

THE

ECLECTIC MEDICAL JOURNAL,

CONDUCTED BY

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THE

ECLECTIC MEDICAL JOURNAL.

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[No. I.]

Part 1.---Original Communications.

PODOPHYLLIN AND MACROTIN.

BY WM. S. MERRELL, A. M.

Editors of the Eclectic Medical Journal:

GENTLEMEN,—In compliance with your request, I hand you the following brief statement of my experiments upon, and my mode of preparing the active resinous principles of, the Podophyllum, and of the Macrotys Racemosa.

In the latter part of June, 1847, while making some "Hydro-Alcoholic Ext. of Podophyllum," on setting aside the liquid after the Alcohol had been evaporated off, I observed that a resinous substance had precipitated, which, from the analogy of its formation to the "Resin of Jalap," I immediately inferred bore a similar relation to the Podophyllum, that that substance does to the Jalap, and that it would be found to be in a great measure the active principle of the root from which it was obtained.

On referring to the article on Podophyllum in the U. S. Dispensatory, I found recorded the experiments of William Hodgson, Jr., by which a similar substance had been obtained by solution in quick lime and precipitation by Sulphate of Zinc (see P., 557).

I immediately proceeded to test the virtue of the article I had obtained, and was not disappointed in my anticipations.

About two grains of the partially purified resin were taken by a healthy young man then in my employ. For about six hours it produced no sensible disturbance. He then complained of feeling sick, and lay down. Two hours afterwards, on being aroused from sleep, he purged and vomited profusely. It operated freely by purging, once or twice afterwards. The next morning he felt perfectly well, and, on inquiry, stated that it produced no spasm or griping, but operated, in all respects, like "a tremendous big

dose of calomel." A few days afterwards, my own bowels being constipated, I took, at night, a single grain, carefully weighed and made into a pill, with an equal quantity of *sapo castile*, which produced a free evacuation the next morning. After these trials, I ventured to recommend it to the attention of the profession, whose testimony has been uniformly and decidedly in its favor.

For the sake of brevity, and in accordance with the suggestion of the authors of the U. S. Dispensatory, in the article above referred to, we named this new principle *Podophyllin*.

The experiments of Mr. Wm. Hodgson, Jr., were the only ones, so far as I know, that had then been published. His process may do well for scientific analysis, but for practical use is unnecessarily troublesome and wasteful, even if it do not, as the experiments of Mr. Lewis, confirmed by my own, seem to show, wholly destroy the medical virtues of the product.

In the third number of the thirteenth volume of the *American Journal of Pharmacy*, August, 1847, is published the "Observations on *Podophyllum Peltatum*," by John R. Lewis, containing an account of an interesting series of experiments on that article. These experiments were probably made previous to my own, but were not published till a month after I had obtained the *Podophyllin*, and introduced it to the notice of the profession. The results of Mr. Lewis' analysis are in general similar to my own, and in some respects fuller than any I have yet made.

His most eligible mode of obtaining the resinous principle was briefly as follows:

"A quantity of the coarsely powdered root was boiled a few minutes in dilute alcohol, and when cold was displaced. The reddish brown liquor was evaporated to dryness; the dry extract reduced to powder, treated with alcohol of 42 deg. Baume; the solution boiled with purified animal charcoal, filtered, and evaporated. The residue, which had the appearance of a light brown resin, was re-dissolved in alcohol of 42 deg. Baume, and precipitated by water, which operation left a large portion of coloring matter in solution. The precipitate was separated, washed with distilled water, dissolved again in alcohol, and left to evaporate. In this state it had but little color, and was in form analagous to *tannin*."

My process for obtaining the *Podophyllin* is the same in principle as the above; but as I now make it in larger quantities, I use the vapor displacement apparatus patented by Mr. C. A. Smith, for exhausting the roots, and otherwise modify the process as science and experience have suggested. The article cannot be profitably prepared in small quantities by the physician, nor without considerable expense of apparatus.

The resin obtained by Mr. Lewis, as stated above, seems to

have been purer in *appearance* than that which I prepare, but, from some cause, must have been *inferior* in medical power. He says, "Eight grains of the dark brown resin is sufficient for a strong purge; it is a *hydragogue*, operating with griping and producing a nauseating effect. Six grains of the resin, still purer, operated as a drastic cathartic; it also occasioned vomiting and great debility." Now, the *Podophyllin* prepared by me operates freely, and sometimes drastically, in doses of *two* grains, and in *four* grain doses (and sometimes less) acts powerfully as an emeto-cathartic, and in proper doses it does not usually gripe, and the evacuations are not properly of a hydragogue character. The Philadelphia physicians, however, seem to have imperfectly tested the article, and to have made no practical use of their discovery, deeming, it is presumed, the *Sampson calomel*, with its usual adjuncts, sufficient for their purpose. To the physicians of the Eclectic School at Cincinnati will belong the credit, if any there be, of first introducing this valuable medicine into common use, and giving it a high rank in the *materia medica* of the country.

The *Podophyllin*, when pure, is quite insoluble in cold water, nor is it acted on by dilute nitric acid, or very dilute alkalies. It is not, therefore, an acid like *tannin*, nor an alkaloid, nor a salifiable base, like *quinia*, but a neutral proximate vegetable principle, of a resinous character. It is insoluble in oil of turpentine, but readily soluble in alcohol and ether. In all respects, its chemical characteristics are similar to those of the Resin of Jalap, and like it, on account of its insolubility in aqueous fluids, it is very important in administering it, that it be finely powdered, or thoroughly triturated with sugar, syrup, or some soluble extract, so that its particles may be readily and intimately diffused in the stomach, otherwise there is danger of its producing irritation and pain, in consequence of its local or chemical action on the *primæ viæ*.

[As to the dose of the *Podophyllin*, my experience thus far would incline me to the adoption of *ONE GRAIN* as the average cathartic dose. This dose may in some cases be very slow in showing its effects, but, on the other hand, a half grain dose may in some cases be quite sufficient, as I have known such a dose to produce a *vigorous* emeto-cathartic effect upon an adult. We should carefully proportion our dose to the susceptibilities and condition of the patient: the cathartic dose may, therefore, vary from half a grain to two or three grains, but will seldom exceed these limits.—B.]

REMARKS

ON THE PRACTICAL APPLICATION OF THE PODOPHYLLIN AND
MACROTIN.

BY T. V. MORROW, M. D.

PERHAPS no medicine has been introduced to the notice of the medical profession, for the last one hundred years, which promises to be of so much value as the Podophyllin. An experience somewhat extensive in the use of this agent in the treatment of a great variety of cases of disease, during the last six months, has fully convinced the writer of its immense value as a remedial agent, more especially as a purgative and alterative. To prepare it properly for use, it should be finely pulverized, and given in doses of from one and a half to three grains, to an adult, mixed in a little simple syrup or sweetened water—say in one-half a tablespoonful or about two teaspoonsful. In doses of this size it will operate with great efficiency, and certainty as a purgative, in from four to eight hours producing several pretty copious and moderately consistent discharges, which are very frequently charged to a considerable extent with bile. In some instances a longer period will elapse before its operation will commence, and in nearly every case it leaves the bowels in a gently lax condition, perhaps for two or three days after its operation is over. It operates with much energy and efficiency, without harshness, seldom producing griping; but it occasionally produces nausea, and, in full doses, may cause vomiting, but in small doses, seldom produces these effects. Some practitioners, who have used the Podophyllin, say it will operate quite satisfactorily as a purgative, in doses of one grain. This is one of the cathartics which, during its operation, seems to exercise a powerfully controlling influence over the condition of the cutaneous tissue, as well as the action of the heart and arteries, producing, in many instances, a moderately copious perspiration, which often continues, to a greater or less extent, during the whole period of its operation. This is more especially true when it causes nausea and vomiting. But when these effects do take place the patients never experience that deathlike and powerfully depressing sickness, which not unfrequently results from the operation of the powdered root of the *Podophyllum Peltatum*, when given in full doses. I have found the Podophyllin quite a popular and convenient purgative, the dose being so remarkably small that no one objects to taking it on account of its unpleasant and inconvenient size.

In the treatment of the various kinds of intermittent, remittent,

and continued forms of fever, I have had frequent opportunities to test its value, during the past summer and fall. With one single dose, of from two to three grains, of this medicine, I have very frequently arrested the progress of a severe attack of bilious remitting fever, requiring nothing further to complete the cure, except some gentle tonic and restorative medicine, and a proper avoidance of the exciting causes.

The same remarks apply with equal truth to the intermitting forms of fever, as well as to some of the continued. In every variety of case, which is characterized by much hepatic torpor and congestion of the portal circle, it has manifested a superior controlling power, appearing to arouse the torpid energies of the liver, and restoring very promptly its lost functions.

But in no class of cases has this medicine manifested a higher degree of value, so far as I have been able to observe its effects, than in those cases marked by strong determination of blood to the brain, producing either congestion or incipient inflammation of that organ. In several cases of this description, in the treatment of which I have witnessed its effects, I was agreeably surprised to find every trace of congestion eradicated by one or two thorough operations of this article. It seemed to exercise a more completely controlling influence over this pathological condition than any medicine I have ever known used for the same purpose. Of course, in these cases it was used in moderately full doses, and its operations continued for a considerable length of time.

In cases of puerperal fever, in their incipient stage, it has manifested itself as a medicine of superior value, arresting them, at once, when administered in full doses, and even as a common purgative dose, after confinement, no medicine has exercised a happier influence. I have availed myself of its use under these circumstances, in numerous instances, with the most beneficial and satisfactory results. In a case of dropsy of the serous cavities, as well as cellular texture of the whole body, the Podophyllin was administered in doses of one-half a grain, in conjunction with a half a teaspoonful of Cremor Tartar, every two hours, until it produced a half a dozen or more copious watery discharges from the bowels, and repeated in two or three days afterwards, till the same effects took place, it soon relieved the patient completely of the dropsical effusion!! From its effects in this case, I should be led to entertain a favorable opinion of its powers in all cases of dropsy.

I have used the Podophyllin in numerous cases of cholera infantum, and other attacks of summer complaint in children, with very satisfactory results. In these cases, however, it was given in very small doses. To a child three years old, it was given in doses of from one-fourth to a half of a grain, once in six or eight hours for thirty-six or forty-eight hours, and it scarcely ever failed to afford decided advantage, more especially in those cases in

which there was frequent hepatic torpor, in connection with a determination of blood to the head.

The results of my experience in the use of this article as a remedial agent, on the whole, are such as to leave no doubt on my mind that it is destined soon to occupy a conspicuous place among the most valuable remedies of the *materia medica*, with a very extended range of application in the treatment of disease.

As an alterative, it has demonstrated its value beyond all doubt, in numerous cases in which it has been used during the past summer and fall, especially in that class of cases in the treatment of which the routine practitioners of the orthodox school regard the mercurial preparations as of indispensable importance. Indeed, it promises to be more than a substitute for the mercurials, in all those cases in which these medicines have proved of any substantial value, without their liability to produce injurious effects on the constitution of patients.

MACROTIN.

"In the early part of the present year, (1848,) I submitted a portion of the root of *Macrotys Racemosa* (*Cimicifuga*, of the U. S. Pharmacopeia) to the same process as that pursued in obtaining the Podophyllin, and readily procured from it a similar resinous principle. This, from analogy, I have named MACROTIN. Several physicians have used it for some months past, and, like the Podophyllin, it bids fair to become an important medicine in those peculiar diseases to which the *Macrotys* is so especially adapted. The mode of its preparation, and all its mechanical and general chemical characteristics, are very nearly the same as those of the Podophyllin.

I have also obtained similar resins from the *Leptandria Virginica*, (*Leptandrin*,) and from the *Iris versicolor*, (*Iridin*,) but the medical virtues of these have not yet been satisfactorily tested.

I propose, as soon as time permits, to subject all the above articles, and many others of our indigenous *materia medica*, to a more careful analysis.

Yours, &c.,

WM. S. MERRELL."

For several months past I have used the Macrotin very extensively, in the treatment of a numerous class of female diseases, for the successful treatment of which I had for many years previous been in the habit of depending mainly on the *Macrotys Racemosa*, either in the form of infusion, decoction, or tincture. My confidence in the value of the *Macrotys Racemosa*, I am free to confess, has been such as to induce me to use perhaps a larger quantity of this medicine, for the last sixteen years, than any practitioner in the United States, giving it a more extended range of application in the treatment of disease, and relying with more confidence on its ultimate efficiency, than any of my medical

friends. My experience in the use of this article, during the period named, has been mostly confined to cases of leucorrhœa, menorrhagia, prolapsus uteri, threatened miscarriage, dysmenorrhœa, and barrenness, or sterility, in all of which cases I have obtained the most satisfactory results from the *Cimicifuga*, or *Macrotys*; but deeming the *Macrotin* a more convenient form of the medicine for practical use, and believing it to contain the virtues of the article from which it is obtained, I have accordingly used it in similar cases, with results thus far which justify the conclusion that it will be found a satisfactory substitute.

My experience in the use of the *Macrotin* has demonstrated, to my mind, that there is a slight difference in the *modus operandi* of this form of the medicine, when compared with the usual forms in which the *Macrotys Racemosa* has been used. That difference principally consists in the increased liability of the latter to produce a heavy, dull, and aching sensation in the forehead, in connection with a feeling of dizziness, while the former appears to manifest a greater tendency to produce aching and somewhat painful sensations in the joints, and limbs generally. I have usually given the *Macrotin* in the form of pills, prepared by adding a small quantity of pulverized Castile soap, enough to make the mass properly adhesive, and forming it into pills of the ordinary size, and giving one every three hours during the day, in all the various cases above mentioned, whenever they have come under my care, since I commenced its use. In nearly all these cases it has proved singularly beneficial, thus affording the gratifying evidence that it will soon become one of the most popular and valuable articles of the *materia medica*.

OPHTHALMIA.

BY B. L. HILL, M. D.

It will be recollected by the readers of "The Eclectic Journal," that in the — number, volume seventh, I published an article on Inflammation of the Eyes, giving my views as to the common mode of treatment, as well as the treatment that had been most successful under my observation and prescriptions. I now propose to notice briefly a few cases illustrating the importance and success of the course then recommended.

A youth, aged about seventeen, was attacked with severe inflammation of one eye, early last spring, which continued to increase in violence, accompanied with severe pain in the head. After trying the usual domestic remedies, he was sent to a celebrated

eye doctor, a regular practitioner of the old school, who commenced the treatment by the usual applications—acetate of lead, opium, nitrate of silver, and, finally, sulphate of copper, making applications several times a day. The symptoms continued to increase in violence, notwithstanding these potent remedies had been most faithfully applied, by the advice and counsel of several men of science and reputation of the Allopathic school. After pursuing the above course for some time, it was found necessary to puncture the *cornea*, to let off the aqueous humor, which had accumulated to such an amount as to protrude the cornea several lines from its natural position, and cause insupportable pain to the patient. The patient informed me that the operation was performed every day, except two, for nine weeks. The case was finally abandoned as hopeless, being worse than when the treatment was commenced.

In this state of the patient I was called, with another Eclectic practitioner, to prescribe for the case. We found him laboring under severe pain in the affected eye, extending into his brain, producing strong symptoms of cerebral inflammation. The eye was in a state of high inflammation, with a red, bloody, nebulous appearance, and very much swollen, with the other eye in a very weak and irritable condition, unable to bear the light. The surface of the patient, especially about the neck and the affected side of the head, was covered with erysipelatous eruptions, which we were informed had existed for more than twelve months previous to the eye's becoming inflamed. The skin was dry and husky, not having perspired sensibly for several months; appetite poor, digestion feeble, and the nervous system greatly prostrated.

The treatment pursued was as follows: Irritating plasters were applied to the back of the neck, on the arms just above the elbows, and on the calves of the legs; these were dressed daily, in the usual manner, and continued to discharge freely for four or five weeks. An active hydragogue cathartic, composed of equal parts of "anti-bilious physic" and Cream of Tartar, was given and repeated once in eight or ten days. An alterative powder, composed of sulphur, Cream of Tartar, Podophyllin, and Iris vesicolor, equal parts, was given in doses of five or six grains daily, just sufficient to keep the bowels regular. His whole surface was bathed daily in warm alkali, and followed each time with a wash of the saturated tincture of the root of the *phytolacca decandria* (Poke). The object of using the above tincture was to remove the eruptions which existed over his surface, as above described, which soon disappeared. To the eyes was applied a wash of tincture of capicum one part, and pure water five parts, gradually increasing in strength, so that in eight or ten days the pure tincture was applied into the eyes, three or four times a day or oftener, affording such pleasant sensations to the patient as induced him to make the

application quite often. Under this treatment, all disagreeable symptoms rapidly subsided, and the patient was in a few weeks restored to perfect health, the symptoms having left his surface, the inflammation subsided from the diseased eye, and, though it had been cut and haggled by over fifty operations, yet, strange as it may appear, the sight, to some extent is restored, and the eye may yet be of much service, while the other eye has recovered its usual strength, most perfectly. What I wish, in this article, to impress upon the mind of the reader and practitioner is, the importance of attending to the surface in diseases of the eyes, as well as the fact of the total failures that will always attend the efforts of practitioners who neglect the proper applications to the skin.

The signal failures so often occurring in the treatment of most forms of chronic disease, are clearly attributable to the very limited and partial view generally taken of the nature and extent of almost all forms of disease manifesting prominent local symptoms. In a large majority of cases of chronic disease of a local character, their continuance and obstinacy depend, to a very great extent, on general constitutional derangement and debility—not unfrequently upon a derangement and torpidity of the skin.

In the case referred to, I am confident, that, had the applications to the surface of his body been neglected, or carried out with less energy, no permanent beneficial results would have followed from all the other treatment.

Another case, illustrating the importance of the above mentioned course of treatment, was a young lady, aged sixteen, of scrofulous diathesis, whose eyes had been for some months in a state of high inflammation, which had gradually subsided, leaving them in a state of extreme tenderness and sensibility to the effects of light, while the whole surface of the cornea wore a cloudy appearance, with a congested condition of all the small vessels of the cornea and conjunctiva, so as to render the patient entirely blind, except that she could barely distinguish objects in a strong light.

The course of treatment, which resulted in the entire recovery of the patient, and restoration of perfect sight, was about the same as described in the former case. The irritating plaster was applied to the nape of the neck, the surface bathed in ley every day, the bowels gently moved with an active hydragogue cathartic once a week, and the tincture of capsicum, as above directed, applied to the eyes.

I might mention a score of similar cases, all of which have been relieved by substantially the same course of treatment, while I have not known of a single failure where it was adopted. But, on the other hand, under the common course of Allopathic practice, every one knows that scores of cases remain weak and diseased for months and years, and many become irrecoverably blind.

COLLIQUATIVE PERSPIRATION.

BY WM. T. PARKER, M. D.

THIS affection rarely or never occurs as a primary disorder, but generally depends for its existence on some other predisposing cause. It may with propriety be considered a certain symptom of exhaustion and debility.

Night sweats differ in no essential feature from profuse or exhausting perspiration at other periods. Most patients who sweat at night, if they fall asleep during the day, are soon bathed in the same flood of perspiration which exhausts them by night. Strong mental emotion, of a depressing character, will produce the same symptoms, as fear, despair, shame, &c.

I lately saw a lady who was quite low with a bilious intermittent, break out into a profuse perspiration during the rise of the fever, from the excitement and embarrassment of discharging her physician. So sudden was the change, that, from a state of high feverish excitement, she passed in two or three minutes into the sweating stage, with a cool skin and soft pulse, cutting short the hot stage some hours.

This affection almost invariably accompanies hectic fever. Armstrong, however, mentions two cases of hectic that were not accompanied by night sweats. On the other hand, the latter affection very often exists without any perceptible degree of fever.

Night sweats constitute a prominent symptom in the advanced stages of phthisis pulmonalis, and contribute much to reduce still lower the small stock of vitality; so that it becomes a desirable object to arrest them as speedily as possible, if we wish to prolong the life of the patient. They often occur after the termination of a course of fever of any kind, but particularly synochus or typhus. They may be caused by menorrhagia, leucorrhœa, bleeding hæmorrhoids, chronic diarrhœa and dysentery, and all other excessive or morbid evacuations. Old ulcers, carious bones, and chronic diseases generally, may give rise to them.

CAUSES.

The proximate cause of this difficulty is probably always debility. Perhaps it results from former over-action. The cutaneous exhalents having been kept for a long time in a state of excitement, from some irritation of the system, the reaction, from a well known law of vitality, produces an undue relaxation of these emunctories, bringing about a condition exactly the reverse of fever, but equally morbid.

If this hypothesis be true, the process is similar to the effusion of water in the serous cavities.

