Alcohol, which, as experiments testify, proves destructive to other parasites. We directed the attention, in the first volume of our Journal, to an instance where a phthiriasis palbebrarium, in a scrofulous girl eight years old, where a large number of acari had settled between the ciliæ, was entirely removed by twice wetting it with alcohol. It has been observed, that, when these parasites are moistened with alcohol, and laid on paper, they exhibit, in a very short time, under the microscope, the signs of contraction and paralysis. But, when these animalculæ are destroyed by such a method, still medical interposition will be required, against the pain which arises in carious teeth in consequence of the exposure of the nerve, or from the decayed substance of the tooth. For the credit of an age devoted to natural sciences, it may be added, that our scientifically-educated dentists, now convinced of the inefficiency of the well-known external remedies, have abandoned the same, and give internally those remedies only, which, by lessening sensibility, remove the toothache, or at least mitigate it.

Homœopathy also, in accordance with its principles, seeks to give to the patient internally those specific remedies which correspond as nearly as possible to the individual symptoms of the disease. Calcarea carbonica, for instance, is, according to homœopathic principles, adapted for caries of the teeth in children, especially in scrofulous and rhachitie individuals, where the toothache is produced by a current of air and cold. If caries is caused by *abuse of mercury*, then Assa. will be applicable, as well as Acidum nitric; and Assa. particularly, when, with drawing pains in the jaws, copious salivation exists. Acid. nitr. is applicable, when, in addition to pain in the decayed teeth, the latter are loose, when the easily-bleeding gums are white and swollen, and the sensation is felt as if the teeth would fall out. Daphne mezereum will also be appropriate when the caries is the product of a mercurial cachexy, where only one side of the body is particularly affected, where the teeth become rapidly excavated, where the pains are aggravated by touching the affected parts, as well as by exercise. Acid phosph. can be

employed where caries appear in scorbutic individuals, the gum easily bleeds, and the pain is aggravated by heat as well as by cold; where a sensation of cold exists in the roots of the molar teeth.

Rhus tox is also an excellent remedy against caries in general, and will be appropriate in scab-like caries, which, according to Maury, appears most always combined with herpetic diseases; especially in rheumatic and gouty individuals, where the pain is increased by rest, and diminished by exercise, and is felt mostly at night.

Aurum might be applied where an inveterate syphilis or abuse of mercury had been the cause of caries; where, beside the toothache, heat in the head, looseness of the teeth, ulcers on the gum, and fœtid breath prevail.

China corresponds, in its pathogenetic symptoms, to the coal-like caries. This form of caries is usually not perceived earlier than between the fifteenth and thirtieth year, and particularly in individuals predisposed to arthritis and phthisis. The disease manifests itself mostly by a black spot; China is furthermore suitable where the pain is beating and congestive, appearing in consequence of abuse of mercury.

Excellent results may be expected from Carbo animalis when the drawing and tearing pains are produced, especially by salt food, when, with looseness of the teeth, the gum easily bleeds, when the tooth is sensitive to the slightest impression of cold.

Finally, Locopodium also deserves consideration, preceded by Calcarea in *Odontalgia ex carie dentium producta*, particularly as Lycopodium belongs, principally in caries of the bones, to the most successful remedies; and more especially when the dull toothache is aggravated by eating, when swellings and ulcers appear on the gum.

These are the most suitable remedies which we can, according to homœopathic principles, successfully give against the pain from carious teeth, after we have sufficiently removed the occasional cause, namely the mushrooms; and, for this removal, we can recommend Alcohol. Quite recently, Dr. Gudder has urged its application against favus, in which cutaneous affection and the destruction of the parasitical adhesions is effected by washing the head several times a day.

EDITORIAL.

