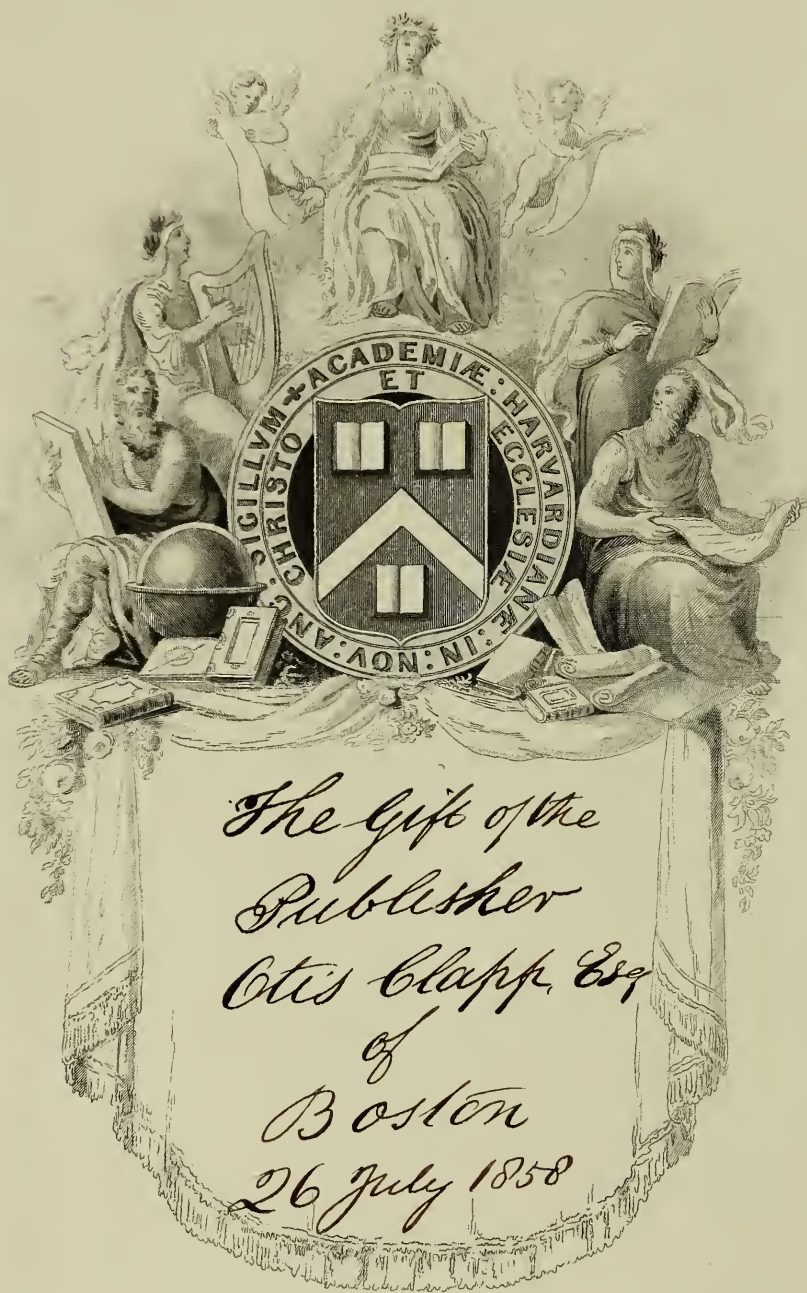
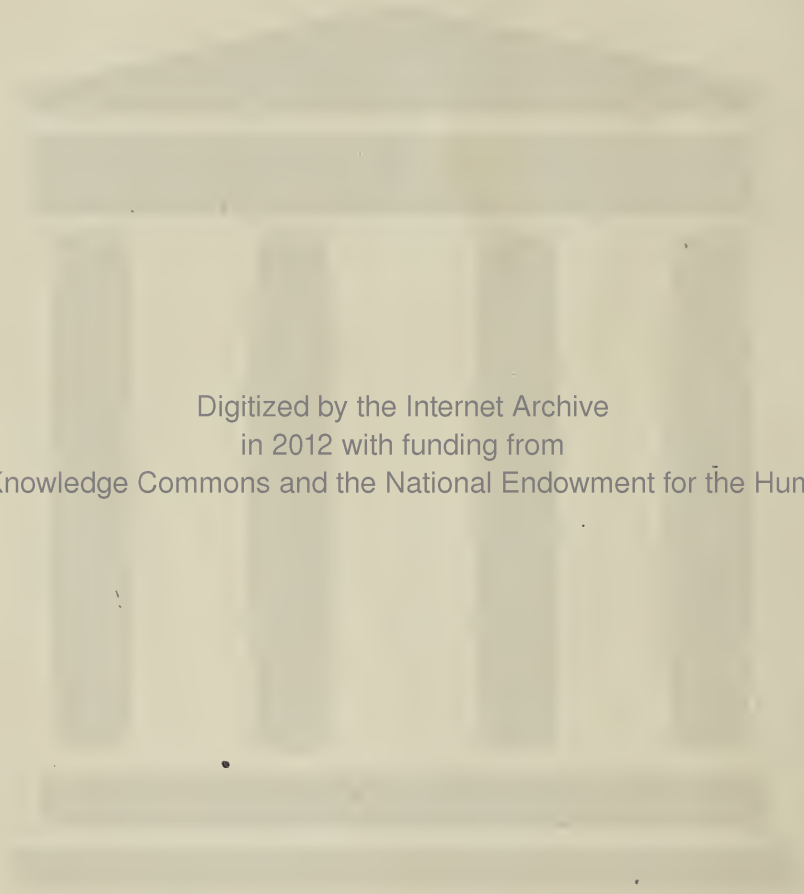