Dropsy is now generally regarded as a sequel of inflammation, or a state bordering on inflammation, seated on the membrane which secretes the fluid. The doctrine of the pyrexial nature of dropsy has, since the days of Dr. Rush, become almost universal; but whether the idea that colliquative sweats result from a similar state of the perspiratory surface will stand the test of scientific investigation, is yet to be determined.

The remote causes of this affection are numerous. Any disease, whether acute or chronic, which diminishes the strength and impedes the natural functions, may induce that irritation and consequent debility which are followed by colliquative perspiration.

TREATMENT.

Considering the case as eminently one of debility, reason would dictate that it should be met by tonics and stimulants. These, with astringents, are generally prescribed, and constitute the whole course of treatment recommended, so far as I now recollect, in books. Acetate of lead, with opium, is strongly advised by some authors, and is in common use in Germany. Elixir of vitriol, nitric, sulphuric, and hydrochloric acids, sulphuric ether, sulphate of iron, tinctura ferri muriatis, and cinchona, are all in their turn favorite remedies with some. I have found, among the articles mentioned, the tinct. ferri muriat. and cinchona most valuable.

But the exhibition of diaphoretics has, in my experience, been crowned with more certain success than any other class of means. A small quantity of infusion of Eupatorium Aromaticum, or of the bark of the Sycamore or Button-Wood, (*Platanus Occidentalis*,) taken in the evening for a few consecutive days, will generally suffice to arrest the difficulty.

The most effectual remedy, however, that I have ever tried, is the crawley (*Pterospera Andromeda*). I generally prescribe an infusion of two drachms of the bruised root in five ounces of boiling water, to be taken an hour or two before retiring to sleep. This, repeated two or three times, I have never known to fail of arresting the complaint. If, however, the irritation on which it depends continue, as softening of tubercles, &c., a return of the sweating may be expected. It must be again met by the same or similar means. If large quantities of this article are administered, the effect does not appear to be so salutary as something near the amount mentioned. Tonics should be administered where there is no condition contra-indicating their exhibition; also, astringent baths.

This method of treating night sweats I have obtained from my partner, Dr. J. Beeman, who learned it from his father. Dr. Beeman, Sen., was a root and Indian doctor more than forty years ago, in New York and Massachusetts. I believe it is a practice very little known; and as I consider it a valuable acquisition to

the reformed practice, I have embraced this opportunity of laying it before the public.

The fact that profuse perspiration is cured by diaphoretics, is rather difficult to reconcile with the common doctrines of Allopathy. It rather favors the theory of Hahnemann. "*Similia similibus curanter.*"

BIRMINGHAM, O., MAY 17, 1848.

CASE OF NEURALGIA FACIEI.

BY C. J. CHILDS, M. D.

IN the spring of 1847, whilst practising in St. Louis, Mo., I was consulted by Mrs. A., a married lady about forty-five years of age. This lady had been suffering from severe attacks of Neuralgia, at different intervals, for nearly five years, the pain, affecting principally one side of the head, jaw, and face, being so severe at times as almost to cause the loss of sight on that side.

I learned, upon inquiry, that about five years before, Mrs. A., upon recovering from a spell of sickness, took cold, which brought on an attack of intermittent fever, for which her physician gave considerable quantities of preparations of arsenic, which she supposed was the cause of this disease. After having a number of the most celebrated physicians in the city prescribe for her, and losing all the teeth of that side of the jaw, and suffering every painful operation that their imaginations could invent, she was soothed by the kind advice "to wait five years longer, and possibly the pain might leave her; but in case it did not, she must make up her mind to bear with it patiently, for there was no cure for it." She told me that, during the entire time she had been suffering under this complaint, the only means she had ever found to give any temporary relief whatever, was slight salivation, or "touching of the gums." Hence, for nearly five years, she had been partially, and during considerable of that time deeply, under the influence of mercury.

She was threatened with an attack at the time I saw her, and she begged, if it was possible for me to stop it by any means whatever, they might at once be applied. I found, upon examination, her general health very much disordered, the stomach very foul, digestion imperfect, food often thrown up, distressing sensation of weight in the epigastric region, liver swollen, very tender, and torpid, bowels never acting without medicine, urine high colored, burning, and scanty, skin dry, harsh, and hard to make perspire; face covered with large brown splotches; eyes very weak,

with great tenderness on the inner side of the mastoid process of the temporal bone, over the origin of the fifth pair of nerves; also, tenderness nearly the entire length of the spine.

TREATMENT.

To relieve the urgent symptoms of pain, a small dose of opium, combined with capsicum, and also the extract of hyosciamus, in solution, (five grains of the extract to one ounce of warm water,) given in teaspoonful doses every hour until a cessation of the pain, then stop, and repeat whenever indicated. The base of the head was shaved, and the common irritating plaster extended from back of the ear some distance down the spine. An emetic of lobelia seed and ipicac four ounces, sanguinaria and ictodes two ounces, capsicum one ounce; of this fifteen grains were taken every half hour, until free vomiting was produced, which was followed in the course of four hours by a cathartic composed of A. B. physic, Cream of Tartar, and Podophyllin, equal parts, in teaspoonful doses. The emetic and cathartic were directed to be repeated every fourth day, the hepatic powder, in ten grain doses, four times per day, and the tincture of stramonium, in twenty drop doses, five or six times each day, except those days upon which the emetic and physic were ordered. After persevering in the above course, (occasionally removing the irritating plasters, and dressing the sores with black salve for a few days, and repeating the plaster,) for about two months, we had the satisfaction of seeing our patient so far recovered as only to need the use of our common restorative bitters and alterative syrups, to restore her again to the enjoyment of good health. I had the pleasure of meeting her about a year after our last prescriptions, in health, and learning that the disease had never troubled her a moment during that time. I would remark, that I have had one or two other opportunities of testing the course followed in this case, with the same satisfactory result; hence, I have come to the conclusion, that if persevered in, for a definite time, it will in nearly every case prove successful.

ANASARCA.

BY WM. W. BOWER, M. D.

On the 22d of April, 1847, I was called to see Mr. A., upwards of seventy years of age, who had previously been troubled with a swelling of his feet, ankles, &c. A short time before I was called on, the swelling extended itself to the thighs and body, when application was made to Dr. N—, in our place, (of the "Old

School,") who remarked, that it was not worth while to see him; that there could be nothing done for him (?)—and directed him to keep his feet and legs elevated, and drink some — tea. This, of course, was very poor encouragement, to come from one of their "standard doctors," and from one whom "practice should have made perfect;" but notwithstanding this *prognosis* and *prescription*, the consequent discouragement of the family and friends, and after the disease had progressed to almost a fatal crisis, I was called to test the Eclectic Reformed Practice.

I found that the swelling had extended itself over the whole body; there was shortness of breathing, with frequently threatened suffocation, so that his body had to be kept in an elevated position; on his legs and thighs were numerous blisters, filled with a yellowish transparent serum, some of which had burst, &c.; but the most distressing symptom was a large *hydrocelic tumor*, about the size of a small head, which caused a great deal of intense pain. These symptoms were accompanied with a sallow countenance, costiveness, &c., &c. In this condition I commenced my treatment, by giving him a hydragogue cathartic, (vide formula, p. 182, Reform.,) which was then followed by the following hydragogue powder:

R. Menth. Virid. and Rad. Scillæ Marit. aa 3ij (2 drachms.)
Sup. Tart. Pot. iij (4 do.)

M. Given in 3ss. ($\frac{1}{2}$ drachm) doses, every 3 hours, taking between each dose 3ss. ($\frac{1}{2}$ drachm) doses of Anti-bilious Powder and Sup. Tart. Pot. aa, in order to keep up the action of the bowels. Also, morning and evening, 1 C. P. (teaspoonful) of Dr. Beach's Diuretic Drops, which was taken in spearmint tea. His diet was mild and nutritious, and drink, as little as possible.

In about three days this treatment produced copious watery discharges, both from the bowels and kidneys, as well as afforded general relief, and was continued until the swelling subsided, and he was able to walk about, which took place about ten days after the commencement of my treatment.

His general health has been very good ever since, until about the 20th of last March, when (on exposure) the swelling again commenced to return; he immediately sent to me, requesting me to send him some medicine. Accordingly, I sent him two hyd. cathartics, to be taken three days apart; during the interval, and afterwards, he took 3ss. [$\frac{1}{2}$ drachm] of the hyd. powd. three times a day, which immediately removed the swelling and other symptoms, and he again enjoys good health.

N. B. I should have stated that Mr. A. was so far reduced before commenced treating him, that his friends had lost all hope of his recovery, and did not believe that any thing but a miracle could have saved his life. His condition was such as several times to induce his family to call in the neighbors to see him die. But,

notwithstanding the *prognosis* of Dr. N——, and to the utter astonishment of all around, Mr. A. was again restored to health, and now stands as a living monument in favor of MEDICAL REFORM. "Truth is mighty, and will prevail."

LEWISBERRY, YORK COUNTY, PA., MAY 29, 1848.

PHTHISIS PULMONALIS.

BY J. KING, M. D.

IN a letter written by Prof. Tully, of New Haven, June 4, 1840, in speaking of Phthisis Pulmonalis, he makes the following observations:

"I always take care to avoid all reducing and exhausting measures of whatever character. I never yet had a case in which there was a particle of phlogistic diathesis; nor did I ever witness the most trifling benefit from mere reduction in any case whatever, beyond the transient and fugitive, and, in fact, useless, lull of uneasy sensations and symptoms, which so positive a process as depletion of blood, or free catharsis with the antiphlogistic salts, almost always produces in all cases of disease whatever. All reduction lessens the probability of recovery, precisely in proportion to its degree. I never take any measures to produce increased excretion from the lungs. Recovery can never take place so long as a preternatural excretion from the lungs exists: its existence is an exhausting drain; and generally it keeps up cough, which reacts upon the excretion, and increases it. All the observations that I have ever had opportunity to make, have invariably contributed to prove that *antimony* is one of the worst agents that can possibly be employed in this disease. Its operation is the more unfavorable, because it is slow, gradual, and insidious, and therefore liable to be overlooked, or referred to the natural progress of the disease. I mention the ill effects of these processes and agents, because it is necessary to avoid them, in order to obtain the full benefit of agents of a different character. I have never witnessed any thing but mischievous effects from setons, issues, permanent epispastics, or even single large blisters. * * * Tartar emetic ointments and plasters, under my observation, have always failed of rendering any service, and have invariably done more or less injury."

All the views and sentiments of talented individuals, and from those in high standing, upon which secrecy is not enjoined, whether issued in public or private, in which are embodied any useful knowledge that may be of the least service to mankind, and which,

at the same time, do not contain in them any thing in the least degree injurious to their authors or originators, are, or ought to be, public property; and no truly good man would ever consider it a breach of confidence to make known any such views. No apology is therefore required for presenting the above extract to the public; for Prof. Tully is a truly good man.

SPECIFICS.

BY DR. H. T. N. BENEDICT.

It has long been a matter of contest among physiologists whether there are *specifics* in medicine. In this contest I am led, by my own experience, most decidedly to take the affirmative, for the following reasons, to-wit:

1. Mercurial action upon the human system always seizes upon the villous coats of the duodenum, producing an inflammation more or less severe, according to the extent of its continuance, and from this, by continuous sympathy, extending its action along the biliary duct, it causes unwonted secretions in the liver, &c.

2. Aloetic purgatives, on the other hand, pass through the intestinal canal very quietly, turning not to the right nor the left, till they reach the *colon* and *rectum*. Hence, as with a death grasp, they seize upon their prey, nor do they, in general, let go their hold, till piles, fistula in ano, and their concomitant evils, sore eyes, dimness of vision, &c., are fastened upon their victim.

3. The *Aletras alba* [rather, as I suppose, *farinosa*] acts specifically upon the uterine organ, and, in many instances, through the medium of the nervous sympathy, on the muscles of the mouth and lips, producing an effect known only to the close observer.

4. The *leptandria alba* acts upon the umbilic portion of the intestinal canal, removing the peculiar black tarry secretion which is always present in that region, in all diseases of typhoid character, and which has been mistaken by medical faculty for *vitiating bile*, and frequent and repeated doses of mercury have been administered, to the destruction of the poor sufferers.

5. Quinine performs the office of an opiate for the spleen, and cures *ague* in the same manner that opium cures pain, by deadening the sensibility of the diseased organ, and thus exposing the sufferer to a more severe recurrence of the disease on the seventh, fourteenth, or twenty-first days after the suspension. What a cure!

6. *Fraxinus niger* is a specific for the spleen, always tending to produce a healthy action in that organ, and thus will prove a most valuable auxiliary in all *intermittents*.

7. *Sanguinaria Canadensis* acts specifically and powerfully upon the liver, causing it to secrete and throw off an unwonted portion of biliary matter, and will, when carried to excess, disorder the action of the capillary vessels, and cause a falling off of the hair, and a peeling off of the scarf skin or cuticle.

8. The *Prunus Nigrum* acts as a specific tonic upon the liver, producing an action in all respects in accordance with the principles of health, and is one of God's peculiar blessings to the inhabitants of miasmatic regions. And further this deponent saith not at this time.

REPLY OF PROF. BUCHANAN,

OF THE ECLECTIC MEDICAL INSTITUTE, TO THE DENUNCIATIONS
AND MIS-STATEMENTS OF PROF. J. P. HARRISON, OF THE OHIO
MEDICAL COLLEGE.

To the Editor of the Commercial:

SIR—Permit me to ask of you the favor of re-publishing in your columns the late remarkable essay of Prof. Harrison in the *Lancet*. The folly, the malignity and the falsehood of that document, are so apparent upon its face, that I regret that the limited circulation of the *Lancet* has concealed its peculiar beauties from the public eye. I shall take some pains to give it a much wider circulation than its author ever expected. At the same time, as many of your readers are not acquainted with the circumstances of our medical controversies, permit me to offer such commentaries upon the essay as will place them in possession of the facts.

Dr. Harrison labors to produce the impression that all who differ from him in medical faith (excepting the Homœopaths, of whom he speaks in equally disparaging terms) are a set of mere ignorant quacks, "Root Doctors," "Steamers," &c., who constitute *but one class*, and that all members of this class are characterised by professing to use vegetable remedies exclusively, rejecting every mineral substance from the *materia medica*. With the class of men whom he describes I do not profess to be acquainted, and if *any such class exist* in this country, I leave him to settle his collision with them as he can.

But the special object of Dr. Harrison was to injure a rival school, not by stating its principles and attacking them, but by affecting a total ignorance of its doctrines, and identifying eclecticism with the silliest forms of quackery which *his imagination* could depict. He knows that Eclectic practitioners constitute a class well marked in the profession—distinct from regular "Allopaths, Homœopaths, Thomsonians, and Root Doctors;" he knows

that a large number of physicians in America practice upon Eclectic principles—that these principles have been set forth in an address to the people of the United States, by the National Eclectic Medical Convention, held in Cincinnati—that they have been regularly taught in a flourishing Medical College in Cincinnati, and stated in its annual circulars—that these principles are not the principles of those whom he calls “Steamers,” but that the public teachers of the Steam or Thomsonian system are as violent in their opposition to the Eclectic school as they are to the Old school of medicine. In the triangular duel of Steam, Calomel, and Eclectic medicine, [which has no hobby or panacea,] the latter has been fiercely assailed by each of its ultra opponents. Yet Dr. Harrison and his colleagues have labored for years to produce the impression that the Eclectic was essentially the same as the Thomsonian system, in order that all the prejudice and disgust against the latter might be transferred to the former. Their whole course upon this subject has been one systematic and continuous falsehood.

Dr. Harrison represents it as our cardinal doctrine, that no mineral substance should ever be administered to the sick, and then pompously proceeds to show, what every tyro knows, that minerals are a part of our bodies, and are indispensable as food and as medicine. No intelligent medical man ever denied these propositions. The Eclectic Medical Faculty have never in any manner intimated that mineral remedies should never be used. They have always used mineral remedies in their practice, taught their use to students, and sent forth the declaration of their principles in every convenient mode of publication. The assertions of Dr. Harrison upon this subject, then, are *groundless and notorious falsehoods*. An honorable man would hesitate to make a gratuitous attack upon his professional rival, lest he should be suspected of selfish motives—but here we behold a medical professor alarmed at the success of a rival school, becoming so bold and reckless in mendacity as to utter an accusation which every man in the community acquainted with the subject knows to be false.

Not satisfied with this falsehood, he utters another, equally groundless, when he intimates that the Eclectic Faculty have discarded and denounced “*cupping, leeching, and blistering*.” So far from having repudiated such agencies, the Eclectic practitioners have been repeatedly assailed by Thomsonians for the very reason that *they have not discarded them*. No falsehood seems too barefaced for Dr. Harrison, if it will accomplish his object of identifying the Eclectic system with Thomsonism, or will in any way tend to render the school and its graduates odious among medical men. I regret the necessity of using such language, but there is no alternative left. While the slanders of Dr. Harrison and his associates were confined to private circles, or in the halls of the Ohio Medical College, we have scarcely noticed them, except in the

way of merriment; but since they have been placed upon record before the public, in the pages of the *Lancet*, it became imperatively necessary to notice them. I addressed a letter of earnest remonstrance to the editors, Drs. Lawson and Harrison, demanding either a correction and apology on their part, or sufficient space (not exceeding a page) for a contradiction of their mis-statements by myself. Dr. Lawson denied all knowledge of the offensive article, and refused to have any thing to do with the necessary reparation. Dr. Harrison, the author, refused, in the most insulting language, to take any notice of the matter, or hold any intercourse upon the subject. I am therefore compelled to regard his attack, not as an accidental mis-statement, but as a mass of pre-meditated falsehoods, knowingly maintained, to which he dares not admit a refutation which would fasten the falsehood upon his own threshold.

I regret these personalities. Dr. Harrison is, like myself, a Kentuckian. I have known him long as a gentleman of pleasant manners, of literary tastes, of imaginative intellect, and of restless ambition. We have been friends, until his overbearing intolerance produced a suspension of intercourse between us. I have sought in vain an amicable adjustment of professional differences, and now the course of justice must be accomplished.

But these are not merely personal matters. A grand scheme of reform in medical science is the subject of contention—a scheme of reform which professes to discard all professional bigotry—to learn from every source—to extend a fraternal hand to every sincere cultivator of medical science, whatever may be the peculiarities of his opinions, and to gather together the valuable truths of all medical systems, instead of adhering blindly to one, and denouncing all advocates of other doctrines as “knaves, charlatans, empirics,” &c. This liberal system, worthy of the free spirit of the age, has been appropriately styled *ECLECTIC*, because it selects liberally from all sources, and is bound to no narrow pathway of routine. The Eclectic system, however, is not merely eclectic from the writings of men. It aims at an eclectic or impartial investigation of nature, as well as of books, and accordingly the Eclectic Faculty base their claims chiefly, not upon the revival of any old doctrine, as falsely stated, but upon the important discoveries and improvements which they have introduced in the science and practice of medicine. They profess to teach physiology more thoroughly by presenting a mass of original physiological knowledge not known in other schools; they profess to present more correct views of the *materia medica*, and a system of practice differing in innumerable details from that of all other schools, and which they know is far more successful. If the reader would know the nature and extent of these improvements, to which Dr. Harrison has not made the slightest allusion, let him ask, not interested opponents,

but students of the Eclectic Medical Institute, who have attended the lectures of other colleges previously. Let him inquire what is the nature of our improvements in Physiology, Surgery, Materia Medica, Pharmacy, Obstetrics, and the whole practice of medicine, and he will learn that the most extensive and radical changes have been made, but that they consist almost entirely of novel views and discoveries confirmed by experience.

One of the doctrines of the Eclectic system, which is perhaps the foundation of Dr. Harrison's tirade, is, that the indigenous vegetable materia medica has been too much neglected for the purpose of using the more convenient mineral preparations of the laboratory, and that several mineral medicines of very objectionable properties, which really ought not to be included in the officinal list at all, have been made to play a prominent part in perhaps nearly one-half of the ordinary prescriptions. Eclectic practitioners regard the prevalent use of mercury, antimony, and arsenic, as a barbarous and unscientific method of treatment, for which there is neither necessity nor justification. Yet they do not reject these articles as medicines because they are minerals, but because they are inferior in utility to the medicines which they prefer to use. Nor do they condemn any individual who conscientiously uses such articles, if he does not attempt to compel others to follow his example.