THE February number of the "American Medical Monthly," an Allopathic periodical, conducted by *seven* sapient gentlemen of New York, contains a review of Dr. Lee's "Introductory Address on Homœopathy," before the class of the "Starling Medical College." We have not read the "Address," nor have we any desire to do so, if its singularly-astute reviewer represents it faithfully. He (said reviewer) commences by informing his readers, that "*the foundations of this system*" (Homœopathy) "*are thoroughly exploded*" by this under-ground attack, and fully agrees with Dr. Lee, that "a system which has survived more than fifty years, and has in that time pervaded the whole civilized world; which has found converts among the intelligent and the educated classes, and even among the well-educated (?!) members of our own profession; which has its literature, its hospitals, its dispensaries, its chartered colleges; which has its practitioners scattered throughout nearly the whole extent of our country; which, however, sets itself up in opposition to the established facts and principles of medical science, boasting a superior power in controlling disease, — such a system certainly has claims on our attention, and demands our most diligent and unbiassed scrutiny."

This is the admission to which Dr. Lee has been forced, and in which he is supported by the seven stout conductors of the "American Medical Monthly."

Now, it is naturally to be inferred, presupposing honesty of purpose as of declaration, that the whole subject had been deliberately submitted to this "diligent and unbiassed scrutiny" before the *explosion* took place; and also that the searching process would have been described in detail, for the benefit of the "Starling Medical Students" and the public at large. But not one solitary word has been written in relation to the mode adopted to arrive at the truth; nothing whatever afforded by which we are to judge of the carefulness and honesty of Dr. Lee's investigations; when and how the "scrutiny" was conducted; where failures were observed; on what points of evidence the extremely confident opinions expressed as to medicinal inefficiency are based. No one will for a moment suppose that Dr. Lee or his reviewer can possibly beguile themselves into the belief that the simple *assertions*, unsupported by the slightest proof, which are contained in this *exterminating* attack, as in the hundred other previous annihilations of Homœopathy, are to any extent *convincing;* can, in any sense or shape, invalidate our claims to a "superior power in con-

trolling disease." Even were such assertions true, which *they are not* in any particular, they could not be brought to bear at all against our practice, or in favor of "calomel and jalap." And we are told that "the great cause of cure (*similia*, &c.) is demolished" by this Dr. Lee's mere *assertions* that Hahnemann was a quack; that his theories are untenable; that his pretended results have been found to be false *by all who have repeated them since;* that infinitesimal doses are inefficacious, and so on; the whole of the seven wise men of Gotham, including the brave reviewer, who hides himself behind the appropriate "nom de plume" of three stilettos, being of the same opinion. In this wonderfully destructive manner, "a system which has its literature, its hospitals, its dispensaries, its chartered colleges," — "which demands our most diligent and unbiassed scrutiny," — is at once disposed of; being totally "demolished"!! Heaven help us!

For the instruction of those who are honest and truth-loving, and as a contrast to the above, we transcribe the mode of inquiry adopted by the physician of the hospital attached to Hotel Dieu, Paris (Dr. Tessier), a gentleman whose character for scientific acquirements and strict veracity even Dr. Lee and his reviewer dare not attempt to disparage. After having devoted a proper length of time to the perusal of Hahnemann's works, he writes as follows: —

"I proceeded to verify the efficacy of infinitesimal doses. I devoted six months to this verification, at the bedside of such acute and chronic patients as could not by any possibility be injured by the experiments I was conducting. The *evidence that the doses acted* was complete in a few days; but I continued the experiments on this point for the whole of six months, and it was only at the expiration of that time that I sought to ascertain the therapeutic value of the new mode by applying it as rigorously as I knew how.