51.120.





Digitized by the Internet Archive
in 2012 with funding from

Open Knowledge Commons and the National Endowment for the Humanities

0

QUARTERLY

HOMŒOPATHIC JOURNAL.

EDITED BY

DRS. J. BIRNSTILL AND J. A. TARBELL.

VOL. I. — NEW SERIES.

BOSTON:

PUBLISHED BY OTIS CLAPP,

23, SCHOOL STREET.

1853.

1858. July 26.

Gift of
O. W. Clapp, Esq.
of Boston.

BOSTON:

PRINTED BY JOHN WILSON AND SON, SCHOOL STREET.

I N D E X.

- Angina Membranacea, by Dr. Elb, 1.
 Arnold, Dr. Wm. on Canker, 41.
 American Institute of Homœopathy, 48.
 Asthma Millari, 69.
 Acute Rheumatism, 72.
 Ackworth, Dr., on Cardiac Disease, 78.
 Anamnesis, Employment of, for Selection of Remedies, 82.
 Angina Granulosa, by Dr. W. Arnold, 90.
 Adulteration of Food, 175.
 Bromine in Croup, 131.
 Ball, Dr. A. S., on Croup, 131.
 Bronchial Croup, 65.
 Bürkner, Dr., on Ozon, 169.
 Croup, 1, 50, 131.
 Canker healed by Arsenic, 41.
 Croup, Torpid, 62.
 " Secondary Bronchial, 65.
 " Primary " " 66.
 " Spasmodic, 67.
 Cardiac Disease, 78, 87.
 Constipation cured by Alumina, 95.
 Diseases of Children, 28.
 " their Prevention, 136.
 Digitalis Purpurea, 172.
 Dilution of Remedies, 177.
 Elb, Dr., on Croup, 1.
 Editorials, 46, 93, 143, 185.
 Eyes, Inflammation of, 97, 145.
 Emphysema, 87.
 Fireweed, 92.
 Food, Adulteration of, 175.
 Gout, 140.
 Gonorrhœa, 87.
 Guaco an Antidote for the Bite of Serpents, 88.
 Homœopathy, by Dr. W. Hooker, 46.
 Hooping Cough, 87, 95.
 Hooker, Dr. W., Discovery by, 47.
 Hydrocephaloid, 114.
 Homœopathic Literature, 121.
 Hernia, 123.
 Hydrophobia, Case of, 141.
 Intelligence, 46, 143, 186.
 Inflammation of the Eyes, 97, 145.
 Intermittent Fevers, 87.
 Kafka, Dr., on Asthma, 69.
 Lobethal, Dr., on Dilution of Remedies, 177.
 Letter to the Editors, 181.
 Milk of the Mother, 28.
 Metastasis to the Heart, 33.
 Marriages, Inappropriate, 137.
 Mental Diseases, 140.
 Muscle Rheumatism, 75.
 Müller's, Dr. C., Report of the Poliklinik of Leipzig, 86.
 Nursing by Sickly Females, 30.
 Neuralgia, 37.
 New Publications, 144, 188.
 Nitric Acid in Angina Granulosa, 90.
 Ophthalmia Serophulosa, 87.
 " Catarrhalis, 145.
 Ozon, and its Significance for Homœopathy, 169.
 Pneumonia, 87.
 Periodicals received, 96, 188.
 Remarkable Discovery by Dr. Hooker, 47.
 Rheumatism, Acute, 72.
 " of the Heart, 78.
 Rheumatic Eye Inflammation, 147.
 Scarlatina, 33.
 Schrœn, Dr. L., on Neuralgia, 37.
 Schweikert, Dr. J., on Hydrocephaloid, 114.
 Schelling, Dr., on Hernia, 123.
 Senecio Hieracifolius, 92.
 Tulf, Dr., on Inflammation of the Eyes, 97.
 Torpid Croup, 62.
 Tuberculosis of the Lungs, 86.
 Tumors, &c. 87.
 Terms Homœopathy and Allopathy, 88.
 Traube, Dr., on the Effect of Digitalis Purpurea, 172.
 Ulcers, 87.
 Vanderbrugh's, Dr., Reply to Dr. Hooker, 95.
 Vaccine Matter in Whooping-cough, 95.

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 "Homœopath. Viertel Jahrschrift," No. 3, 1851. Trans. by J. B.
VOL. I. — NO. I.

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 dyspnoea 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, dyspnoea 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 dyspnoea 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 dyspnoea 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 dysynœa, 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 pneumonia 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 dyspnoea 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 dyspnoea, 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 is 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 abnormalities 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, tetter, &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 lukewarm 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 ankles; 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. SCHRÆN.*