Eclectic practitioners regard a number of mineral remedies with greater jealousy than those of vegetable origin; because they have been the means of a greater amount of quackery, and a more extensive destruction of life and health. Their rule upon this subject is to use all mineral or vegetable remedies which they find by experience to be useful, and to reject all, whether mineral or vegetable, which cannot be used without inflicting serious injury upon the constitution of patients. Under this rule we make free use of *iron*, (a medicine which Dr. Harrison says we proscribe,) but we reject the great *Sampson* of the Old school practice, *mercury*, and we consider it, in all its forms, not only dangerous in its tendency, but utterly unnecessary. There are thousands of physicians who would eagerly and gladly dispense with mercurial medicines, if they knew that diseases could be treated more successfully without than with them. It is supposed that without mercury, the liver and other glands cannot be properly impressed and roused to secretion. The Eclectic school of practitioners have demonstrated the fallacy of this idea, for they have discarded mercury, and yet, with other medicines, they make more powerful impressions upon the liver and other organs, with perfect safety. If Dr. Harrison desires a test of this matter, let him take a drachm of his favorite calomel, to administer to a given number of patients, and let an Eclectic physician select from his materia medica a drachm of choleagogue medicine, the value of which is unknown

to Dr. H., and let them ascertain by experiment which will produce the greatest amount of healthy biliary action.

In reference to all these improvements we desire and demand investigation. Liberal gentlemen of the medical profession are beginning to discover their value, but our interested opponents of the Ohio Medical College seek by all honorable, or dishonorable means, to stifle investigation, to injure and degrade our reputation, and to implant in the minds of their pupils those virulent prejudices which may prevent them from ever investigating the merits of Eclectic medicine.

The "*endless vituperation*" and "*twaddle*" against Eclectic practitioners, and all others who deviate from the old path, which we generally allow to pass unnoticed, may now receive some attention. The charge of deficient education, ignorance, bad logic, and "tom-foolery" in general, may be met by the assertion that he will not dare to encounter, in fair discussion, a champion of this *illogical* party, and that one, who is, in some respects, fifty years behind the times in physiological and therapeutic knowledge, who is, in fact, ignorant of much important professional knowledge taught in the Eclectic Medical Institute, should not say any thing of the ignorance of others.

As to *vituperation*, it is well known that it is not from the Eclectic Faculty, but from the pen and tongue of Dr. Harrison that it has mainly proceeded. As to the appeals to prejudice of which we are accused, the charge is simply untrue, and, on the other hand, Dr. Harrison never speaks upon the subject without betraying violent prejudices himself, and endeavoring to arouse them in others by abusive language.

As to the "*limited range*" of our scheme of practice, that is the very charge which we bring against him and his associates, with their calomel, opium, antimony, quinine, and the lancet. Our materia medica and pharmacy are more extensive and efficient, as well as safer. We have no hobby—no medicine of almost universal application. But, above all, the Eclectic practice has attained results in surgery and clinical medicine, which Dr. Harrison could not even profess to be attainable by his system of practice.

The exclusiveness and intolerance of which he speaks, are the very qualities for which we condemn the Old school. So heartily do we detest their bigotry, and their insulting bearing to all who do not agree with them in faith, that we most cautiously avoid the imitation of their bad example. We have resolved, and publicly proclaimed, that we would proscribe every form of exclusiveness and professional bigotry, and we act in accordance with such professions.

The remaining charges of Dr. Harrison, when brought together in a small compass, constitute a striking sketch of a character not very unlike his own. Let us group together his choice epithets,

and it may be left to the public to decide whether the portrait most nearly resembles the Eclectic practitioners or Dr. Harrison himself.

"Their vanity is inordinate, with a correspondent contempt of the intellect of those who do not *symbolize* with them in their peculiarities of thought." (Perhaps by "*symbolize*" he means *sympathize*.) "They luxuriate and revel in obloquy," and "traduce with endless vilifications," "idle and vamping assumption," "vast conception of their own wisdom, and an utter aversion of any improvement," "vain glory," "forever prating," "vain talk," "endless twaddle."

"Still runs the tongue in raging vein,
E'en to the dregs and squeezings of the brain."

With this faithful miniature of Dr. H., drawn by himself, I would leave him to the admonitions of his own conscience.

To the public at large I would say, that this controversy is due to no lack of courtesy or duty on our part. We have been assailed without provocation from the first, and with peculiar malignity. Every effort was made to prevent the incorporation of our school, to injure and degrade the faculty, and to injure all connected with the institution. We have borne these attacks, perhaps, too patiently heretofore, because we were confident that "truth is omnipotent;" and the success of the Institute has already proved that "public justice is certain."

To the medical profession we would say, that our contest is not with the members of the profession, but with selfish and intolerant leaders. We belong to a scientific profession, and we look upon all its members as brothers. We are ready to impart cordially and willingly our peculiar views and discoveries. We have no single idea or theory which we regard as the foundation of all medical science—we aim simply at the laborious accumulation of knowledge, and the improvement of the profession, by continual investigation; and our distinctive principle, in which, we think, all should agree, is, that medicine should be a restorative and not a destructive art, and that all methods of treatment which injure the vital powers are unnecessary and contrary to the dictates of science.

JOS. R. BUCHANAN.

[The publication of the foregoing letter in a city paper, was accompanied by the essay of Prof. Harrison, to which it alludes. Had we sufficient space, we might give it a place in this Journal; but as important matter has been excluded by our limits, we have no room for that which would be merely amusing.]

RELATIVE SUCCESS OF MEDICAL SCHOOLS IN THE WEST.

[EXTRACT FROM THE INTRODUCTORY LECTURE OF PROF. BUCHANAN
AT THE ECLECTIC MEDICAL INSTITUTE, NOVEMBER 6, 1848.]

GENTLEMEN—The opening of the third winter session of the Eclectic Medical Institute brings together a large number of the liberal and progressive spirits of our country, and enables me to exchange congratulations with many who rejoice with us in the success of this attempt to establish and sustain liberal principles in the medical profession.

It is known to all who hear me, that we are laboring for freedom in our chosen profession, and that we believe we are laboring also to promote the health, the happiness, and the general enlightenment of the human race. We believe that our labors are already beginning to be felt throughout this republic, and that, ere long, they will be felt throughout the world. We are but at the beginning of an important undertaking, and the mightiest revolutions that change the aspect of society, have usually but humble beginnings. The most majestic tree that overshadows the forest, springs from the germ contained in a single seed. And, although our present operations may bear no proportion to the magnitude of the results which we anticipate hereafter, they are perhaps not unworthy to be regarded as the germs of a mighty revolution in medical science and the medical profession.

Our enterprise has been commenced and sustained in the face of a formidable opposition. Almost the whole moral force of an ancient, learned, wealthy, and well-organized profession has been arrayed against our movement. Yet if we compare the history of this Institute with that of similar medical institutions established in the United States, we shall find no cause to shrink from the comparison—on the contrary, the parallel will afford much to encourage and elevate our hopes.

The leading Medical College of the west, for about twenty years prior to 1840, was that of Transylvania University, at Lexington, Ky. This institution commenced in 1819, with a class of 37 students. An imperfect attempt had previously been made for a single year; but this was the first successful effort. In the second year the class rose to 98, in the third year to 120, and in the fourth year to 150: the highest number ever attained by this school amounted to 293.

The numbers of the Eclectic Medical Institute in its first year were 81, in the second year 127, in the third year 220, and in the fourth year, which we are now about commencing, its numbers will probably range from 200 to 250. Thus it appears that the

Eclectic Medical Institute, in its second year, equalled the third year of Transylvania, and in its third year approached the maximum number of Transylvania in its palmyest days. But Transylvania has been far outstripped by its younger rival, the Louisville Medical Institute. This institution commenced in the winter of 1837-8, with a Faculty of celebrity, mostly derived from the Transylvania institution, and with a very liberal endowment from the city of Louisville. The first year its class amounted to 80, the second year to 120, the third to 204. When we compare these numbers, 80, 120, 204, with those of our Institute, 81, 127, 220, we perceive that they run very nearly parallel, but that our numbers in the the third year are greater by about 8 per cent. The fourth year of the Louisville Medical Institute, which numbers but 208, will probably be exceeded by the fourth year of the Eclectic Medical Institute, which has just commenced. The maximum numbers of the Louisville Medical Institute were attained in its eleventh year, 1847-8, and amounted to 406. That number would be attained by the Eclectic Medical Institute in its sixth year, if its future progress should continue at the same rate as the past. The catalogues of this Institute thus present larger numbers than those of the most influential and richly endowed institutions of the west, sustained by the labors of the most distinguished Faculties that could be obtained. Not only is this the result of private enterprise, unaided by any donation, but it has been accomplished in the face of a violent opposition, which would, if possible, have even deprived us of the legal rights bestowed by our charter, and which labored to consign the Faculty to professional death and personal disgrace.

This opposition has emanated chiefly from the Ohio Medical College, an institution somewhat famous for the medical broils and discord with which it has been connected. These broils I have no disposition now to drag forth from their mouldy records; but the history of the numerical progress of the Ohio Medical College would furnish the appropriate data for a comparison of success between two institutions established in the same city.

The Medical College of Ohio was chartered by the Legislature in 1819. In 1820 its lectures were commenced by a respectable Faculty, of which Dr. Drake, now of the Louisville Medical Institute, was the most prominent member. The first year it was attended by a class of 25 students, the second year by a class of 30, and the third year by a class of only 18. The fourth year, in consequence of bad success, and the discord of the Faculty, the school was brought to an end. In 1824 the College was re-organized, by the appointment of a new Faculty of very respectable talents, who occupied their positions a number of years. Under the new organization the College opened in 1824 with 15 students; in 1825 the class amounted to 48; in the third session it rose to 80,

and in the fourth to 101. This seems to have been the period of full maturity; for four years afterwards, in 1831-2, about twelve years from the first establishment of the school, it numbered but 131. Since this period it has progressed with moderate and irregular success, occupying a secondary rank in the west, until at length, in its thirtieth year, this old institution is overtaken and surpassed by a rival but three or four years of age—an institution with no endowment nor exclusive privileges, strong only in the power of truth, of justice, and of benevolence. Nay, more: the very first year of the Eclectic Medical Institute presents about the same number of matriculated students as the nineteenth year of the Ohio Medical College, in which year their number was 80.

Such is the comparative history of medical reform and medical conservatism. Which has been the most successful? I fully concur in sentiment with the statesman who exclaimed, "I would rather be right than be president;" and if scientific reform required the sacrifice of our interests and our feelings to principle and the public good, I believe there are those who would not shrink from the sacrifice; but I also cherish the conviction expressed by the old maxim, that "*Honesty is the best policy*," and that he who is faithful to his convictions, and labors judiciously and honestly to do his duty toward mankind, will generally find in the end that he has little cause to regret his independent course, however it may render him liable to temporary obloquy.

It is, therefore, gratifying to perceive that the Faculty of this Institute, in taking their stand in behalf of medical truth and medical reform, regardless of numerical majorities, and regardless of a jealous opposition, have been no less successful than those who have smoothly sailed along with the current, who have been sustained by liberal endowments, and who have ventured to advance no essentially new or unpopular doctrines—who have taken no position unsustained by high authority and by public opinion.

The ratio of relative success in the western schools above mentioned may be seen by embracing in one the numbers of their first four years.

The medical classes of the first four years of Transylvania University, the oldest western school of medicine, amounted in their aggregate number to 405.

The classes of the first four years of the Louisville Medical Institute, the most flourishing school west of the mountains, present an aggregate number of 612.

The classes of the first four years of the Eclectic Medical Institute cannot be positively determined, as the fourth year has but commenced; but if we calculate upon safe data by comparing our condition now with our number at a corresponding period of the third year, we find that the first four years of the Eclectic Medical Institute, will present an aggregate array of classes amounting to

from 620 to 640. Such is the proportion—Transylvania 405, Louisville Medical Institute 612, Eclectic Medical Institute 620-40. In this comparison, the Ohio Medical College is not included, for the sufficient reason that its original vitality was not sufficient to keep it in operation four consecutive years. After sustaining itself in a scrofulous and anæmic condition for three years, in the fourth it fainted away, and remained for a time in a state of suspended animation.

But if we restrict our comparison to the first three years we find the result as follows:

| | |
|---|------|
| Transylvania University (Medical department). | 255. |
| Louisville Medical Institute, | 404. |
| Eclectic Medical Institute, | 428. |
| Ohio Medical College, | 73! |

Seventy-three!—About one-sixth of the numbers attained by the Eclectic school, sustained only by the individual exertions of its Faculty. But it may be said that this was an abortive and unsuccessful effort in the Ohio Medical College. Undoubtedly it was a failure, and the first three years of that institution were peculiarly unsuccessful, notwithstanding the energetic exertions of Prof. DRAKE; but as all human enterprises are liable to fail, we must count the failures along with the successful efforts to arrive at a proper average. The average success of the three oldest and most distinguished schools of the west thus appears to be the assemblage, in three years, of a sum total of 244 students. The first class averages about 47 students, the second 82 or 83, and the third 114. This is fully equal to an average for the United States, as it appears from the statistics of Dr. Beck, that in 1838-9 the average size of classes of medical schools in the United States was 101.

How then does the average success of the most celebrated Old School institutions in the west compare with that of the Eclectic Medical Institute? It compares as the numbers 47, 83, 114 compare with our numbers, 81, 127, 220, or as their aggregate, 244, compares to our aggregate, 428.

But if we omit entirely the first three years of the Ohio Medical College, on account of their bad success, and substitute the fifth, sixth, and seventh years, when the College began to have a visible magnitude, we find the average but little higher, viz.:

| | | | |
|---|------------------|-------------------|--------------------|
| Transylvania, | (first year,) 37 | (second year,) 98 | (third year,) 120 |
| Louisville Medical Institute, | 80 | 120 | 204 |
| Ohio Medical College, | (fifth year,) 15 | (sixth year,) 48 | (seventh year,) 80 |
| | 132 | 268 | 404 |
| Average number of the three schools during the first three years, | 44.0 | 88.6 | 134.6=267.2 |
| Classes of the Eclectic Medical Institute during the first three years, | 81 | 127 | 220=428 |
| Difference in favor of the Eclectic Medical Institute, | 37 | 38.4 | 85.4=160.8 |

Thus it appears that our aggregate number for the first three years, when compared with that of the most prominent and successful institutions of the west, throwing out their failures and abortions (and including our first session, hastily gotten up in rented apartments, before our edifice had been provided, or our arrangements completed,) not only equals but excels the average success of those schools, by the difference of 428 and 267.2, equal to 160.8, or, in round numbers, to 160 students. In short, the success of the Eclectic Medical Institute, in point of numbers, is more than 50 per cent. greater than that of old school institutions, which have been established without opposition, and with great pecuniary advantages.

The cause of this extraordinary disproportion is to be found in the fact that the Faculty of this school hold two sessions annually instead of one. This gives a greater aggregate number of students; and as the strength of the school is thus divided between the summer and the winter sessions, it would not be fair to compare our winter sessions alone with those of other schools, which condense their whole force in the winter session, and do not afford the privilege of attending a full course at any other season.

As our annual pupilage is divided between two sessions, both must be estimated to ascertain what we accomplish in the year. Were the summer session abolished, a greater number would be compelled to attend in the winter who are now enabled to substitute a course in the summer. But, notwithstanding this arrangement, our winter session alone, reduced as it is by the establishment of two sessions, presents considerably more than the average of western schools which concentrate their whole attendance in the winter. Their average for the first three years has been 47, 83, 114, equal to 244, whereas our number, notwithstanding the summer session, has been 50, 81, 155, equal to 286, or 42 more than the average aggregate of winter sessions.

Thus it is demonstrated, that the success of the Eclectic Medical Institute has realized the most sanguine hopes of its friends, and that it stands upon a firm foundation, its success being based, not upon endowments, nor upon fashions, nor upon authority, but upon eternal principles of truth, which the power of man cannot destroy, and which are now in triumphant progress.

[The greater portion of the lecture being devoted to earnest and familiar advice in reference to personal deportment, manners, and professional studies, is omitted here; but we quote the conclusion, which refers to the future prospects of Eclecticism.]

It is the ambition of the youth of our country to attain the right to be called "*a gentleman and a scholar*:" by the word physician, we generally understand one who is both a scholar and a gentleman. Such is the title to which you aspire. Aim, then, to be

the profound scholar and the perfect gentleman. Thus will you sustain yourselves with honor, and carry on with power the cause of medical reform. Such men will establish its pre-eminence throughout our republic, from the St. Lawrence to the Rio-Grande—from the Atlantic Ocean even to the far off Pacific—from New York, which seems destined to be the world's emporium on the eastern shore of this continent, to San Francisco, which seems destined to be the great emporium of our western coast—and throughout all that space over this continent which lies centrally between two oceans, between Europe and Asia, the common thoroughfare of the world, and the world's great commercial center, the influence of the liberal principles of Eclectic medicine will be felt.

Aye, the high destiny of this continent is now unfolding. The star of empire, which the poet saw wending its way to the west, will culminate to its zenith over this continent, and here, where the world's granaries will be found—here, where the dense center of population will exist—here, where the center of commerce must be—the heart of the commercial world distributing at each pulsation tides of wealth to the east and the west—here, also, incalculable political and military power, as well as commercial wealth, will accumulate, will have their throne, and hold the balance of power that governs the world, and with that power will also sway no longer in Paris, but on this continent, perhaps in the valley of the sciences and arts. The head-quarters of medical science will be the Mississippi and Ohio, and from our center the laws and truths of medical science and scientific discovery will go forth to enlighten and guide the world.

When thus the leadership devolves upon our countrymen, there cannot be much doubt whether the spirit of our antiquated orthodoxy in medicine, which was borrowed from Europe, shall be in the ascendant here, or whether the new spirit of liberalism and Eclectic progress, which was born in America, which has grown strong upon our own soil, which has developed a new system of practice, and revealed the mysterious functions of the brain—which has something new, fresh, original, and peculiarly American, shall be the dominant influence here. The progress of our Institute has proved already that the new truth has more vitality than the old falsehood. Its successful establishment will, in the course of time, lead to the establishment of many similar institutions, teaching the same scientific principles, and spreading, from the high vantage ground afforded by the great cities of this mighty republic, the principles of true medical science to the remotest regions of the earth.

ECLECTIC PRINCIPLES.

A LETTER recently received by the Editors of this Journal contains the following passages:

"In the Cincinnati Gazette of December 9th, a letter appeared from Professor J. R. Buchanan, correcting false statements made by Professor Harrison (of the Ohio Medical College) in the Lancet.

"Several gentlemen of this place, who are very much opposed to the use of mineral medicines in general, but more particularly mercurial and antimonial preparations, and who have been favorably inclined toward the Eclectic system, as represented to them by me, are under the impression that Prof. B.'s language is rather equivocal, in regard to the use of those medicines. Others, opposed to the introduction of the Eclectic system here, are boldly declaring that he actually advocates the use of *mercurial* medicines in some cases.

"Prof. B. says, 'The facts are, that the Faculty and practitioners of the Eclectic school use all mineral remedies which they consider beneficial; they exclude no remedy but upon practical evidence that it is far inferior to others which they prefer, and they have never proscribed cupping, leeching, and blistering, but habitually use those agencies whenever they consider them necessary and proper.'"

In addition to what is stated in the above extracts, the writer remarks, that "it is further requested that the professor of theory and practice favor the friends of reform with a full exposition of his views upon the use of mineral agents in the treatment of disease."

I feel very sure that my friend Dr. Childs did not properly reflect on the vast amount of labor and consumption of time and paper it would require to enable me to present a *full exposition of my* views on the matters under consideration, otherwise he never could have been so unkind as to have made the above request, especially under the influence of the remotest anticipation that I should have it in my power to yield a literal compliance within the limits of a reasonable time.

To depict in a faithful and unexaggerated manner the remorseless ravages and murderous consequences which it has fallen to my lot to witness, as the legitimate fruits and unavoidable consequences of the administration as medicine of the various preparations of mercury, antimony, and arsenic, would require at least one or two large volumes, and would be altogether too extensive a subject to be treated of satisfactorily in one or even several numbers of the Jour-

nal; neither do I find any thing like an extensive diversity of opinion among Eclectic medical reformers on the subject of the means that ought to be used in the treatment of disease. They, with much unanimity, concur in the position which has always governed scientific medical reformers in the selection of their remedial measures, as a body. The rule on this subject is very clear and easy of comprehension, and has been embodied in most of the authorized documents issued from the reformed schools and conventions. From the Address of the National Eclectic Medical Convention, which convened in this city in May last, we take the following extracts, which speak plainly on this subject:

"We protest against the idea that the vast resources of the *materia medica* are to be contemptuously overlooked for the purpose of giving undue prominence to a few of the most powerful, dangerous, and poisonous articles. A style of practice so gratifying to the indolence or ignorance of the physician, and so destructive to the health and lives of thousands, calls loudly upon society for *radical reform*.

"We, therefore, lay down the simple principle as the basis of such reform, that no course of medicine should be taught and sanctioned in a system of practice which is necessarily liable, in its usual application, to inflicting any serious or permanent injury upon the constitution and health. In the application of this principle there may be slight differences of opinion, but it will be unanimously agreed that there are many articles in the *materia medica* which are more conspicuous as poisonous than as remedial agents, and which require at least to be degraded from the prominent position which has been assigned them, in order to render more conspicuous truly valuable medical agents, which have heretofore been strangely neglected or unknown.