"I ventured, in the case of a patient with pneumonia, in whom I had produced the remission by bleeding, to substitute Phosphorus for the Tartar emetic usually administered. He recovered without accident, and I repeated the experiment several times with the same success. These happy results, however, might very properly be attributed to the energetic antiphlogistic means pursued at the beginning of the disease; and I could only conclude from them, if I had done no good, I had at least done no harm. I then resolved gradually to diminish the number of bleedings, and to introduce the Hahnemannian method before the usual remission was produced; reserving always the right to resort to the ordinary treatment, if the amendment did not appear with sufficient promptitude. I omitted one, two, three, four bleedings in the next patients that presented themselves, thus bringing the administration of the

new remedies gradually nearer and nearer to the first onset of the malady; beginning with a dose of Aconite, followed, after an interval of twelve or twenty-four hours, by Bryonia, to which Phosphorus succeeded. The less I bled, the more grateful was the action of the infinitesimal doses to the suffering patient, until I decided to bleed no more, and employ the method of Hahnemann from the commencement. Aconite seemed to be of little service after having been administered a few hours. Bryonia appeared to be very energetic in its action, and Phosphorus seemed to be useful in local inflammations, threatening to pass into suppuration.

"I cannot express the anxiety which attended these first experiments. Notwithstanding my express directions to resort at once to bleeding if the patients became worse, and in spite of repeated personal attendance at their bedsides, I could not escape the constant feeling that some catastrophe was about to happen. But nothing of the kind occurred. The patients who were first submitted to the treatment recovered without an exception, and the condition of others was rapidly improved. *For two years I have had but a single death from pneumonia:* two others have died, but they entered the ward in the agonies of a pneumonia already suppurated; and, if they figure in my statistics, they should not be taken into account in a discussion of my therapeutics. Since then, I have employed the same method in pneumonia, and by degrees my fears have vanished."

A similar method was pursued, and the results published, by Dr. Henderson, Professor of General Pathology in the University of Edinburgh; and the consequence was a thorough conversion of both these eminent physicians to Homœopathy, as has been the result in every instance where clinical experimentation has been properly conducted.

One gross mistake contained in the remarkable review under consideration we hope to correct, if nothing better is effected. Dr. Pulte's work, published in Cincinnati, is mentioned by this well-informed writer as "*the best authority in the country.*" Shade of Hahnemann!! As well may "Buchan" be called the best authority in Great Britain, or "Gunn's Domestic Medicine" the chief reference-book for American physicians!

MISCELLANEOUS.

EXTREMES WILL MEET. — RUSSIA SALVE OUT-CLIMAXED. — There is now in the market, in tin boot-blacking boxes, a mixture called J. M. Page's Climax Salve, purporting to cure a host of diseases, amongst which are scrofula and salt rheum. It is patented by the inventor, a homœopathic pellet manufacturer, and designed to catch both sides by the statement of its composition: Arnica and Calendula for the homœopathist, with a few vegetable Extracts and Balsams added for the allopathist. From pellets to mixtures. There is but a step from the sublime to the ridiculous.

WHILE persecutions of every description against homœopathic practitioners in France are now succeeding to the contemptuous silence so long sustained, it is a consolation to know that the government, finally freed from academic tutelage, have learnt to distinguish and recompense merit and devotion to science, wherever it exhibits itself.

While but very recently, in Paris, a district medical society, at one of its sessions, instituted a formal complaint against one of its most distinguished members, — the learned professor Cruvelhier, — for presuming to consult with two homœopathic physicians; while, a few days since, the "Gazette Médicale de Toulouse" recorded the unjustifiable act of a medical society, in expelling a physician from their ranks for the reason that he practised homœopathy; the government of France has been busy in elevating to the grade of Chevaliers, and even officers of the Legion of Honor, several French and foreign homœopaths. The most recent act of this kind was the appointment, by the Emperor, of Dr. Pétroz, the worthy President of the Gallican Society of Homœopathie Medicine, as Chevalier of the Legion of Honor.

Dr. Pétroz is one of the elders of homœopathy in France. The appointment is a just recompense for his numerous labors, found on record in most of the French as well as foreign periodicals, which have, for the last thirty years, aided in propagating the doctrine of Hahnemann.

This honor should have been conferred nearly twenty years ago. The Municipal Council, as well as the Council of Health, had recommended Dr. Pétroz for "la croix d'honneur," as a recompense for his services at the time of the cholera, and for his wonderful success in the treatment of the marine-guard at Clichy;

but it was then withheld through the influence of professional opponents.