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 chilliness; 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.

E D I T O R I A L.

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 responsibility, — 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.

I N T E L L I G E N C E.

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 homœopathic 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.

Calcareæ 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-affectations, 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 dyspnoea 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 3 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. ʒ, 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. ʒ. 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. ʒ. and Aconite ʒ. 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. ʒ. 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; diagnosing 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 abnormality; 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. ʒ, 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 "*nosce te 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 rheumatism of the joints. The duration of the cases treated by us varied exceedingly. Some rheumatism 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 crisis*, 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,

Unprecedented 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 pericardial 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 unprecedented 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 hundredth 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 "*Zep-tandra 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 Gaviolon, a species of vulture, to eat, previously, Guaco leaves, has led to this remedy.—*Zeitschr. für homœop. Klinik. I. ii.*

S T R A Y N O T E S .

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 longstanding 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 Practitioners." 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. Klinik*, 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 abnormality 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, Leipzig. Edited by C. Müller and V. Meyer. Vol. III. 1 and 2.
 Zeitschrift für Homœopathische Klinik. Edited by Dr. B. Hirschel, Dresden. Vol. I. Nos. 8, 9, 10, 11.
 Allgemeine Homœopathische Zeitung. Edited by Drs. F. Hartmann and F. Rummel, Leipzig, 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 blennorrhœa and pyorrhœa. So we see inflammation of the conjunctiva preceding an inflammatio neonatorum, gonorrhœica, 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, dyscrasies 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 abscesses. 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 abscesses 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 descemetie 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 develops 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, sychisis, 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), (AMPHIBLES-TROIDITIS).