"Our attention has been especially directed to the vast sanative resources of the vegetable *materia medica*, and to the fact that these resources have been too often superciliously neglected for the purpose of treating diseases in a more *heroic* manner, by more dangerous, but far less useful mineral preparations."

The last annual advertisement of the Eclectic Medical Institute holds the following language, which is also regarded as pretty clear and conclusive on this subject:

"These doctrines and methods of practice present so much of what is novel and peculiar as to give a new aspect to the science of medicine, and to qualify the practitioner to treat with success many diseases which often baffle the resources of medicine. Not only does the course of instruction present the results of the original investigations and discoveries of the Faculty of this College in the theory and practice of Medicine, *Materia Medica*, Surgery, and Physiology—it also embraces their selection from all valuable

sources. In short, the course of instruction and practice in the Institute is what its name indicates, *Eclectic*. Selecting from any and every source such remedies and modes of practice as experience shall have shown to be worthy of adoption, being, in that selection, governed by the great leading principle in Eclecticism, of using only those medicines, means, and measures which are not liable, under the ordinary circumstances of their judicious application, to produce injurious effects on the constitution of the patient, which principle excludes the preparations of mercury, antimony, and arsenic, as well as general depletion by the lancet, and many other deleterious agencies now in common use."

From a lecture which I had the honor to deliver at Russellville, Ky., on the 20th of July, 1835, I take the following extracts, which bear on the points under discussion. In speaking of the medical reform contended for, the following remarks will be noticed on pages 82 and 83 of the Reformer, vol. 1:

"One of the prominent objects it has in view is, to dismiss from the catalogue of remedial agents all those which, under the ordinary circumstances of their administration, are liable to injure the stamina of the human constitution, more particularly the mineral poisons, such as mercury, antimony, arsenic, and all their various preparations, and substitute in their place articles derived from the vegetable kingdom, which are not only as powerful in their operation, but infinitely safer and more salutary in their immediate and ultimate effects on the human system.

"It would seem unnecessary, at present, to enter into a labored argument to prove that vegetable medicines, more especially the indigenous productions of our own country, are less destructive to the lives and constitutions of mankind than minerals. This is a doctrine which has long been acknowledged, and is almost universally believed and taught by the most distinguished physiologists and writers on materia medica; and it is presumed that no one in this enlightened assembly will be disposed to call in question its correctness."

These extracts show conclusively the ground which has been occupied by scientific medical reformers in relation to the choice of remedial agencies. It will be distinctly seen that vegetable medicines are regarded as the safest, most congenial, and efficacious in the treatment of disease, and are therefore to be preferred as a class. Although Eclectic medical reformers never have pretended to repudiate and proscribe the use of all the medicines of mineral origin; yet they have unequivocally condemned and discarded the use of all the poisonous and dangerous agents of that class, and only sanction the use of a few of the milder and safer articles belonging to that kingdom of nature.

Any impressions that may have been received from reading

Prof. B.'s article, or any other production on this subject at variance with the principles and doctrines set forth in this article, are evidently in conflict with the views of scientific reformers generally, and equally at variance with the plain and unequivocal phraseology of Prof. B.'s reply, as published in this number. The communication in the Gazette, to which Dr. C. refers, contains the explicit statement in reference to the Eclectic Faculty, that they "reject the use of mercury and general depletion by the lancet."

The reply of Prof. Buchanan, as published in the Cincinnati Times, is equally explicit. He speaks of "the Eclectic Faculty rejecting general depletion by the lancet," and illustrates their position thus:

"We do repudiate that narrow-minded routine practice which makes a hobby of some half a dozen powerful drugs, or which scoffs at the potent and innumerable resources of the vegetable materia medica, for the purpose of making a panacea of a poisonous and deleterious mineral remedy. We do not believe that *calomel*, or any other form of mercury, is any thing like a *panacea*, or is entitled to the prominent place which it has been assigned in the materia medica, or is necessary in any case whatever. We do believe that mercurial remedies are retained, in their present position, to the annual destruction of thousands of constitutions and lives, because the medical profession of the Old school too generally adhere to old prejudices, and are not like ourselves aware of the superiority of the more efficient and safer agents which we employ. They do not know that we can act upon the liver more potently and healthily without a particle of mercury, than they can with it, or that there is a more judicious method of using the materia medica which enables us to dispense with the use of those medicines, which often leave an impaired and enfeebled condition of the constitution, however carefully they may be used. It is the earnest desire of all benevolent physicians to dispense with those bleeding and mercurializing measures which have destroyed so many lives; but they are not generally aware that it is practicable, and do not know the ample resources which the Eclectic practice furnishes in place of these deleterious methods."

With these explicit statements of our position, it is hoped that no farther misunderstanding will exist in the minds of any upon this subject.

M.

CLINICAL EXAMINATION OF URINE, WITH SOME OF ITS MORBID CONDITIONS.

BY R. S. NEWTON, M. D.

WHEN the physician is called to the bed-side to investigate disease, it becomes him not only to examine well every symptom presented by the patient, but every indication afforded by the secretions and excretions. To form a correct diagnosis, an examination of the urine is of great importance. In these examinations two perceptible conditions are presented—urine depositing a visible substance, and that which does not form any deposit.

URINE WITHOUT ANY VISIBLE DEPOSIT.

In order to test the urine, place a piece of litmus paper in the urine; if it be acid, the blue color of the paper will be changed to red. Should no change occur, a piece of reddened litmus paper must be dipped in, and if the secretions be alkaline, its blue color will be restored; if there be no change the urine is neutral. By heating a portion of the urine in a spoon or test tube, over a spirit lamp, if a white deposit occur, albumen or earthy phosphates are present; if it be albumen, nitric acid will not re-dissolve the deposit, but if a phosphate, it will be dissolved.

If the urine be very high colored, and undergoes no change by boiling, the coloring matters of bile, blood, and purpurine are present. This may be determined by pouring on a thin layer of urine a few drops of nitric acid; if bile be present, an immediate and rapid play of colors, from red to green, will occur; no such change takes place with purpurine; if blood be present, the high colored urine will be changed by gentle heat. The existence of uric acid may be determined by adding a few drops of nitric acid, which will produce a brown deposit; if a white deposit is formed, albumen is present; if effervescence take place, after the addition of the acid, it has been changed into carbonate of ammonia.

URINE DEPOSITING A VISIBLE SEDIMENT.

If the deposit does not disappear after the addition of nitric acid, and is flocculent, easily diffused by agitation, it is chiefly made up of healthy mucus; if the deposit is ropy, and is partly dissolved by the acid, it is a phosphate; if it is slightly affected, it is mucus. If the deposit be pus, it will fall in creamy layers to the bottom of the vessel, while the supernatant urine is coagulated by heat. If the deposit is white, it consists of urate of ammonia, phosphates, or cystine; the first disappears by heat, the second by

nitric acid, and the third dissolves in ammonia. If the deposit be colored, it consists of red particles of blood, uric acid, or urate of ammonia, stained with purpurine. If the first, the urine becomes opake with heat, if the second, the deposit is in visible crystals, (see figure 1,) if the third, the deposit is amorphous, and dissolves on heating the fluid.

Much time may be saved in this investigation, by bearing in mind the following facts: If the deposit be white and the urine acid, it consists of urate of ammonia; but if it should not disappear by heat, it is phosphatic. If a deposit be of any color inclining to yellow, drab, pink, or red, it is sure to be urate of ammonia, unless crystalline, then it is uric acid.

The only apparatus and tests required for these investigations at the bed-side are a gravimeter, made small enough to float in an ounce of fluid, red and blue litmus paper, a test tube, watch glass, and nitric acid.

CHEMICAL PATHOLOGY OF URIC ACID AND ITS COMBINATIONS.

When uric acid occurs in urinary deposits, uncombined with a base, it is invariably in a crystalline form, never occurring in the state of an impalpable amorphous powder. The crystals are large enough to be determined in general by the eye, and in all cases by the microscope. Uric acid never occurs quite colorless, excepting mixed with urate of ammonia, which is frequently the case. Every shade of intensity of tint is found in these deposits; hence, the term red or yellow sand is applied to them. In general, the deeper the color of the urine, the darker the sediment.

DIAGNOSIS OF URIC ACID DEPOSITS.

When heated in the urine, the uric acid deposit does not dissolve—the crystals merely become opake. It generally becomes more distinct from the solution of the urate of ammonia, which is frequently mixed with it, and sometimes completely conceals it from view. Hence, the best mode of discerning this deposit is to warm urine turbid with urate of ammonia, in a watch glass. The acid becomes visible on the glass as soon as the urate dissolves. Liquor potassæ will dissolve the urate of ammonia, by the formation of the urate of potassa. Hydrochloric and acetic acids have no action, while the nitric readily dissolves it.

CHARACTER OF URINE DEPOSITING URIC ACID.

When this acid is found in excess in the urine, it lets fall crystals on cooling. Very high colored urine seldom deposits uric acid until after the addition of a stronger acid. Urine never lets fall all its uric acid spontaneously as a deposit. Urine depositing uric acid always reddens litmus paper, and often contains an excess of urea, so as to crystallize slowly when mixed with nitric acid in a watch glass.

MICROSCOPIC CHARACTERS.

The crystallized forms of the uric acid present a remarkable variety; they all have the rhomboid prism, which may be considered the normal crystalline form of this substance.

Two varieties can be formed artificially by filtering a strong solution of urate of potassa, or ammonia, into dilute and warm hydrochloric acid; perfect rhomboids, or square tables (often excavated at the sides into an imperfect hour glass figure) are obtained. These varieties depend upon the strength of the acids and urates used.

If the crystalline form exist in the deposit, they can be examined by placing a drop of turbid urine on a plate of glass, and examining it under a small microscope; but the best way is to allow the urine to settle, and then pour a tablespoonful of the lower portion, that which is the most turbid, into a watch glass; by warming this gently, the urate of ammonia is dissolved, and the deposit is readily formed. Remove the supernatant urine, and add a few drops of water, then place the glass under the microscope, and the crystals covered with the water become very distinct. They may be examined by transmitted rays or reflected light, the latter having some advantages when the crystals are large or in masses. All that is then required is to place on the stage of the microscope, and under the watch glass, a piece of black velvet; by means of a condensing lens, let a strong light be thrown upon the crystals; then bring the object glass into proper adjustment, and the color, as well as the figure of the crystals, will become beautifully defined on a blackground. In the following microscopic views, all the larger crystals are thus represented. The following cuts are copied from the work of Dr. Bird on urinary diseases.

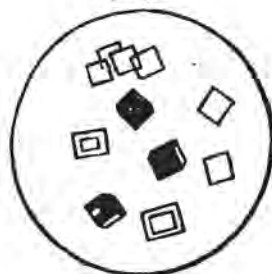
In figure 1 are represented the common rhomboidal crystals of uric acid; these are generally found to be very thin, and sometimes of a lozenge shaped lamina, but again they are thicker, and by adjusting the light, their true shape may be well defined.

When the deposit has been of long continuance, especially in calculous diseases, the rhomboid outline of the crystal is replaced by a square one (see figure 2).

(1.)



(2.)



The deposit is then generally high colored, and the crystals much thicker than in the former variety. In this an internal marking, like a frame work, is visible. Several accidental varieties of these rhomboid and square crystals exist; of these the most curious presents a spindle-like figure, the obtuse end being rounded—the margin of either side excavated, (figure 3,) so as sometimes to approach a *fleur-de-lys* outline. Many uric deposits appear at first sight to be made up of flattened cylinders, presenting a very

(3.)



(4.)



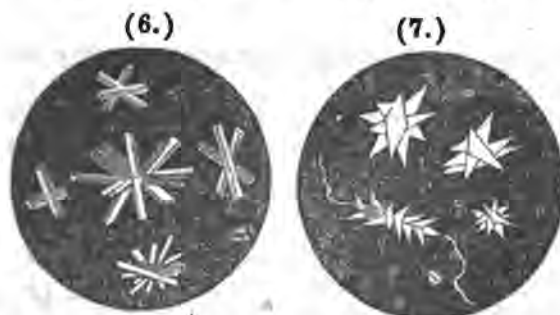
remarkable appearance (figure 4). Upon making them roll over, by adding a few drops of alcohol, or by agitation, the fallacy will be detected, they being really very thick lozenges, lying on their sides. This variety is frequently found mixed with urate of ammonia and oxalate of lime. The addition of hydrochloric acid to urine often causes a precipitation of crystals of this form.

The crystals are sometimes found very thin, their length being greater than their breadth, and much resembling a bundle of irregular needles, as well as a block-like shape. (5.)

The whole surface is sometimes marked with myriads of close dark lines. When carefully examined, the bodies present a very remarkable internal marking, like two crescents placed with their convexities opposed (figure 5.) This curious appearance is only visible in the non-striated body of the crystal. Coarse and deep orange or red sand is generally composed of cohering crystals,



forming indeed minute calculi. Two varieties of these are met with, one formed (figure 6) of cohering, thick, rhomboidal prisms, and the other of aggregated lozenges, in spinous masses. The latter are particularly met with where a marked tendency to calculi exists (figure 7). It is not unfrequent to find these masses crystallized on a hair, just as sugar candy is crystallized on a thread or string.



DIAGNOSIS OF DEPOSITS OF URATE OF AMMONIA.

These deposits vary in color from absolute whiteness to a pale fawn color, which is the most frequent tint, brick-red, pink, or purple. All these various colored deposits present certain characters in common. They never appear in the urine until after it has cooled, and disappear with the greatest readiness on the application of heat. The purple deposits require rather a higher temperature for solution than the other. The liquor potassæ, or liquor ammoniæ, will immediately dissolve the urate of ammonia. Their chemical constitution is shown in a very interesting manner by examining a drop of the turbid urine with the microscope, between two plates of glass; an amorphous powder will alone be visible, unless uric acid be present; then, by adding a drop of hydrochloric acid, the turbidity will disappear, and in a short time crystals of uric acid will be seen, growing in the fluid, the ammonia having united with the hydrochloric acid that was added, and deserted the uric acid.

CHARACTERS OF URINE DEPOSITING URATE OF AMMONIA.

The following modifications are most important: 1. A pale urine of low specific gravity, becoming opaque in cooling, from the deposition of nearly white urate of ammonia, which forms a rope-like appearance, much resembling mucopus.

2. Urine of moderate density, which is of a pale amber color, and forms on cooling a copious fawn colored deposit, (resembling brick dust dissolved in the urine,) but readily disappears by the action of heat. This deposit is very frequent, and in all cases when there is any cutaneous interference.

3. If there be any febrile excitement, the urine becomes concentrated, rises in density, and deposits on cooling a reddish brown sediment, constituting the well known lateritious or brick dust sediment.

4. In well marked affections of the portal circulation, especially when connected with organic diseases of the liver or spleen, or when there is a suppurating action going on in the body, and espe-

cially of a strumous character, the urine possesses a deep purple or copper color, often verging on crimson, and may be mistaken for blood.

MICROSCOPIC CHARACTER OF URATE OF AMMONIA.

When a drop of urine containing a portion of this substance is put between two pieces of glass, and put under the microscope, a mere amorphous precipitate is seen; but on more careful examination this will be found to contain myriads of excessively fine globules, adhering together, forming little linear masses, (figure 8,) often mixed with uric acid crystals. Sometimes the urate of ammonia occurs in large globules, mixed with crystals of uric acid; this is observed in albuminous urine, (figure 9,) and, from its opacity is best observed by reflected light.

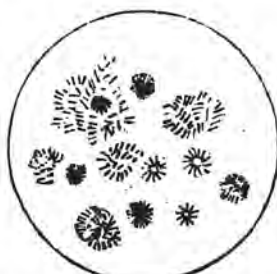
(8.)



(9.)



(10.)



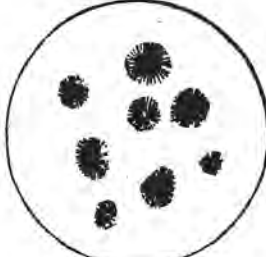
Urate of ammonia occurs in deposits in delicate needles, sometimes united so as to form stellæ (figure 10).

The urate of soda is found in deposits of the urine in cases of gout and febrile affections, and where the treatment consisted in the use of carbonate of soda. It then is found in round, yellowish, opaque masses, provided with projecting and carved processes (figure 11,) forming a remarkable figure. When artificially pre-

(11.)



(12.)



pared, by dissolving uric acid in a hot solution of carbonate of soda, it crystallizes in needles and tufts (figure 12). In chemical characters, the urate of soda resembles the salt of ammonia, but does not disappear quite so readily on heating the lime.

PATHOLOGICAL CHANGES IN THE QUANTITY OF URIC ACID AND
URATE OF AMMONIA.

Independently of an alteration in the proportion of the uric acid by an excess or deficiency of nitrogen in the food certain pathological states of the system exert a most important influence on the quantity excreted. Uric acid may be traced to two great sources, the disintegration of tissues and to nitrogenised food. It is obvious, therefore, that whatever increases the rapidity of the former process, or interferes with the due digestion or assimilation of the latter, will materially affect the amount of uric acid contained in the urine. In all diseases attended with great emaciation, when the supply of food is not ample for the body, there will be an increased amount of uric acid in the urine; if the kidneys remain sufficiently healthy to perform their functions. But if the renal functions are themselves affected, as they frequently are, the above would be an exception to the general rule. In inflammatory diseases, in rheumatism, in organic, and sometimes even functional, difficulties, the amount of uric acid will be increased, and the deposit of this substance will appear either free or combined.

In gout and rheumatism there is a great tendency to the formation of an excess of uric acid, both pure and combined, especially with soda. The elements of the acid, or its combinations, are in these diseases supplied by the nitrogenised elements of the food. In such quantities is urate of soda often generated, that the watery portions of the blood are not sufficient for its solution, and part of it is deposited in the joints and sheaths of the tendons, producing painful swellings.

In all diseases attended with excessive debility, independently of acute disease, especially when an anæmic or chlorotic state exists, and when the circulation is languid, or, if excited, is owing to irritation rather than inflammation, a deficiency of uric acid occurs, and no deposit ever takes place in the urine, unless the quantity of water present is remarkably diminished. The diminution of uric acid is well observed after great losses of blood; this may also show how excessive bleeding may develop its effects, and is, in my opinion, one strong evidence against this pernicious practice, which is fast sinking to its proper position in the minds of all liberal members of the profession. This subject might be extended much further, but as space will not permit in the present number, it may be referred to again. I am indebted to many writers upon this subject for important matter, and for the originals of the cuts to Dr. Bird.

Part 2.---Editorial.

DEGENERACY OF MEDICAL COLLEGES.

THE UPWARD AND ONWARD TENDENCIES of the profession at the present time present an interesting subject for contemplation. Among the former may be mentioned,

1. THE ECLECTIC MOVEMENT, designed to free the profession from every vestige of the "*Old Hunkerism*" with which it is now encumbered, and to introduce not only a far better practice, but a broader, deeper, and truer medical philosophy.

2. The REBELLION of Homœopathy, Hydropathy, and other eccentric systems of practice, against the tyrannical restraint which the organization of the profession has heretofore imposed upon the freedom of individual opinion and action.

3. The confession of existing defects, the increased tone of liberality among eminent physicians, and the gradual, almost insensible, yielding of the profession generally to the "pressure from without" of public sentiment, and the reformatory spirit of the age. (How common to hear the confession, "I give very little calomel now—I very seldom bleed.")

4. The steady progress of Phrenology, Animal Magnetism, and other forms of Neurological Science, fertilizing and liberalizing all minds as they advance.

5. The abolition of legal restraints upon professional pursuits, leaving reason and public opinion as the sole regulators of the medical profession.

6. The complaints brought against medical colleges, and against the present condition of the profession, and the attempts to elevate the character of medical instruction by imposing greater restrictions upon the graduation of unqualified persons, and by extending the sessions of medical schools beyond the usual term of four months.

7. The confession that Medical Botany has been shamefully neglected, and the appointment of a committee by the National

Medical Association for the purpose of reporting upon our indigenous plants, and their value as medicines.

These are cheering indications of the progress of the profession, but, on the other hand, the DOWNWARD tendencies are but too apparent.

1. The tenacity of "Old Hunkerism," as manifested in the numerous illiberal and malignant articles in various medical journals, and in the resolution of the National Medical Association for *excluding from medical colleges* all students whose preceptors were not strictly *regular* in their practice; or, in other words, who dared to think and to practice differently from the National Medical Association.

2. The low moral tone and consequent demoralizing influence of such men as Prof. Harrison, of the Ohio Medical College, and others who need not be named. The daily example of coarse vituperation against opponents must necessarily exert a pernicious influence upon the minds of young men, before whom such examples are exhibited without comment or correction.

3. The tendency of the profession in large cities to organize under certain leaders, to adopt rigid rules, and to sacrifice individual freedom to certain visionary notions of professional dignity and infallibility.