Happily justice arrives, sooner or later; and this reparation at such a time is particularly honorable to Dr. Pétroz, and to the government that conferred it. — *Médecine Homœopathie des Familles.*

OBITUARY.

It becomes our melancholy duty to record the names of the following eminent medical gentlemen, whom death has taken from our ranks during the preceding year: —

Dr. John H. Wittfield, of Meurs, founder of the first homœopathic institution for the insane, and director of the one at Meurs, died on the 6th of November, 1853.

Dr. H. Bamberg died at Berlin, the 25th of November, 1853, in the fifty-third year of his age. He was a contributer to the "Allg. Hom. Zeitung."

Dr. Melicher, of Berlin, died on the 16th of December, 1853. He enjoyed considerable celebrity, and was engaged in a very extensive practice.

Dr. Marenzeller, of Vienna, died on the 6th of January, 1854, in the ninetieth year of his age. He was one of the first, most independent, and boldest pioneers of Homœopathy in the empire of Austria.

Dr. Larguieux, of St. Paul, died on the 12th of September, 1853, fifty-four years old. He was one of the oldest homœopathic practitjoners of his department.

Dr. Muller died the 8th of August, 1853, at Unna, Westphalia.

Also, Dr. Perchier, of Genf; Dr. Harlang, of Baden; Dr. Altmuller, of Capel; Dr. Mörth, of Jonkoping, Sweden; Dr. F. von Lichtenfels, of Vienna.

NEW PUBLICATIONS.

Key to the Materia Medica, or Comparative Pharmacodynamic, by Ad. Lippe, M.D. Philadelphia, 1854. Published by H. Duffield, M.D., 38, South Seventh-street.

Proceedings of the Homœopathic Medical Society of the State of New York. Albany, 1853–54. J. Munsell, publisher.

Handbuch der reinen Pharmacodynamik, von Dr. H. G. Schneider. No. 4; conclusion of the first volume, containing preface and introduction, the conclusion of Veratrum disease, the Helleborus, Asarum, Squilla, and Cannabis disease. Magdeburg, 1853.

Klinische Erfahrungen in der Homœopathy, von Th. I. Rückert. Vol. i. No. 10. Dessau, 1853.

Die Homœopathic, oder die Reform der Heilkunde Eine Darstellung der Grundsætze und Lehren der Homœopathic, von Dr. Klothar Müller, Leipsic. Otto Wigard, Leipsc.

Der Homœopathic Hausarzt in Kurzen therapeutischen Diagnosen. Ein Versuch von Dr. C. von Bönninghausen. No. 1. Münster, 1853.

Catalogue of the Fourth Annual Session of the Western College of Homœopathic Medicine, at Cleveland, Ohio; together with an Announcement for the Fifth Annual Session. Cleveland, 1854.

Homœopathy fairly Represented. A Reply to Professor Simpson's "Homœopathy" misrepresented. By William Henderson, M.D., Professor of General Pathology in the University of Edinburgh. First American, from the last Edinburgh edition. Philadelphia, 1854. Lindsay & Blakiston.

PERIODICALS RECEIVED.

AMERICAN.

The North American Homœopathic Journal, November, 1853.

The Philadelphia Journal of Homœopathy, for February, March, April, 1854.

The American Journal of Homœopathy, January and Febraary.

The Chicago Homœopath, March, 1854.

The Scalpel, February, 1854.

FOREIGN.

British Journal of Homœopathy, January, 1854.

Homœopatische Viertel Jahrschrift, vol. iv. No. 4, and vol. v. No. 1.

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Allgemeine Homœopathische Zeitung, up to March 13, 1854.

Prager Monatschrift, January and February, 1854.

Zeitschrift für wissenschaftliche Therapia, vol. ii. No. 1.

Medicine Homœopathique des Familles, tome ii. Nos. 9, 10, 11, 12.