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, hyaloides, 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 Tschecnitz, 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 atrophica 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 gonorrhœic., 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 cerebialis*). 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 hydrocephaloid 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 cerebialis, 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 cerebialis, mucous greenish diarrhœa (calomel stools); incessant vomiting, and the mouth full of aphthæ. I administered Bellad. ʒo, and Veratr. ʒo, 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. ʒ every half-hour i. gtt. upon sugar, and Zincum met. ʒ 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, diagnosing 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 cerebialis*, 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. N.

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 homœopaths 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, incarcerated 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 dyspnoea, 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 dyspnoea 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 dyspnoea. 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. GRIESELICH.

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 Madeira; 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; terrors 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 practitioners, 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 Arzneiprüfungen und Vorarbeiten zur Arzneilehre als Naturwissenschaft von Constantin Hering. Heft I. Glycerin 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, Leipzig. Edited by C. Müller and V. Meyer.
- Zeitschrift für Homœopathische Klinik. Edited by Dr. B. Hirschel, Dresden, up to Nov. 1, 1852.
- Allgemeine Homœopathische Zeitung. Edited by Drs. F. Hartmann and F. Rummel, Leipzig, up to Nov. 22, 1852.
- Zeitschrift für Erfahrungsheilkunst. By D. A. Bernhardt, Berlin. Vol. v. No. 3.

QUARTERLY HOMŒOPATHIC JOURNAL.

ON INFLAMMATION OF THE EYES.

BY DR. TULFF, BRESLAU.

(Continued from page 113.)

I. OPTHALMIA 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 *Blenorrhœa*.

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 blepharodentis 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 blepharoblennorrhœa, 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 periosteum of the orbit, and, above all, in the sclerotica, from which it passes not unfrequently to the descemetie 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 descemetie 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 descemetie membrane. In inflammation of the descemetie 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. OPTHALMIA EXANTHEMATICA. — *The Exanthematic Eye-inflammations.*

These are, the independently-occurring erysipelatous eye-inflammations excepted, only symptoms of the acute feverish exanthemas, 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 erysipelalous 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.) OPTHALMIA 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.) OPTHALMIA SCARLATINOSA. — *The Scarlet Eye-inflammation.*

As the morbillous is related to the catarrhal, so seems the scarlatinous eye-inflammation to the erysipelalous. 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.) OPTHALMIA 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 blennorrhœa, 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.) OPTHALMIA 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 eyelids 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 gonorrhœica 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.) OPTHALMIA GONORRHOICA.

This disease, produced by direct transmission of the gonorrhœal 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 hydrorrhœ, and appears suddenly as blennorrhœa and pyorrhœa. 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 gonorrhœal 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 gonorrhœic 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.) OPTHALMIA 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.) OPTHALMIA ABDOMINALIS HÆMORRHOIDALIS. — *The Abdominal or Hæmorrhoidal Eye-inflammation.*

This is the weaker venous relation (*sit venia verbo*) of the stronger and arterial anthuritic 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 spirituous 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.) OPTHALMIA 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 descemetie 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.) OPTHALMIA 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. Synchrony 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 syphilitic 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 Hyoseyamus 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 syctic 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, Sassa-parilla, Calcareia, will be efficacious.

(f.) OPTHALMIA 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.) OPTHALMIA PSORICA. — *The Itch Eye-inflammation.*

This is the product of itch, forcibly removed by local repellents, and of uncleanness. 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.) OPTHALMIA CACHECTICA ET OPTHALMIA 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 blenorrhœas 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^5 . — 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 Médecin*, 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. ij. 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 homœopaths 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 homœopaths 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 1600th 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 Illicos 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, pathogenetic 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 Naturwissenschaft, 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.

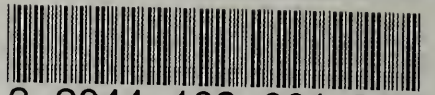
Zeitschrift für Homœopathische Klinik, Dresden, to Feb. 3, 1853.

Allgemeine Homœopathische Zeitung, Leipzig, to Feb. 7, 1853.

Zeitschrift für Erfahrungsheilkunst, Berlin. Vol. v. No. 4.

3 gal.

86



3 2044 103 001 723