4. The extravagancies, ultraism, and ignorance of individuals desirous of effecting medical reform, but not sufficiently enlightened or liberal, nor sufficiently elevated in their aims to sustain a respectable position.

5. The great multiplication of inferior medical colleges, their competition to increase their numbers, and the increasing facility in obtaining a medical diploma.

There are already thirty-seven established medical colleges in the United States, and we are continually hearing of new schools. Another medical school has just been established in Indiana, (in addition to the one at Laporte,) another at Rock Island, Illinois, and another even in Iowa. How many more are just beginning to be hatched, and how many are likely to make their appearance during the year '49, it would be difficult to say; but it is probable that the multiplication will continue to go on as long as charters can be obtained, until the fact becomes generally known to the ambitious members of the profession, that a professorship in a

new medical school, which has no commanding advantages over its rivals, and which for many years can sustain but a feeble and rickety existence, confers neither honor nor profit upon its occupant. The duties of such a professorship, if rightly discharged, are matters of earnest and life-long labor; but if they are hurried through in a careless manner, without this labor, the professor who pursues such a course becomes an injury, and indeed a nuisance to the profession, by withdrawing young men from schools of reputation in which they might have been thoroughly instructed, and sinking their standard of professional allowments to his own inferior level.

How eagerly do we find men seeking to undertake the grave responsibilities of a medical college, who are not only deficient in medical knowledge, but deficient even in the ordinary elements of a decent English education. When individuals, thus deficient alike in medical and in literary cultivation, succeed in presenting themselves as teachers of medical science, the effect must necessarily be to spread through the country a race of sciolists and superficial pretenders, whose manifest ignorance will be quite efficient in destroying all confidence in the profession, and all respect for its members in the public mind.

That the multiplication of medical schools tends to produce such results, has already become very obvious. The diploma is annually becoming less and less valuable as an evidence of medical attainments, and more easily accessible to the indolent student, who desires to obtain it merely as an introduction to professional employment. Students are invited to attend certain schools, with the assurance of the most liberal indulgence in pecuniary matters, and induced to suppose that with a single course of lectures they may be permitted to become candidates for a degree. We have received letters showing that such anticipations were cherished, and young men had been induced to suppose that a single course of lectures in a certain Allopathic school in Ohio would entitle them to the opportunity of graduation. We are by no means disposed to charge upon the Faculty of that institution any design to hold out such inducements to students, and thus to lower the standard of education; but when such intimations have been held out in connection with their name, whether authorized or not, it shows distinctly the obvious tendency of competition among schools.

But whatever may be the downward tendencies of the numerous

Allopathic schools, they are certainly unable to compete in this downward race with the Thomsonian institutions. In our remarks upon this subject, we would not be understood as referring to Thomsonian practitioners generally, but only to the schools which have been based upon the popularity of Thomsonian remedies. There are doubtless many upright and sincere men, who have been driven by Allopathic bigotry into an independent and hostile position, and who have adopted more or less of the ultra Thomsonian views, for want of a more satisfactory and definite position. These individuals, who regard themselves as independent botanic practitioners, are generally men of considerable practical skill, and of mental independence. The majority of this class will ultimately be found, when they have calmly surveyed the position of parties, in the ranks of scientific medical reformers.

The establishment of schools with the power of conferring medical degrees, (avowedly upon Thomsonian principles,) has presented the lowest standard of medical education ever yet seen in our country. Without referring to the general inferiority of these schools as to character, intellect, and means of instruction, a glance at their facilities of graduation will show their inevitable tendency.

The school established at Petersburg, Virginia, under the deceptive title of "Scientific and Eclectic Medical Institute," (a Thomsonian school,) is but little more than a nominal affair as to the instruction of medical classes. A gentleman of intelligence from Petersburg informed us that it had but about nine students last year, and we perceive that the annual announcement of the school for 1847-8 presents but fifteen names on the "list of matriculates." Whether the collegiate operations were carried on in the drug store of the Professors P. and K., or in the apartments overhead, our informant could not distinctly state; but, however insignificant the operations of this school may be in the way of medical instruction, it is amply capable of furnishing any number of diplomas which the state of the market may require. Not only are their own students furnished with these "scientific" diplomas, but the students of the Botanico Medical School of Worcester, Massachusetts, are also honored by the distribution of parchments from Petersburg. One charter is enough for both; and, indeed, we see no reason why the benevolent gentlemen of Petersburg should not extend their sheltering wings over all the Thomsonian schools to

be hereafter chartered, and thus save the troublesome necessity of applying for a charter. According to this convenient plan there need never be a lack of Thomsonian diplomas; for so long as one school of that character in the United States retains a charter, the powers of that charter will be entirely sufficient to supply any number of degrees, in every state of the Union, to those who *may or may not* have been under Thomsonian instruction.

Actual attendance upon lectures of any kind does not appear to be at all necessary. If the Faculty are disposed to confer the degree, it makes no matter whether there has been any previous study, or any attendance upon lectures. They say, "If found qualified by the Faculty, the Board of Directors will confer on him the Doctorate in Medicine, *'without reference to the time of study, provided the candidate shall have paid for one full course of tickets, and the matriculation and graduation fees.'*" Or, in plain English, any individual, educated or uneducated, who is willing to pay ninety dollars, can obtain a diploma, if the Faculty are disposed to sell him one, and willing to certify his qualifications.

But, as if this were not sufficient, the Faculty openly advertise that they will confer honorary diplomas (as premiums) upon any individuals who will furnish them the best essays upon lobelia, blood-letting, mercury, and a variety of other subjects. When medical schools, with regular charters and the power of conferring degrees, come to so low an ebb as this, what must be the inevitable effect?

It appears to us that the following will be the inevitable consequences:

1. Those schools which enlarge their facilities and prolong their courses of instruction, will necessarily occupy the highest position as fountains of medical learning, and their diplomas will be eagerly sought by those who aim at thorough medical scholarship.

2. The various schools through the country of inferior merit, will present a descending scale, at the bottom of which will be found the ultra Thomsonian schools.

3. In this position a general spirit of emulation will arise, which will gradually compel the inferior schools either to raise their standard of qualifications, or to sink to the Thomsonian level of diploma-shops. (It is probable that in time the title of Thomsonian will be universally repudiated, or, if retained by any, will be but a badge of ignorance. Schools which have heretofore

occupied that position, will, if they are capable of improvement, take a more liberal ground. We think there are evident indications of an upward tendency. The unchartered school at Worcester, Mass., manifests a laudable desire for the discharge of its duties, and would probably, if its resources were adequate, rise to a very respectable position. The Curtis school of this city has been greatly improved by securing the services of Dr. Kost—a gentleman of highly respectable attainments, as well as of liberal views. At the same time the virtual ownership of the whole school by Dr. C. has been surrendered (we are informed) to a Board of Trustees, who propose to bring it out under a new title. What the new name is to be we are not informed.)

4. The Eclectic Medical Institute, which at present occupies an advanced position, giving a more thorough and laborious course of instruction than any other medical institution of Cincinnati,* will, we hope, continue to move in advance as far and as fast as its opportunities and position will permit—thus placing its graduates upon the highest platform of the profession. In the next number we may suggest a plan to elevate the standard of professional attainments, quite distinct from that proposed by the National Medical Association, and probably much more efficient.

For the present, in view of the existing condition of the profession, we would respectfully suggest to the friends of Eclecticism in the United States the propriety of concentrating their energies and co-operating with us in the effort to elevate our common cause. If duly sustained by our friends, we pledge ourselves to elevate the standard of Medical Education, and to place the cause of Medical Reform in a higher position than it has ever yet occupied in America. In such a position that the name of Eclectic may be honored in America and in Europe, as significant not only of enlarged liberality and mental independence, but of thorough medical scholarship and the *highest degree* of skill in the treatment of disease. In a word, we aim to establish in the public mind an indisputable pre-eminence, and thus ultimately to regenerate the whole profession.

To accomplish results so important and so noble, the sincere

* We have shown in previous numbers, that the Faculty of the E. M. Institute, deliver at least one-fifth more of instruction during their session than the Faculty of the Ohio Medical College.

friends of Eclecticism must abstain from imitating the follies of the Old school and the Thomsonians in undertaking the establishment of feeble and inferior schools. If there were at this time a superabundance of talent, of learning, and wealth in our ranks, all seeking in vain to be employed, we should have not a word to say against the establishment of able, learned, and well-endowed schools; but from our knowledge of the resources of the cause throughout the United States, we are amply warranted in affirming that no additional school could be established at present with any prospect of attaining such a rank or sustaining such a character as would be of the least benefit to the general progress of the cause. That opportunities will occur hereafter for a vigorous and concerted movement to establish another institution of elevated character, is by no means improbable; but at present, and for several years to come, every attempt of that kind must necessarily tend to diminish the moral force of the cause, to distract and divide its friends, and seriously retard or defeat our ultimate triumph.

Medical instruction sustains the same relation to competition as medical practice. He who aims merely at pecuniary success in his profession, would prefer to see rivals in the field around him whose general inferiority would insure his own undisputed pre-eminence; but he who takes more enlarged views, and wishes to sustain honorably the system of practice to which he is devoted, would desire to see, not his inferiors, but his equals or superiors in the field, who might sustain honorably the common cause; and while he would regret the appearance of those whose qualifications and opportunities were insufficient, he would take some pains to encourage and assist, in a fraternal spirit, those whose character, learning, and abilities would redound to the honor of the profession. Such is the view upon which we are disposed to act, and such must be the feeling of the Eclectic Medical profession at large who are deeply interested in sustaining and elevating the general professional standing and character of Medical Reformers.

We would, therefore, suggest that the friends of Eclecticism in America unanimously resolve to concentrate their energies for the establishment of a Model College, which may proudly uphold the standard of Medical Reform—that they deliberate farther upon the best method of sustaining and elevating the national school, and upon the policy and propriety of establishing other schools at any

time hereafter, having an eye in all things to the good of the common cause, the union and harmony of its friends, the improvement of medical education, and the triumph of Medical Reform over its active and energetic foes.

B.

TO MEDICAL PRACTITIONERS.

As the design of this Journal is to present to the profession valuable practical matters, in such a form as to be available to the Physician in his daily ministrations to the sick, the publishers earnestly solicit the aid of all their professional friends in the accumulation of facts and discoveries relative to diseases in different sections of the country, new remedies and new modes of application of those now known.

Articles in the form of reports of important cases, illustrating the efficacy of the peculiar mode of treatment adopted, given briefly, yet in a clear and detailed manner so as to enable the reader to avail himself of the directions there given in similar cases, as well as dissertations upon the properties and uses of different remedies, are much needed, and would be of great service to the cause of medical reform. We are aware that there are hundreds of Physicians whose practice is eminently successful in diseases of various forms, which, under the allopathic treatment, are often incurable, who have made many new discoveries, and in whose practice there is much that is peculiar to themselves which ought to be in the hands of all who are not satisfied with the present woefully deficient and unsuccessful practice pursued and sustained by allopathic orthodoxy. We have frequently urged our medical friends to furnish us with original matter of this kind, and while some have complied with the request, others have excused themselves on the ground that they were unaccustomed to writing for the press, and were too much engaged in practice to devote the attention to writing, requisite to present articles worthy of publication. This may be a plausible excuse in some few cases, while in many others we strongly suspect it is only an excuse to avoid the labor, and not a lack of the proper skill in writing.

If Reformers would keep up with the intelligence of the age in Medical Science, they must each and every one contribute a due

proportion to the general stock of knowledge. Thus, by giving his discoveries to the profession, each will in return get those of many others, and the whole be benefitted, while no one will be the loser.

One may have valuable knowledge respecting the treatment of a particular disease, or of the use of a particular remedy, entirely unknown to another, while he in turn possesses similar information of which the former is ignorant. But by communicating these through the Journal, all will be equally informed; and we do not doubt that if every practitioner would look upon this matter in a proper light, and do all in his power to extend and diffuse his knowledge, more valuable additions may be made to the science through the Journal in one year, than could be made by any other mode in five or ten times the same period.

If any are willing to write for the Journal, who have any hesitation in consequence of being unaccustomed to writing for the press, we can say to them, do not let valuable information be kept back for fear of not presenting it in a style to suit your or our taste. If you will furnish the matter, we will, if desired, make such alterations in style as may be desirable. We hope to have a number of valuable essays from abroad for our next number. We intend to be liberal, and therefore invite all friends of Reform, whether they favor all our peculiar views or not, to present to the public through the Journal any matter relating to the healing art that may be practically useful.

THE INSTITUTE.—Before the proposed enlargements of the Eclectic Medical Institute can be effected, it will be requisite to enlarge its capital stock much beyond the present amount. It is proposed, therefore, to increase the amount to *one hundred thousand dollars*. After this change has been effected, we expect to prosecute vigorously our plans of enlarged usefulness. B.

☞ The attention of Medical Students is respectfully invited to the announcement of the spring and summer course of Lectures, commencing on the first day of March next. M.

☞ Persons to whom the present No. of the Eclectic Medical Journal is sent, who do not desire to be considered as subscribers, will be kind enough to wrap it carefully and return it addressed to "Eclectic Medical Journal, Cincinnati, O." All such as do not do so, will be considered as subscribers for the year. M.

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T H E

ECLECTIC MEDICAL JOURNAL.

Vol. II.]

FEBRUARY, 1849.

[No. 2.

Part 1.---Original Communications.

MEMORIAL

OF THE AMERICAN ECLECTIC MEDICAL CONVENTION.

To the Honorable the Senate and

House of Representatives of the State of Ohio :

THE members of the American Eclectic Medical Convention would respectfully address your honorable body in reference to the oppressive inequality and injustice now existing under the laws of this commonwealth.

Your Memorialists, as a Medical Convention, represent the interests, opinions, and wishes of a large and rapidly increasing portion of the Medical profession, residing not only in Ohio, but throughout the United States, and warmly sustained by a large number of the intelligent and liberal citizens of the republic.

In behalf of this large portion of the people and the profession, destined, we believe, soon to become a decided majority, we ask that respectful attention and impartial action which should ever characterize the administration of a republican government.

We would remind your honorable body, that the legislation of this and other states, upon medical subjects, has heretofore been clearly in contravention of the first principles of republican justice. An organized portion of the medical profession, enjoying an overwhelming preponderance of numbers and the confidence of the public, has been enabled by these advantages to secure the passage of laws, not only for the pecuniary benefit of their collegiate institutions (to which we do not object,) but for the purpose of discrediting and placing in a degraded position their less numerous rivals, whose merits were then less extensively known, and whose rights were scarcely considered. But it required not many years to arouse the public attention to the injustice of all such laws—to make more

fully known the merits and the rights of the oppressed class, and to secure the repeal of the obnoxious laws, by the most decisive action of the legislature and the people. The attempts subsequently made to procure the re-enactment of any such laws, have been firmly repulsed by the legislature, and generally condemned by public sentiment.

While Medical Reformers have thus succeeded in the face of private professional persecution and an extensive organized opposition, in obtaining a recognition of their legal rights, they do not feel willing, after having for years endured a scandalous and unwarrantable persecution, to rest contented with a mere removal of legal disabilities. They are entitled to claim full and entire equality in the eye of the law.

The doctrine of union between church and state—of the right of any religious class to receive and monopolize the favor of government, or to enjoy any peculiar and pre-eminent privileges, has long been exploded in this country, and nothing could be more odious than an attempt to revive such distinctions. Assuredly, distinctions in the profession of medicine between the different classes of the community, are no less oppressive and unjust than similar distinctions in religion.

If men have the right to worship God according to the dictates of conscience, unmolested by earthly powers, assuredly they have an equal right to study Nature and employ the most precious gifts of the Creator for the restoration of health. The right to seek the salvation of the soul, and the right to seek the salvation or health of the body, according to the dictates of our own judgment and conscience, are rights equally certain, clear and impregnable in a true republic. In exercising the former right, it is demanded by every freeman, that no invidious distinction shall be made by governmental action, and that nothing shall be done by an impartial government calculated to hinder, degrade, or restrict the individual, whatever may be the creed which he avows. In the exercise of the latter right, this demand is no less imperative.

In reference to matters of private opinion and action, upon which the most intelligent and learned may differ, a republican government has no right to interpose to the injury of either party. In the present instance, we not only claim this equality in relation to governmental action in behalf of Medical Reformers, but we assert, that whenever it comes within the scope of governmental duties to foster the sciences by assisting the cultivators and teachers of medicine, the claims of medical reformers in that respect entitle them, if any distinction should be made, to the foremost rank. We do not demand, as has been demanded heretofore by others, that invidious distinctions should be made in our behalf; but we do assert, that if any portion of the medical profession is to be regarded with peculiar favor, it is not that portion which has heretofore been fos-

tered by legislative bounty, walled around like a hot-house plant by legislative enactments, to protect it from the free air of competition, and which has followed the safe and lucrative path marked out "by authority;" but rather that other portion which has presented itself to the public friendless and poor—which has risen against persecution and a powerful array of wealth, of colleges, governments, societies, and time-honored precedents—which has fought its way into recognition, and vindicated its legal rights against oppression—which has ameliorated the practice of medicine, and abolished throughout a large portion of this country, the most pernicious and unscientific methods of treatment heretofore in vogue—which has saved an incalculable number of lives—which has raised up thousands from disease and despair to the full enjoyment of health, who had been abandoned by the Old school profession as utterly incurable; and which has done more to render practical medicine truly a healing art, than all its wealthy, learned, powerful, and overbearing rivals.

These assertions are based upon an extensive experience and observation. Doubtless there may be members of your honorable body who have a personal knowledge of these matters; but if not, we would refer to the experience of all intelligent medical men who have tried the new as well as the old or mercurial system of practice, and to the general sentiment of patients who have had a fair trial of each. Hereafter we hope to present, in a proper manner, the statistical evidence of these assertions.

We claim, that in arranging the medical charities which are sustained by the friends of this commonwealth, a just respect should be shown to a system of medicine which has the approbation of a large portion of the people, and that the patronage and influence of the state should not be employed to bolster any system of exclusiveness, or any corporate monopoly, regardless of the public good.

A striking example for the application of this principle, exists in the city of Cincinnati at the present time. The Commercial Hospital and Lunatic Asylum of Ohio, a state institution sustained by the means of all classes of society alike, has fallen into the hands of certain members of the medical profession, to be controlled and used like an estate in fee simple for their own private emolument. In this extensive hospital, a large number of persons unable to provide themselves with competent attendance, receive the medical and other assistance which has been furnished them by the state. A large proportion of these individuals, it is true, are of an humble station in life; but we are not aware that the rights of any individual in a republic are to be measured by wealth or social rank. The patients of the hospital, whether of the class that has been cast down from ease and affluence, or of the class enured to poverty, are all equally entitled to our just consideration. And if we

undertake to give them medical or other relief, their wants are justly entitled to be known and regarded. It would be the height of folly, as well as injustice, to administer our charity in such a manner as to prevent their effectual relief, and to diminish the amount of good which our means are competent to effect.

If in selecting our medical attendance we adopt an exclusive plan which does not fully command the public confidence, and which pays no regard to the wishes of those who are the recipients of the charity—if we compel those who are in need of medical relief to undergo a peculiar system of treatment, or else be excluded from this public assistance, it inevitably follows that those who regard that treatment as unsatisfactory and unscientific, and who are determined not to submit to any thing so repugnant to reason and experience as the mercurial and blood-letting system, will be virtually excluded from the benefit of that institution. Such we know to be the fact at present. That portion of the public who have become aware by personal observation, or experience, of the evils of the old system of practice, are now virtually excluded from the Commercial Hospital, and thrown upon the private charity of medical practitioners and benevolent neighbors for that which they have a right to expect from a public institution. We ask, is it just, because the patient is poor and dependent, to exercise this tyrannical control, which operates so severely upon many—which either drives them from the institution to the miserable abodes in which they cannot procure proper attendance, or else, if necessity compels them to submit, is felt by many as a tyrannical exercise of authority, and a serious diminution of their prospects of recovery and health? We ask, then, for Hospital patients, the right of choosing their medical attendance; and, as the smallest possible concession of their rights that we could demand, we ask that they should at least have the privilege of choice between the mercurial, blood-letting system of practice, and that system which restores the health without making a dangerous inroad upon vitality by the very process, and without leaving a poisoned and shattered constitution.

We do not ask that any increased expense should be incurred, for no farther expense is necessary in the care of Hospital patients than is at present incurred. The facilities for the study of disease presented by such an institution, will be received as an equivalent for the labor of medical attendance.

While we seek this right in behalf of Hospital patients, as a matter of simple justice—a mere abolition of legal favoritism and monopoly—we solicit most earnestly for the medical profession the abolition of another form of this oppressive monopoly. The Hospital affords extensive opportunities for clinical instruction, which are regarded as valuable by all who are preparing for the practice of medicine, or who wish to investigate disease.

As now controlled, instead of these opportunities being extended

to all who are about to enter the profession, every young man who does not submit himself to the teaching of the old school, is rigidly excluded from witnessing the practice of the Hospital. The singular spectacle is exhibited of a state institution, the property alike of the whole people, located in a large city among hundreds of medical students, and a large majority of those students prohibited from entering that public institution for the purpose of preparing themselves better to discharge the responsible duties which they are about to assume. Do not these facts call loudly for legislative interposition? Is there any reason why those of the people of Ohio who believe in the Reformed system of Medicine, should be thus deprived of an equality of rights with those who prefer another system—should be insultingly told by authority—

“If you wish to study medicine in accordance with the dictates of your own reason, you shall not be permitted, like others, to enter our state institution upon the payment of similar fees, nor upon any terms whatever. If you wish to send a student to a medical college where he can learn the ample resources of the new system of practice, that student shall not be entitled like other students to witness the phenomena of disease in the Hospital, and thus become more familiar with the important duties of a physician;—he must succumb to the teachings of a certain school, or else be stamped with this mark of degradation.”

Although that Hospital was designed in every way for the public benefit, and its clinical advantages are important for the promotion of medical education—the value of which would be felt throughout the whole country—the benefits of which would accrue not only to the practitioners instructed, but to the people whose health they preserve; yet these clinical advantages, furnished by the public, are not allowed to flow with equal justice to the whole people, but arbitrarily monopolized by a few—not for their own benefit merely—not because the opportunity is not ample for all, but simply to gratify the malignant jealousy and hostility of those who enjoy this monopoly, against their professional rivals.

If the aristocratic principle of monopoly must prevail under this government in medical matters, then let the monopoly fall into the hands that are able to wield it for the public good. Let the Hospital be placed in the hands of the Faculty of the Eclectic Medical Institute, and let a superior system of Medicine and Surgery exert its beneficent influences. Let the clinical facilities, if a monopoly must exist, be taken from that College which has been unable to attract a large class, even with this advantage, and let them be given to that College which teaches doctrines in accordance with the spirit of the age; and instead of a meagre attendance of between one and two hundred, classes of three, four, or five hundred will receive the benefit of the clinical instruction.

But we ask no such monopoly or exclusive privilege. However

unworthy of its exclusive rights, the Ohio Medical College may be, in comparison with our favorite institution, we desire only that they be placed upon a footing of equality.

This claim is peculiarly urgent, in consequence of the fact that the Eclectic Medical Institute, which represents a large and respectable portion of the profession, has not received impartial justice heretofore from the state, and yet has proved itself worthy at least of equal favor with any other institution. While the Faculty of the Ohio Medical College have received from the state liberality, a collegiate edifice, library, chemical apparatus, &c., and been honored by the exclusive control and use of the Hospital, the Faculty of the Eclectic Medical Institute, without any assistance from the state, have erected their own edifice, furnished their own apparatus and library, given able and original courses of lectures, and already attracted a greater number of pupils during the past year than their rival institution, aided by the power of monopoly and assistance from the state.

This fact is sufficiently significant of the comparative merits and the claims of these schools to legislative patronage; and we respectfully submit to your honorable body, whether it would not be a magnanimous act of justice to extend to the Eclectic Medical Institute, as well as to the Ohio Medical College, such an amount of pecuniary assistance as would materially enlarge its facilities of instruction. The purchase of an extensive library and other collegiate apparatus, is usually, in this country, beyond the means of literary or scientific men; and they have generally depended upon large endowments to effect it. Such libraries and apparatus are of great public value in the hands of those whose reputation may attract a sufficient number to the shrine of learning; and as they are from their very nature, rather a public than a private benefit, it is becoming that the public should be the most liberal contributor to the fund for their purchase.

We doubt not that the energy and public spirit of the Eclectic Medical Faculty will in due time triumph over all obstacles, and place the Institute in the highest rank, as to its scientific facilities; but we ask whether the state should not cherish with a liberal spirit this and other institutions which reflect honor upon the name of the state and render it an attractive resort to the votaries of science? We believe that the Eclectic Medical Institute is destined to accomplish more for the improvement and elevation of medical science than any other collegiate institution of America, and that a library, or any other means of usefulness placed in its possession, would not be used in the spirit of an exclusive avaricious monopoly, nor allowed to decay in mouldy idleness, but would be employed in the most efficient and liberal manner, for the cultivation of true medical science.

The hospital facilities, which we ask as a matter of right for

the students of the Eclectic Medical Institute, were, until recently, supposed to have been guaranteed to them by the act of 1839, which provides "That the Trustees of the township of Cincinnati are hereby authorized, in their discretion, and whenever they may consider it advisable, to admit the Faculty of the Cincinnati College to an equal participation with the Faculty of the Medical College of Ohio, in the medical and surgical operations of the Commercial Hospital and Lunatic Asylum of Ohio, under such regulations as they may prescribe: provided, *that the students of the several medical schools, or colleges, in the state of Ohio, shall be admitted into the Commercial Hospital and Lunatic Asylum of Ohio, in said township, to witness the treatment of diseases, and such surgical operations as may be performed therein, ON EQUAL TERMS.* Provided, further, that *all medical colleges, which may avail themselves of the right of introducing pupils into the hospital, shall agree to educate one youth from each judicial district in this state, free of expense, in the same manner that the Medical College of Ohio is bound to do.* Provided, also, that all the funds arising from the sale of hospital tickets to students of the Medical College of Ohio, shall be applied in the same manner as said funds are now applied; all funds arising from the sale of tickets, to students, other than those attending the Medical College of Ohio, shall be applied by said Trustees to the support of said hospital, or in aid of any charitable object or institution within said township, as the Trustees may deem proper, and it shall be the duty of said Trustees to make to the General Assembly an annual report of the manner in which they have provided medical and surgical attendance on said hospital and asylum, together with a statement of the number of cases treated therein, the name of the diseases, and the termination of the same.

"SEC. 2. Any future Legislature may alter, amend, or repeal this act."

Under this act, the Eclectic Medical Institute having duly agreed to educate students from the different judicial districts, and having educated all who applied for the privilege, the students of that Institute applied for admission to the hospital on the same terms as the students of the Ohio Medical College, but were peremptorily refused. The recent decision of the Supreme Court upon this subject sustains the refusal and entirely destroys the possibility of claiming admission under the act of '39. That decision regards the passage above quoted, in reference to medical students, as being not a positive enactment, but merely a contingent proviso, dependent for its effect upon the preceding portion of the act, referring to the Medical Faculty of the Cincinnati College, and entirely obsolete at the present time, as that Faculty is not in existence to participate in the supervision of the hospital.

It is much to be regretted that this just and equitable proviso

should have been so introduced as to be liable to this construction of contingency, and to be thus virtually nullified by this decision. Among other evil consequences of this construction of the law, it enables the Faculty not only to continue their arbitrary and unwarrantable proscription against those who will not succumb to their opinions, but also *to operate with equal efficiency against the public welfare*, as regards the hospital and other objects of charitable interest. By a clause of the act, now set aside, the proceeds of all hospital tickets for students not of the Ohio Medical College, were to be appropriated to the support of the hospital or some other charitable object, to be selected by the Trustees of the township. Now, as there have been about three hundred medical students in Cincinnati during the last twelve months, exclusive of those of the Ohio Medical College, a hospital ticket being taken and paid for by each would have produced the sum of fifteen hundred dollars. The idea of depriving the poor of the amount of fifteen hundred dollars per annum, to gratify professional pique and hostility, might, we suppose, have produced a different line of action in men laying any claims to the liberal and benevolent character which should belong to the profession of medicine.

This fact shows plainly that professional bigotry and intolerance are by no means scrupulous in the means they employ against professional rivalry. Under the pretence of sustaining the dignity and honor of the profession, they convert a public state institution into a miserably contracted monopoly, for the pecuniary benefit of half a dozen individuals—THEMSELVES. Under pretence of diffusing medical knowledge, and promoting the public welfare in medical education, they contemptuously exclude a large majority of all the students of the city from an important opportunity of clinical instruction, and thus do all they can to diminish their medical qualifications. While professing to teach sound medical doctrines in the most learned manner, they labor to exclude from their lectures every hearer who stands as a medical student in an independent position, and also to prevent those who hear their own lectures from hearing any different instruction which might awaken a different train of thought. While professing benevolent principles and sound ethical instruction, they labor to produce an implacable jealousy, contempt, and hostility between their own followers and those of different opinions; and, finally, while professing philanthropic views in their relations to the hospital, they are *quietly robbing that institution and the cause of benevolence* of a thousand or more dollars annually, by the indulgence of the most unbecoming selfish illiberality towards those who do not bow down to their arbitrary dicta,* scornfully forbidding their attendance, and

* A remarkable illustration of this proscriptive and dictatorial spirit occurred a few years since. A graduate of the Ohio Medical College, of unquestionable moral character, had been accustomed since his graduation, in accordance with the wishes expressed by the

rejecting the large sums which they would have paid to the hospital or to some other form of charity.

Corrupt and selfish arrangements like these would be worthy of the irresponsible corporations and rotten borough constituencies of an oligarchical government, but surely they are strangely out of place under *this government*, and demand a speedy and radical reform.

We ask then in the name of science, of justice, and of freedom, that these exclusive monopolized privileges be abolished—that all students be entitled to admission on equal terms to the Cincinnati Hospital, and that the fees arising from their attendance be appropriated to the benefit of the schools to which they belong. We ask that the Faculty of the Eclectic Medical Institute be admitted to the medical supervision of the Commercial Hospital on terms of equality with the Faculty of the Ohio Medical College, either by attending upon separate wards at the same period, or by exercising an alternating jurisdiction, and that an authentic record be kept of the cases admitted and treated by the different Faculties, which will show the history of each case, and the comparative merits of the two systems of practice. We ask this, in order to show which of the two systems is accompanied by the greatest amount of quackery or false pretensions, and which presents the most satisfactory results.

The honorable emulation excited by such a rivalry as this could not fail to be exceedingly beneficial to the patients treated, even if the new system presented no evidences of superiority. We are well aware that men in office, who enjoy a close monopoly, undisturbed by the bracing air of competition, generally become negligent and indifferent to the faithful energetic performance of their duties; and as we have certainly no reason to think the faculty of the Ohio Medical College exempt from the usual infirmities of human nature, or actuated by higher motives than we observe in the facts already mentioned, we may be permitted to suggest that we can imagine no measure better calculated to secure the faithful performance of their duties, and to induce those gentlemen to change their zeal for ultra and obsolete theories into a zeal for practical good, than the course of open competition in the hospital practice, with skilful and practical men from another institution.

By allowing the patients a free choice between the different

Faculty, to matriculate in that institution, and occasionally attend its lectures, as is usually done in similar institutions by their graduates. This gentleman, however, having an independent mind, and having satisfied himself that the doctrines taught in the College were erroneous, could not conscientiously follow those doctrines in his practice, but deviated therefrom very materially, preferring botanic medicines in all cases to the mercurial, antimonial, and other treatment of the Old school. For this and other heresies in his medical faith, he was at length called to account by the Faculty and *expelled from the College*, for no other offence whatever than thinking for himself and following his own convictions of the truth in medical practice. Thus we perceive that no one who deviates materially from the opinions of that school, will be allowed to enter the College, hospital, or library, (all of which belong to the state,) even if he be a graduate of the school, who has a legal right of admission, and has paid for his ticket, as was the case in this instance.

methods of treatment, and between the Faculties of the two schools, (to which they are justly entitled,) we shall not only consult their rights and interests, but furnish a powerful incentive to their medical attendants, and a ready index to the practical merits of their physicians.

To this course, which is demanded by impartial justice, and by the public interests, we perceive no valid objection. The claim set up in behalf of the Faculty of the Ohio Medical College, of having earned their privileges by their labors—of having, by a long course of medical attendance, rendered important services, which entitle them to look for certain privileges as a just recompense, is altogether too shallow a deception to impose upon any one acquainted with the facts. Even if there were any truth in such a claim, the present Faculty of that College are not entitled to its benefits. They were not the originators of that institution—it was not their fostering care which accompanied its growth. They have been introduced at a comparatively recent period into a state institution—to their own great advantage and in their relation to the state, they have received obligations alone—they have conferred none. The supervision of the hospital, with the privilege of clinical instruction, has not been a favor or service rendered by them—it was, in reality, *a favor conferred upon them* by the state, giving them facilities for clinical instruction which have constituted the principal attraction of their school. If not a favor, they would not have been so eager to procure a monopoly of the position and its duties. If at any time they deem this position and these duties too arduous, and the reward inadequate, they have but to vacate their posts, and there will be no difficulty in finding others, at least equally competent, who will accept the clinical opportunities of the hospital as a sufficient recompense for the labor of its medical supervision.

Setting aside this deceptive pretence, which is notoriously untrue, the Faculty have no claim whatever upon the hospital, (which has served to bolster up their professional reputation,) other than the claim of all old incumbents of honorable offices to an undisturbed possession of office, because it is exceedingly comfortable and convenient for them to continue in place, and exceedingly inconvenient to recognize the principle of rotation in office.

Another reason equally deceptive has been adduced for the continuance of this monopoly. The idea has been given forth that it would be impracticable, or at least injudicious, to permit students attending rival institutions to enter the hospital upon an equal footing, and receive instruction together, on account of the discord and difficulty likely to be produced by their association. If there is any truth at all in this suggestion, it is but a striking illustration of the old classic fable of the wolf and the lamb. The monopolizing Faculty, who are now partly supported by the state, assume an at-

titude of hostility and jealousy toward their rivals. They occupy the hospital; and although there is room enough for all, they refuse the slightest accommodation, and declare that the vacant benches shall continue vacant, and the funds of the hospital continue to be impoverished, rather than allow their rivals of the same profession to enter and occupy the vacant seats. Thus, like the dog in the manger, who would neither eat nor allow another to approach, they neither fill the places and supply the funds of the institution, nor allow it to be done by others. And while occupying this peculiar attitude, they *virtually* exclaim, "Our rivals shall not enter if we can possibly keep them out; but if they should be admitted by the justice of the legislature, we give all parties due notice, that we shall raise such a quarrel and riot as will break up the whole concern, unless our rivals are excluded."

The impudence of such a threat against legislative interposition cannot be too much admired; that such is really their meaning is but too obvious. There are no reasons whatever for supposing that the students or Faculty of the Eclectic Medical Institute would either engage in or countenance any species of disturbance of peace and harmony. The calm and patient manner in which they have submitted to the overbearing pretensions and language of their rivals, the general courtesy and liberality which they have shown, and the fact that they have met the restrictive, illiberal regulations of the Old school by a very marked display of liberality towards all classes, indicate plainly enough that there can be no collision provoked by them. The students of the Institute have always been taught by their professors, both by precept and example, to preserve the most courteous bearing towards all, and not to condemn or discountenance any individual, simply for difference of medical opinions. Gentlemen actuated by such principles, will not be led into wanton contests with their companions; nor is it at all probable, that while they are seeking to sustain their claims to a place in the hospital, either the Faculty or students would tolerate any course of action likely to compromise their common right.

The danger of misconduct and discord, arising from a difference of opinions entertained in the two institutions, of which so much has been said, is in reality one of those devices of the fancy which common usage has marked by the expressive word "*humbug*." The same powers which are adequate to preserve order at present, would be adequate for ten times the number. The Trustees of the township and the medical Faculty have no difficulty in regulating the classes now in attendance. The excellent moral character and quiet deportment of the classes which have hitherto attended the Eclectic Medical Institute, prove that their presence would produce no additional difficulty. But no matter of what materials the classes might be composed, the power of regulating their deportment by suitable bye-laws, and positively excluding those who were

in any way disorderly, would be an effectual check in any whatever, in addition to the restraining power of the two co over their own pupils.

The true source of this opposition to the admixture of stu may be found in another cause. The general spirit of the colleges is different. The Eclectic Faculty invite all of wha opinions to hear their lectures, and extend the usual profess courtesy to their visitors. They tolerate difference of opi and condemn no class of *intelligent* practitioners for such d ence: difference of doctrines is not with them synonymous *quackery*. The Old school Faculty endeavor to exclude their lectures those whose opinions are marked by too much li alism, or who are willing to pay respect to the Eclectic Faci They labor to establish an absolute non-intercourse between t own party and their opponents, as if liberal ideas were as co gious as the small-pox, and required a rigid quarantine to pre their introduction. They denounce differences of doctrine in r tion to medical practice as arrant quackery, and maintain quacks should be treated with the most sovereign contempt. while they misrepresent their opponents, they would fain dest every opportunity for the free examination of the matters in disp

It is no wonder, then, that they should object to that free in course of the Old school and New school classes, which wo give them a correct mutual understanding, and a more friendly p sonal feeling—which would tend to remove the delusions impar by their teachers—which would show that the new system v not merely a meagre store of a few vegetable medicines, and tl the great body of medical science is necessarily the same in medical colleges—that the various branches, Anatomy, Physiolog Chemistry, Medical Botany, Materia Medica and Pharmacy, P thology and Practice, Surgery and Obstetrics, were taught at les as thoroughly in the New school, and by as able a Faculty, as that the most striking difference existed in the fact that the latt institution imparted not only different views of the philosophy ar practice of medicine, but also a considerable amount of valuab knowledge, which could not be obtained in the Old school. The would of course dislike to see their system of exclusiveness th overthrown, and to see the jealousy and scorn which they inculca superseded by sentiments of respect and a knowledge of the truth

The apprehension of personal discord and collision was naturall suggested to their minds by the knowledge that their own cours was well calculated to produce such effects—that the feelings o scorn and hostility which they have nourished and promoted woul naturally tend to discord, if their own influence were sufficient and if met by similar feelings in their opponents. But this apprehension, in their minds, yields to a much more serious apprehension that all such feelings of exclusiveness would be destroyed by

the opportunities of mutual intelligence and respect, afforded by a common course of clinical instruction.

Doubtless every additional objection which prejudice or ingenuity can suggest, will be used upon this subject, to defeat the plainest principles of justice, and to sustain the degrading distinctions which have been made between the the different portions of the medical profession. What these assertions may be, we cannot definitely anticipate; but if they refer to the relative merits of the two schools, and the two systems of medicine, we would for the former refer to the relative size of their classes, and the sentiments which those classes entertain in reference to their professors; for the latter we refer to general experience, and also ask a definitive test, in the form of a hospital record of the progress and result of cases treated on each of the two systems.

In conclusion, we hope that your honorable body will, in these matters, enforce impartial justice, and thus promote the interests of the hospital and of its patients, of medical students, of the medical profession at large, and of the entire population of the state, a large portion of whom feel in this matter a lively interest, and anxious desire for the adoption of the measures which we ask.

T. V. MORROW, M. D., *President.*

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| DAVID JORDAN, M. D. (Ohio), | } <i>Vice Pres'ts.</i> |
| S. H. CHASE, M. D. (Indiana,) | |
| E. W. BALDRIDGE, M. D. (Ohio,) | |
| J. S. ORMSBY, M. D. (Pennsylvania,) | |
| A. KENDALL, M. D. (Louisiana,) | |
| J. KING, M. D., | } <i>Secretaries.</i> |
| L. E. JONES, M. D. | |

From the Cincinnati Daily Times, May 22, 1848.

IMPORTANT DECISION—OUR MEDICAL COLLEGES AND HOSPITAL.

An important case was decided by the Supreme Court on Saturday (Judges Hitchcock and Reed upon the bench,) involving the rights of Medical Students and Colleges, in reference to the Cincinnati Commercial Hospital, and also the rights of the public to certain revenues for benevolent purposes.

It appears, that by an act of the Ohio Legislature, passed in 1839, the Trustees of the township were authorized to admit the Medical Faculty of the Cincinnati College to the Commercial Hospital, and also by a proviso of the same act, all Medical Students in the state attending other Medical Colleges were authorized

to enter the Hospital upon an equal footing, for the purpose of witnessing the Medical and Surgical illustrations presented before the class by the professor for their instruction. Under this law, the Trustees having a discretionary power, have not thought proper to admit any other Faculty than that of the Ohio Medical College, to participation in the supervision of the Hospital. That clause, however, which entitles Medical Students generally to an equal admission, does not give to the Board any discretionary power, but says "that the Students of the several Medical Schools or Colleges in the state of Ohio, shall be admitted into the Commercial Hospital and Lunatic Asylum of Ohio, in said township, to witness the treatment of diseases and such surgical operations as may be performed therein, *on equal terms*; provided, further, that all Medical Colleges which may avail themselves of the right of introducing pupils into the Hospital, shall agree to educate one youth from each judicial district in this state, free of expense, in the same manner that the Medical College of Ohio is bound to do."

Under this law, the Students of the Eclectic Medical Institute claim the right of admission to the Hospital upon the same terms as to fees, &c., as the Students of the Old School. The Institute has been in prosperous operation for three years—has taken a leading rank in the city; and has fully complied with the law, by announcing in all its circulars, the opportunity of gratuitous education which it has offered, and which has been accepted by quite a number of young men.

This claim, however, has been rejected by the Medical College of Ohio, on the ground that it was designed by the Legislature to give the Faculty and Students of that School an exclusive monopoly of the advantages of the Hospital, and that the law extending its advantages to the students of other schools being in the form of a proviso, must be considered entirely contingent, depending for its effect upon the entrance of the Faculty of the Cincinnati College as Hospital physicians, and, consequently, is entirely null at present, as that Faculty is not now in existence.

This position was sustained by the decision of the Court delivered by Judge Hitchcock, thereby confirming the monopoly of the Old School. We do not pretend to decide this point of law, but in order to present the matter fairly, we annex the statute which has been thus construed, that our readers may form their own opinions. It will be perceived by the latter portion of the act, that the public welfare is materially injured by this decision. The funds arising from the sale of tickets to the students, whom the Old School excludes, are to be applied to benevolent purposes, or to the support of the Hospital. The money is now lost to the cause of humanity by the exclusiveness of the Old School. The number of students attending the winter and spring sessions of the Eclectic Medical Institute, amounts to about two hundred and twenty—the Hospital

ticket being five dollars, we perceive that if each of these students took the ticket, the sum would amount to eleven hundred dollars for the past twelve months; and according to reasonable calculations of the increase of the school, might soon amount to two or three thousand dollars per annum, without including other medical schools in the calculation, which would furnish a considerable addition to the aggregate amount. We would simply ask, is it right that the public should be deprived of this large revenue for charitable purposes, merely to gratify the exclusiveness of the old Medical College, and assist in displaying its hostility against a successful rival institution?

AN ACT in relation to the medical and surgical supervision of Commercial Hospital and Lunatic Asylum of Ohio.

SEC. 1. Be it enacted, &c., That the Trustees of the township of Cincinnati are hereby authorized, in their discretion, and whenever they may consider it advisable, to admit the Faculty of the Cincinnati College to an equal participation with the Faculty of the Medical College of Ohio in the medical and surgical supervision of the Commercial Hospital and Lunatic Asylum of Ohio, under such regulations as they may prescribe, *Provided*, That the students of the several medical schools or colleges within the state of Ohio shall be admitted into the Commercial Hospital and Lunatic Asylum, in said township, to witness the treatment of diseases and such surgical operations as may be performed therein: *Provided*, further, that all medical colleges which may avail themselves of the right of introducing pupils into the hospital, shall agree to educate one youth from each judicial district in this state, free of expense, in the same manner that the Medical College of Ohio is bound to do: *Provided*, also, that all the funds arising from the sale of hospital tickets to students of the Medical College of Ohio shall be applied in the same manner as said funds are now applied; all funds arising from this sale of tickets to students other than those attending the Medical College of Ohio, shall be applied by said Trustees to the support of said hospital, or in aid of any charitable object or institution within said township, as the Trustees may deem proper, and it shall be the duty of said Trustees to make to the General Assembly an annual report of the manner in which they have provided medical and surgical attendance on said hospital and asylum, together with a statement of the number of cases treated therein, the name of the diseases, and the termination of the same.

SEC. 2. Any future Legislature may alter, amend, or repeal this Act.

PRESENT STATE OF THE PROFESSION.

Messrs. Editors:

I HAVE been travelling for the last four months in the states of Ohio, Indiana, and Illinois, and have endeavored to note, with as much exactness as I was capable of, the general state of progress in the medical profession, and the varied success which has seemed to attend them. I have met some of almost every sect in the medical fraternity—Allopathic, Eclectic, Botanic, Uroscopians, Hydropathians, Homœopaths, &c., &c. Of what are called the “regular” or “Old school” physicians, I think not more than one-half have ever attended a course of lectures, and not more than one in ten or fifteen is a graduate. A great many of these are laying aside the lancet and mercury for rare occasions, and report progress in medical skill in proportion as they lay aside their old “blood and thunder” theories, and conform their practice to the plain and simple indications of nature. Of those properly Eclectic, nearly all I saw in the states of Indiana and Illinois are graduates of some respectable medical college. But I regret to say that I found more practicing physicians of this school in Ohio who have not attended lectures, than in any other part of my travels. I have uniformly urged upon them (what they all feel and admit) the necessity of being more thoroughly acquainted with anatomy and surgery—in short, that they ought to enjoy the benefits (which they could not find elsewhere) of a thorough course at the Eclectic Institute at Cincinnati. Though many of them are excellent practitioners, they will always feel embarrassed without a more thorough knowledge of anatomy. This entire class of Eclectic practitioners, whether highly scientific or not, are regarded as “irregular” by the “Old school.” However, this is a small matter, as they are generally well sustained, and stand fair as intelligent and scientific men. I have seen many places where Eclectic practitioners are needed, and would be well sustained. The cause is rapidly advancing, and it is not difficult to predict the result, if the friends of medical reform and progress are true to their principles.

There is another class, known by the general name of “Botanic” physicians, many of them popular and successful in practice. Of these, I think the most scientific are those who have attended the “Botanico Medical Institute,” at Cincinnati. Others again, having read Thomson’s, Howard’s, and some other works of this class, are proving, beyond the shadow of a doubt, the superiority of the Botanic practice, even in its most crude and undigested state, over the old depleting and calomelizing practice.

Of the Uroscopians, who are becoming quite numerous, and who, I believe, are the pupils, in most cases, of Dr. Legarden, of

Laporte, Indiana, I can say but little, not having extensively formed their acquaintance. I may remark, however, that some of the most popular and successful practitioners I have met with, use that system as furnishing the most safe and satisfactory diagnosis of any with which they are acquainted. It is easy to cry "humbug" and "quackery," but they are "humbugging" many very intelligent people, and themselves too, into a most successful and lucrative practice.

Among all classes, especially the Eclectic, Hydropathy is gaining popular favor. As to Mr. Homœopathy, I cannot speak from any personal knowledge. His size is said to be very diminutive, and I understand he is a great favorite with the *ladies*, and is frequently seen in the parlor and drawing room: all agree that he seems to have no disposition to do friends or foes any harm, and is universally regarded as a *very* sweet little *creature*.

It is too evident to be disputed, that there is felt a necessity for a general reform in the practice of Medicine, adapting it more fully to the demands of Nature. The aching bones and distorted countenances of suffering thousands, bear a burning testimony to the dreadful havoc the use of mercury is making of the fine forms of our race. Only a few days since I saw a sprightly boy of fourteen, with a shockingly distorted face, from the effects of calomel. And what, think you, was the reason assigned for this horrid work? O, the "boy did n't swallow it quick enough!" and this is all the satisfaction an afflicted *mother* is to have, whose *son* is to carry through life this horrid distortion. The same day I saw another most afflicting instance of the effects of calomel. The daughter of a physician, a girl of six years of age, took calomel—lost all her teeth—the second set came in; and now, at the tender age of thirteen, her teeth are all decayed and broken off even with the gums.

But does any one ask what we would *substitute* for *calomel*? I answer, we want no substitute. We want only those remedies which are in harmony with the laws of our being. The fact stands out undeniably, that the Eclectic practice has almost infinite advantage over the old Allopathic practice, as thousands are now proving. Almost every day I meet old chronic cases, given up to die, made "every whit whole" by this practice.

It is important that the supply of able and efficient Eclectic practitioners should be equal to the increasing demand; and I would suggest that it be made a point of interest and importance, that every well-read practitioner have reading with him one or two young men of good abilities and literary attainments, and thus furnish to the Medical Institute at Cincinnati, a large number of students of good literary and scientific character. If each graduate would send one student annually, the college would be full to overflowing. So far as I have been able to learn, all looks bright and

encouraging—the past is a good hint to the future. Success to you I say.

Yours for Reform, Progress, and Eclecticism.

OBSERVER.

IMPORTANT REMEDIES.

BY J. KING, M. D.

Messrs. Editors :

IN the April number, 1846, volume v, page 175, of the last series of your invaluable Journal, I directed the attention of Eclectic practitioners to the usefulness of employing the concentrated or active principles of medicinal plants, in preference to the usual mode of administering the crude articles in bulk with all their woody fibre and other inert principles, by which means disease can be combatted more energetically and effectually, and a great objection to our practice be entirely removed, viz: the large and disagreeable doses in general use. Since the communication above referred to, I have been pleased to learn that efforts have been made, and are still progressing, both in the preparing and testing the active constituents of our most valuable agents. The articles on Podophyllin and Macrotin, in the January number of the present New Series, I consider of vast practical importance to the practitioner; and I cannot refrain from again alluding to the remedies and some of the forms in which I have employed them.

In the fall of the year 1835, I procured, for the first time, some resin of Podophyllum, Macrotys, Iris, and Aletris, also the dried Hydro-alcoholic extracts of Leptandria and Hydrastis. In obtaining the resin of Podophyllum, I made a saturated tincture of the root, which was placed into an equal quantity of water, and the alcohol distilled off; the resin remained at the bottom of the vessel, and had the appearance of a burnt substance, which led me to imagine that it had probably become injured by the mode adopted for its collection.

A young lady who was present at the time, and heard my observations concerning it, placed twelve or fifteen grains of it on a small piece of paper, and saying that she needed a dose of medicine, inquired if she might take that quantity. Supposing it inert, I answered affirmatively. In an hour or two after taking it, she was attacked with excessive vomiting and hypercatharsis, which continued for three or four hours before I was notified of it. I found her in severe pain and distress, vomiting and purging, cramps in the stomach and extremities, weak, small pulse, coldness of the

extremities, and nearly every symptom usual to Asiatic cholera;—she was sinking rapidly.

As the treatment of this case is published in the July number, 1844, of the N. Y. Philosophical Medical Journal, I will briefly state that mustard to the wrists and ankles, a solution of bi-carb. potas., often repeated, fomentations to the stomach and bowels, and diaphoretic powders, effected a cure, although the patient has since that time labored under some chronic affection of the stomach. This was my introduction to Podophyllin, and it was a long time before I ventured to employ it again; however, I conquered my prejudices, and have found it one of our best remedial agents, as a cathartic, emeto-cathartic, alterative and hepatic, and decidedly beneficial in gonorrhœa, stricture, recent disease of the prostate, &c.

The Podophyllin, as now prepared by Mr. Merrill, is more refined than that I have been in the habit of making, and the dose is from two to four grains, which will generally produce an emeto-cathartic result; yet as a matter of economy, it will be found that if ten grains be well triturated with twenty grains of sugar of milk, it will make ten or fifteen active doses. R. S. Newton, M. D., substitutes loaf sugar for that of milk.

The resin of *Iris Versicolor*, or Iridin, will be found to contain many properties similar to the Podophyllin, without much of the nauseating and disagreeable effects of this last, and may be used in the same class of disease. I prefer it to the Pod. in dropsical affections, and in cases accompanied with dropsical swellings. As anti-periodic agents, I can say nothing, never having employed them, or observed their action as such. In those obstinate cases of scrofula, and other glandular diseases, where our most powerful agents seem to exert no influence whatever upon the disease, I have found salivation to produce that degree of action upon the glandular system, that by merely its addition to the treatment, I have often cured such maladies by the same remedies which the patient had previously been taking for a long time without the least degree of benefit.

But there is a wide difference between the irritating, poisonous, and often uncontrollable salivation produced by mercury, and the mild, harmless, and readily-controlled salivation of medicinal plants, which do not manifest their salivant result until they have roused the whole glandular system to a condition rendering useful the action of our eutrophic treatment. I know of no better sialagogue than a mixture composed of equal parts of Podophyllin, Iridin, and the dried Hydro-alcoholic extract of *Xanthoxylum Frax*; of which half-grain doses must be given and repeated every two or three hours. I recommend this as an official eclectic formula for all cases where salivation is deemed necessary; also as an unrivalled alterative in many forms of chronic disease.

Prof. Tully called my attention to the resin of *Macrotys* in 1835,

which I obtained in the same manner as for the Podophyllum resin. I have used it with most excellent, and I may say extraordinary results in scrofula, many forms of cutaneous disease, paralysis, enlarged spleen, chorea, rheumatism, &c. In some of these diseases I employ it in conjunction with a saturated tincture of nux vomica, two to four drops, three times a day, in a cup of sweetened water. In the treatment of phthisis pulmonalis, I believe the Macrotin will be found an indispensable agent, knowing as I do the value of the saturated tincture of the root in that disease, as well as in laryngitis. In uterine diseases I have given a mixture of equal parts of the macrotin and resin of aletris (aletrin, I suppose,) and think the combination far preferable to either article alone. In some indolent habits the addition of the Podophyllum will be found to increase its efficacy. The action of all these articles, as with Podophyllum, will be very energetic in smaller doses than usual, if thoroughly triturated with sugar of milk, or loaf sugar, to which fact I especially desire to invite the attention of Eclectic physicians, as it is a point of no small importance to them.

As the action of the concentrated principles of our remedies is now undergoing investigation, I would refer to my communication named in the commencement of this, for a list of articles worthy of immediate notice, and will mention several which I have made and used, as particularly deserving the confidence of physicians: dried hydro-alcoholic extracts of Baptisia Tinctoria, Euphorbia Ipecac., Hydrastis Can. Phytolacca Dec., Cornus Sericea, Rumex crispus, and Apocynum Cannabinum.

ON THE USE OF SOLUTION OF CAUSTIC POTASH IN RELIEVING STRANGURY. *By R. Mulock, M. D.*—In three cases of strangury, caused by blistering with cantharides, I found the solution of caustic potash a perfect remedy. Two of the cases were head affections, where opium was inadmissible. Thirty drops, given in half a wine-glass of water every hour, gave relief before the third dose was exhibited. What led me to the use of this preparation, was its known effects in relieving irritation of the bladder in other cases, and also its efficacy in relieving the stings of wasps or bees, when applied to the skin. I considered that it might also relieve the acrid principle of the cantharides. Indeed, from its effects, it would probably be a remedy for an overdose of that medicine, if given in proper time. In looking over the various works on irritative poisons, I find no antidote to the poison of cantharides, and I mention this now that further trial may be made of its effects in giving relief.—*Dub. Jour. Med. Sci.*

Part 2.---Selections.

LETTER III.—Gentlemen,—In my last letter I remarked generally, yet briefly, upon the history, character, and symptomatic features of cholera. In the present letter I propose to treat of the means of cure. Before entering upon this subject, however, it is necessary, in a medical point of view, that I speak of the prognosis of the disease, and of the various forms in which it presents itself.

As the prognosis in cholera, I would briefly state it to be—

Favorable Symptoms.—The disease commencing with cramps of the voluntary muscles; heat of skin at or above the natural standard; pulse soft, full, and strong; little thirst; bilious vomiting and purging.

Unfavorable Symptoms.—No pain nor cramps at the beginning; pulse small and feeble; heat of skin below the natural temperature; tongue a pale white, clammy, flowing with saliva, cold, relaxed, and broad, having apparently lost all contractile power, no secretion of urine; serous and watery purging, and vomiting, and no smell emitted from the discharges.

Disposing of the prognosis thus briefly, I proceed to observe that the disease presents itself in four distinct degrees of malignity, which it is necessary for me to describe, as information on this subject is an essential preliminary to a judicious use and properly modified adaptation of general rules of treatment. I shall take these up in the order of their malignity.

1. In the least dangerous form of the disease the attack commences with spasms of the stomach, bowels, and voluntary muscles; heat of the body at the natural temperature, with a strong, full pulse, and slight retching or vomiting, unaccompanied by purging.

2. The next in point of danger is, when the disease begins with pain in the stomach, less or more severe; oppression about the præcordium, headache, numbness of the extremities, with a prickling sensation over the skin, succeeded by purging and vomiting, or vomiting and purging—in some cases, of bilious matter; in others, of a whitish-colored fluid.

3. A more dangerous form of the disease than either of the preceding commences with violent pain of the stomach, increased on pressure; intense pain across the forehead, and in the eyeballs; flushed face; pulse quick, hard, and bounding; a painful sensation felt over every part of the body, similar to that experienced at the

beginning of fever; heat of skin increased to a morbid degree; tongue exceedingly white, deeply coated, and furrowed; intense thirst, with deadly sickness at the stomach; vomiting and purging—first of the natural contents, after which the fluid matter discharged from the bowels is of a greyish white color, granulated, and mixed with particles resembling powdered ochre, and emitting a peculiar intolerably fetid odor, exceeding any thing of the kind observed in almost any other disease.

Though this is not the most rapidly fatal form of the disease, still it is fraught with great danger, requiring prompt and active treatment, and the recovery may be more tedious than even where the disease has assumed the most malignant type.

4. In the last and most malignant form of the disease, the attack comes on with giddiness of the head, ringing of the ears, and purging—first of the natural contents, then of a fluid resembling thin mucilage or barley water; pulse small and feeble; heat of skin below the natural temperature; without any vomiting, pain, or cramps. Here there is the greatest danger, and, if the disease be not instantly checked, the patient may go down into collapse in less than half an hour.

Upon this form of the disease I would observe, that the most rapidly fatal attacks in cholera commence without any vomiting, pain, or cramps, or previous warning whatever; and while, under all circumstances, under all more or less severe attacks of the disease, the earliest recourse ought to be had to remedial means, I wish to impress the importance of being specially prompt when the disease begins in this its most malignant and most insidious form, in which a delay of a very short period might be attended with fatal results. I have seen much of the fatal consequences of an error of opinion in this respect, the patient imagining that it could not be cholera with which he was affected, because he had no vomiting, or pain, or cramps, when, in point of fact, it was the most fatal form of the disease, and when the vomiting and cramps did come on, they were only the fearful harbingers of collapse and death.

In the most malignant form of the disease, the first discharges always take place from the bowels, and the patient does not vomit till the disease has carried him into hopeless collapse, or till he is, at least, verging on that stage. A knowledge of this fact cannot be too strongly impressed on the minds of the public. As far as my recollection serves me, all the cases of hopeless collapse to which I have ever been called, during my experience, were of persons who assured me that they had applied at the moment when the vomiting commenced, and that, in the absence of that symptom, they had attributed the previous purging to some other cause than cholera. I would observe, that the danger in every case

bears a proportion to the rapidity and amount of the discharges from the bowels.

Having thus disposed of much preliminary matter, I now proceed to specify the proper remedies to be employed in the treatment of cholera; and to state, from the nature of the disease, a malignant case of it could not be cured by any other means.

It has been already explained that the primary cause of the morbid action in cholera is a specific injury inflicted on the brain and nerves, which paralyzes their tone and energy, and gives rise to a train of symptoms which result in the escape of the serous or watery part from the blood, and that such serous fluid passes off in the discharges from the stomach and bowels.

The indications of cure are to restore the tone and energy of the brain, and to prevent a further escape of serum; and not only so, but to restore to the blood whatever amount of its natural fluidity it may have lost by the previous escape of the serous fluid; and lastly, to re-establish in their healthy action all the natural functions which may have been suspended during the attack.

Now, the remedies which I shall place before the reader furnish ample means to accomplish all the objects demanded in all these several indications of cure; and, if promptly and skilfully handled, enable the medical practitioner to set at defiance all the assaults of this hitherto fell destroyer.

These remedies I would briefly state to be—*The Horizontal posture of the Body—Opium—Cordial Stimulants—Perspiration*,—the latter to be produced by the application of external heat, and to be continued by the same means, while mild, warm diluting drink is to be freely administered, to furnish an abundant supply of suitable fluid to the absorbent vessels which have been, first, excited to vigorous action by the perspiration.

Upon these several remedies, as means of cure, I shall make some general remarks, describing their mode of action, and their fitness for the exigencies of the disease, and showing how they fully and efficiently meet all the requirements of cure. This I shall do before prescribing in detail the manner in which they are to be used in the treatment of the disease.

Such a course will, I conceive, be attended with advantages. When I come to direct the proper mode of treatment, the reader, who shall have brought my observations along with him, will be prepared, not only to see the adaptation of the means of cure I shall prescribe, but will almost be able to anticipate me in this matter. I thus hope to carry his understanding and conviction along with me. I shall take up the remedies severally. First:

The Horizontal Posture of the Body.—All who have read attentively the observations in my second letter on the symptoms, and the reason and cause of the symptoms in cholera, will at once perceive the necessity for immediately placing a patient affected

with the disease, or even with its premonitory symptoms, in the horizontal posture. I explained that the primary loss of the tone and energy of the brain in that disease, immediately leads to a loss of power in the circulating vessels—that this diminution of the circulating power leads to a further loss of the tone and energy of the brain, and consequently to the increased paralyzation of the resisting power of the vessels to which the fluids in the progress of the disease determine, and through which they make their escape.

The advantage of the horizontal posture is, that it aids the weak circulating power, and favors the more forcible influx of the blood into the brain, affording to that organ more efficient bracing and support, and thus contributing to the restoration of its tone and energy. That such is the effect of placing the body in the horizontal posture, when the circulating power is weak, is every day exemplified in the relief afforded by this means to persons fainting from weakness by loss of blood, or other causes. When the individual who has fainted is placed in the horizontal posture, so as to favor the influx of the blood into the head, the brain immediately regains its tone and energy, and resumes its healthy functions.

Further, the horizontal posture aids in arresting the escape of the serous fluids into the stomach and bowels. By improving the tone of the brain, it increases the resisting power of the vessels through which the serous fluid escapes, and it relieves the discharging vessels from the great superincumbent pressure they would have to sustain in the erect posture.

The effect of posture in increasing or diminishing the pressure on the circulating vessels is familiarly exemplified in the swelling of the lower extremities from long standing, and in the remedial effect of elevating those extremities, either to a level with, or slightly above the level of the body.

Thus much will suffice to illustrate the advantage of confining the patient to the horizontal posture in this disease.

Opium is the next remedial agent which claims our notice; and amongst the few remedies which are really necessary in the treatment of cholera, this one holds a most important place. Taken internally, opium increases the energy of the brain; contracts, in a remarkable degree, the diameter of the circulating vessels, which include, let it be observed, the excretory ducts through which the serum in this disease escapes, and diminishes all the secretions and excretions, except the cuticular discharge which it increases; in all these several respects being most precisely adapted to the requirements of cure in this disease—in all these respects being severally fitted for restoring the tone and energy of the brain, for resisting the determination of the fluids to the internal surfaces, and for counteracting the effects of the vascular depletion, which is sometimes so excessive; and these are precisely the objects upon the accomplishment of which the cure chiefly depends. And

these objects, opium, in conjunction with the other remedies I prescribe, more especially perspiration, will effectually accomplish.

I wish it, however, to be particularly understood, that the success of this remedy depends upon its being administered in sufficient quantity; and the amount of the dose required in each particular case depends entirely upon the malignancy of the symptoms, &c., that is, upon the extent of the nervous prostration, the rapidity with which the serous fluid seems to escape, and the extent to which the vascular depletion may have gone. To this fact I would again solicit the most pointed attention, as it was from inattention to these truths that the fatal results of the general, and, I may say, universal, practice in that disease arose.

I have elsewhere stated that the effect produced on the brain and nervous system in cholera, by the escape of the serous fluid from the body, is precisely similar to that which is caused by the loss of blood. Now, in case of persons sinking from loss of blood, opium, as is well known to the profession, is one of the most valuable medicines we possess for restoring and supporting the *vis vitæ*. In uterine hæmorrhages, for instance, no person, unless he had actually witnessed it, could have any idea of the quantity of opium a patient not only can bear, but requires, when the loss of blood has been extensive. But not only in vascular depletions, but also in certain affections of the nervous system, are large doses of opium not only safe, but necessary. In tetanus, (lock-jaw,) for instance, enormous doses of that medicine may be taken with safety and advantage. A case is recorded, in which a patient, affected with this disease, took two fluid ounces of the tincture of opium without experiencing any narcotic effects from it, and was cured by the dose. I prescribe, therefore, large doses of opium in cholera, not merely from the excessive vascular depletion that accompanies the disease, but also from the great nervous depression which is always present.

I would again repeat, that the amount of the dose necessary will depend entirely upon the malignancy of the symptoms. For illustration, (to confine ourselves to the vascular depletion,) it must be evident that the specific effect of opium, which, in part, is to contract the diameter of the vessels of the body, and lessen their containing capacity, and thereby to afford a fuller and more forcible supply of blood to the head, and which would be injurious in a plethoric state of the vascular system, would be proportionably salutary in a depleted state of that system. It is equally evident, that the greater the depletion be, the larger will be the dose of the medicine required to produce a given effect. Two grains of opium would produce a greater effect on the nervous system, in the ordinary state of the vessels, than even ten grains where the vascular depletion has been such as to endanger life.

Had the profession borne these facts in mind, and noted the

nature of the morbid action, in cholera, they must have, at once, availed themselves of the agency of large doses of opium, in the treatment of the disease. The overlooking of these facts, however, led to the fatal error of trifling with too small doses of that medicine; and when these inefficient doses failed, or were, perchance, entirely counteracted by being combined with other supposed remedies, as calomel, for instance, it was taken for granted that the disease was incurable. It has been the general practice, even in the worst forms of the disease, to administer the opium in one or two grain doses, repeated at longer or shorter intervals. The consequence of this has been, that in all such malignant cases, the discharges of the serous fluid from the bowels has continued completely unchecked, and the lives of the patients have been lost. Now, in these cases, there might just as well have been given none of this medicine at all; for, if a dose, sufficient to meet the exigency of the case, be not given at once, it will produce no effect whatever, and no repetition of similar doses will answer the purpose. And I unhesitatingly assert, that two grains of opium never cured a malignant case of cholera. I have frequently had occasion to give ten grains for a first dose.

In regulating the dose of opium to be given in a malignant case of cholera, three objects are to be kept in view; first, to apportion as much as will be sufficient to counteract the depleted or emptied state of the vessels, then to add what will be necessary to restore the brain and nerves to their natural state, and, lastly, when the dose has been adjusted to meet these contingencies, the practitioner must still further add a third portion to the dose, such as would stop a case of purging under ordinary circumstances.

It need not excite surprise that the disease has been so universally fatal, when, in all parts of the world, this important practical fact has been entirely overlooked. Any cases of cholera alleged to have been cured by the ordinary methods recommended in publications on this subject, (and I have read all of note that have appeared,) have been so mild as scarcely to deserve the name of cholera. Cases do sometimes occur, where, from peculiarity of constitution, the patient will recover without any medicine whatever, or in spite of the remedies, where such have been used. Almost all the recoveries from collapse I ever witnessed, were of persons who refused to take any medicine whatever, and who recovered through the *vis medicatrix naturæ*, (healing power of nature.) But these were persons of very peculiar habits of body, of whom I would now be able to predicate such a result.

The next remedial agents in the order of our arrangement are—

Cordial Stimulants.—Upon their mode of operation I shall here observe very briefly. I shall enter more into detail afterwards, in prescribing how they are to be used. Amongst the most useful of the stimulants we possess, are camphor, chloric ether,

aromatic spirit of ammonia, and alcohol in the form of whisky or brandy. Such stimulants assist the opium in restoring and supporting the tone and energy of the nervous system. By their cordial effects, they strengthen the stomach, and enable it to absorb the opium; and by their stimulating effect on the brain, they sustain it until the opium becomes absorbed, and exerts its more permanent remedial effect on the system.

I now come to speak of perspiration, produced by the application of external heat, and upon this powerful agent in the cure of cholera I must dwell more fully.

Perspiration.—All the early symptoms in cholera indicate an increased determination of the fluids from the external to the internal surfaces. Perspiration reverses this determination, and directs it to the external surface. By so doing it relieves the stomach, intestines, and other internal organs, from the symptoms caused by the injurious rush of the fluids, contributes, materially, to the stopping of the discharges, and is an efficient remedy for stopping the vomiting, in a malignant case of the disease. Though in such cases the discharges from the bowels may, for a time, be checked by large doses of opium, yet, if the morbid action be not corrected by changing the determination of the fluids from the internal surfaces to the external, by a profuse perspiration, they will assuredly return. When the perspiration has been made to flow freely for a few minutes, the vomiting and sickness at the stomach invariably cease. Let the sweating be suddenly checked, however, or stopped too soon, and not only will these symptoms almost instantly recur, but, if the discharge from the surface be not immediately reproduced, even the purging itself will be sure to return. All medical men are aware of the remarkable sympathy that subsists between the external and internal surfaces of the body. Witness the alternations of sweats and diarrhoea that occur in the last stage of pulmonary consumption. When the latter symptom is checked, the perspirations become excessive; when these again are stopped, the colliquative discharges from the bowels return with violence. Much less opium is required to stop the purging in cases where, by the early application of external heat, profuse perspiration is produced, than where it is neglected. Indeed, where the sweating is promptly attended to, a second dose of that medicine is seldom, if ever, necessary.

But further, perspiration does more than merely correct the morbid action; it gives us the power of repairing the injurious effects produced by it. It has been already stated that in cholera the escape of the serous or watery fluid from the circulating vessels deprives the blood of its necessary dilution or fluidity, and renders it too crude to circulate, and that death in that disease is in every case caused, either directly or indirectly, by vascular depletion. Perspiration gives us the power of refilling these vessels, and of

restoring the necessary fluidity of their contents. It may, however, be objected, *in limine*, that the drain of the fluids of the body, caused by an extensive discharge from the external surface in perspiration, will produce a depleting effect on the vascular system similar to that which is caused by a discharge from the internal surfaces—an effect the very opposite to that we propose to accomplish; and I may be asked why I recommend a remedy which produces on the constitution an effect similar to that which is caused by the disease itself? To this I answer, that the class of vessels of whose agency we must avail ourselves in remedying the effects of the disease, can best be made to act by this means; and that when the agency of that system of vessels is brought into operation, we have at our command the power, not only of correcting the morbid action by changing the determination of the fluids, but of repairing the injury that has been already sustained. The class of vessels to which I allude is the absorbents. Perspiration excites their action. The exhausting effect produced on the vascular system by the discharge from the external surface causes the absorbents, opening on the internal surfaces of the stomach and intestines, to act like as many syphons in taking up the mild drink, and carrying it into the circulating vessels. Thus we have it in our power not only to supply the drain caused by the perspiration, but to refill the circulating vessels, and to restore the necessary dilution or fluidity of their contents. Perspiration, therefore, has the effect not only of correcting the morbid action, but of repairing the injury produced by it. From what I have experienced, I am persuaded that a malignant case of cholera could not be cured without exciting such perspiration.

Upon the general restoratives which may be requisite for re-establishing the healthy action of the several functions of the system, after the progress of the disease has been checked, I shall not dwell at present. I shall have occasion to speak of them afterwards.

I have thus given an outline of the mode of operation of the general remedies I prescribe. In my next letter I shall describe the specific manner in which they are to be used in the detailed treatment of the disease.

I have the honor to be, &c., &c.,

G. S. H.

61, ST. ANNE-STREET, LIVERPOOL, JANUARY 22, 1848.

LETTER IV.—*Gentlemen*,—In my last letter I enumerated the remedies necessary for the cure of cholera. I proceed now to describe the specific mode in which they are to be used in the detailed treatment of the disease.

Of the medicinal remedies, the chief, it will have been observed,

is opium. This I have explained, should be given in combination with medicines of a cordial, stimulating, and antispasmodic character, of which the most efficient are camphor, capsicum, ether, and aromatic spirit of ammonia. The following formulæ present the combinations of these medicines which I would prescribe :

Powdered Opium, twelve grains.

Camphor, half a drachm.

Capsicum, nine grains.

Spirits of Wine and Conserve of Roses, of each a sufficient quantity—mix.

To be made into a mass, and divided into twelve pills.

Each of these pills, it will be observed, contains one grain of powdered opium.

Chloric Ether.

Aromatic Spirit of Ammonia.

Camphorated Spirits.

Tincture of Opium.

Of each one drachm.

Cinnamon Water, two ounces—mix.

As I shall have occasion frequently to refer to these pills and this mixture, I shall term them, for convenience and accuracy of reference, Antispasmodic Pills and Antispasmodic Mixture.

Cholera, I have stated, presents itself in four distinct degrees of malignity. I shall first take up the most malignant form, as being in itself the most important, and as embodying, most fully, in its details of treatment, the great principles of cure which are alike applicable to all forms of the disease. All the modifications of the disease require to be treated on the same principles, the only difference being that, in the detail, the milder forms require less powerful doses of the medicines. The mode of treating the most malignant form of the disease, will serve as the model on which all the others are to be treated. This most malignant form has, by all writers on the subject, hitherto, been pronounced incurable. They say it never was cured in a single instance, and never can be cured by the power of medicine. I shall, however, point out a mode of treating it which will prove itself infallibly successful, where my directions are followed with sufficient promptness, boldness, and skill. I would recapitulate, that the symptoms in this case are great languor and depression of spirits; giddiness of the head; soft, small, and variable pulse; tongue cold, flowing with saliva, relaxed, broad, and tremulous; heat of skin below the natural temperature; no cramps or pains, but an indescribable feeling of anxiety and crushing about the heart, accompanied with watery purging and vomiting, or with watery purging alone. All these symptoms indicate the utmost degree of malignity, and not one moment is to be lost in the vigorous application of the most powerful remedies. The disease in this form runs its course so rapidly, that,

before the medical attendant arrives, it may have so far progressed that one additional discharge from the bowels may carry the patient into hopeless collapse. The practice, therefore, must be prompt; it must be bold as it is prompt. The discharges from the bowels must be stopped at once; and for this purpose an efficient dose of medicine must at once be administered. Trifle with an inefficient first dose, and the patient is lost; administered with the boldness I shall prescribe, and success is as certain as is the relation between cause and effect.

Place the patient immediately in the horizontal posture, in bed; and give him, on the instant, as this is an extreme case, ten of the antispasmodic pills, and two ounces of the above antispasmodic mixture, and wash the whole down with a glass of undiluted brandy or whisky, flavored strongly with cloves, essence of ginger, or some such warm aromatic spice. In the meantime have him covered with an additional blanket, and let the usual means of communicating heat, such as jars or bottles of hot water, bags of hot salt or sand, hot bricks, or whatever can be most readily procured, be applied without delay to the feet, and different parts of the body, so as to restore the temperature, and produce perspiration as quickly as possible. As soon as the perspiration has begun to flow freely, superadded to the medicine and cordials already administered, a glass of brandy punch should be given—the punch to be made strong, and to be swallowed hot as possible. After this no drink should be given until the perspiration has flowed freely for a few minutes. The stomach will then retain it, and the patient should be indulged freely with copious draughts of rennet whey, warm toast water, flavored with some agreeable spice, mint or balm tea, or any such mild beverage. The necessity of attending to this is most important. When the discharges from the bowels cease, and when the pulse becomes full and bounding—the body is covered with a copious warm perspiration, which will not fail to be the case under such treatment, the danger is over. The perspiration, if the patient can bear it, should be kept up for twelve hours; and may with advantage be continued moderately even longer. Its duration, however, must be regulated according to the strength of the patient and the state of the pulse. After the first four or six hours, more heat need not be applied than is perfectly agreeable to the feelings of the patient. It is remarkable how suddenly the præcordial oppression, &c., are relieved on the breaking out of a free perspiration; and what is of greater importance still, the vomiting, where it exists, immediately ceases. I know of no other means by which vomiting in such cases can be speedily and effectually checked. In the application of external heat, a rational use should be made of the means. I cannot see the necessity for increasing the temperature beyond what is grateful to the feelings of the patient, and beyond what is sufficient to produce and keep up a pro-

tuse perspiration. I would remark, that the heat can be much more efficiently communicated by solid substances, such as I have mentioned above, than by the hot-air or vapor apparatus. This apparatus, as a means of communicating heat to a patient affected with Cholera, is an instrument which I consider to be worse than useless.

Now let it be observed that I have selected an extreme case, and have prescribed a dose of medicine sufficient to meet such a case. As I have already stated, not one case need be lost if the practice be sufficiently prompt and bold. I have supposed a case of the most malignant character, where there has been profuse watery purging, and where another discharge from the bowels would endanger the patient's life; and, under these circumstances, I have prescribed ten of the pills containing ten grains of powdered opium, as a less dose would not meet the exigencies of the case. To administer this dose, under the circumstances I have stated, is perfectly safe; to administer an inefficient dose is certain death. I have, under the circumstances supposed, tried smaller doses, but found them insufficient to arrest the progress of the symptoms, and was obliged, in a few minutes, to increase them. After such experience I always prescribed ten of the pills for a dose, under the alarming and dangerous circumstances I have supposed, and always with never-failing success; and I have never seen the slightest narcotic effect produced by this large dose of medicine, on any of the patients to whom it has been administered under such circumstances. The reason why such a large dose of opium may be safely administered in such a case, and the reason why, under such circumstances, it is absolutely necessary, I have fully explained in the preceding letter.

Should there, however, have been little or no purging, a smaller dose of the pills must be given.—The system not having suffered much depletion from the escape of the serous part of the blood, so very large a dose of opium is not necessary. In such cases, eight of the pills will generally be sufficient,—to be accompanied, however, with the same quantity of the antispasmodic mixture, and the same cordial stimulants as already prescribed, and to be followed with equal promptness by exciting the perspiration, that grand agent in the cure of every modification of cholera, without which a malignant case of the disease could not, by possibility, be cured. In the next most malignant form of the disease, the third described in my last letter, if there has been extensive purging, the patient must take, instantly, eight of the pills, together with the same dose of the antispasmodic mixture, as prescribed in the last case, and the same amount of cordial stimulants; and have these followed up, vigorously and speedily, with all the other steps of treatment already described, the perspiration, above all things, not being delayed, and all the alarming symptoms will be found to flow off

with the perspiration. In cases under this form of the disease, when purging has not taken place, six of the pills will be a sufficient dose, all the other doses and appliances being the same.

In the second form of the disease, as described in my last letter, when purging to any amount has taken place six pills must be given, with the full amount of the antispasmodic mixture, and cordial stimulants as directed in both the preceding cases; and all the other parts of the treatment already described must be vigorously followed out. When, however, there has been no purging, four pills will be a sufficient dose. The perspiration, and the other medicines and cordials, will complete the cure. All unfavourable symptoms will be found here, also, to flow off with the perspiration.

In the first and mildest form of the disease, the treatment must be upon exactly the same principles, and by similar means, as directed in the other forms of the disease, from the most malignant to this mildest form, the difference consisting only in the amount of the doses of the medicine necessary. Here four of the pills will be a sufficient dose, and one ounce of the antispasmodic mixture, with, however, the full amount of cordial auxiliaries, already directed in the other forms of the disease, followed promptly by the perspiration; this latter being in no case neglected or delayed.

Such is a very brief summary of the mode of coping with the disease in its various forms. It will be observed that the same remedies are applicable to all forms of the disease, the difference in the treatment consisting merely in the amount of the dose of the medicines necessary to meet the various degrees of malignity. I have directed such first doses of the medicines as are likely to meet the necessity of each particular case, as no repetition of doses answers the purpose so well. Cases, however, may occur, where to repeat a dose may be necessary; for instance, when the malignancy of a case has been miscalculated; and in such cases the subsidiary dose should be ample and given promptly. When, however, ten grains have been given at first, there will seldom be necessity for an additional dose. It will also be observed that perspiration is a necessary and most important agent in the cure of any case of the disease, whatever may be the degree of its malignity. In the more malignant forms it is entirely indispensable. It corrects the morbid determination of the fluids to the internal surfaces, and enables us to repair the injury inflicted on the system by the longer or shorter continuance of the symptoms, and by their greater or less malignancy. And further, it counteracts, in an important degree, the narcotic effects of the large doses of opium which it is necessary to administer.

In the bounds of this letter I have been able to do little more than just state general principles. In the application of those principles to individual cases, and to the varied forms of the disease, much must be left to the judgment of the practitioner. I have,

however, expounded, more or less particularly, a mode of treating the disease, which fully and efficiently meets all the requirements of cure, and which, if skilfully, boldly, and promptly acted on, will cure the disease in every instance where the patient is not in hopeless collapse before it is put in practice.

My mode of treating cholera differs from every other which has yet been placed before the public. It has not, however, been founded on mere hypothesis, but on a practical experience in the treatment of the disease, which was most extensive, and was successful beyond precedent; and it has been matured by careful and strictly logical deductions. I direct much larger doses of opium to be given in the cure of the disease than have ever been prescribed by any other. This fact, of itself, sufficiently distinguishes my mode of treatment from all others. But the grand distinguishing feature, in which it stands alone, is the employment of the powerful agency of perspiration, as a means of cure. This agent has never been recommended, as such, by any other. It is, in fact, by perspiration the disease is cured. Opium is, indeed, a valuable and necessary agent; but it and the other auxiliary medicinal and cordial stimulants act merely as handmaidens to the sovereign remedy, which is the application of external dry heat by hot solid substances. The opium and cordial stimulants supply the place of an anchor, in holding on the bark of life, and in arresting the fatal course of the disease, till the respiration not only corrects the diseased action, but also repairs the injury which the system may have sustained.

In my next letter I shall, among other matters, make some necessary observations on the consecutive stages of the disease.

I have the honor to be, &c., &c.,

G. S. H.

61, ST. ANNE-STREET, LIVERPOOL, JANUARY 29, 1848.

LETTER V.—*Gentlemen*,—The great secret in the treatment of cholera is, to lose no time in stopping the discharges from the bowels, if they exist, and in exciting warm profuse perspiration. This object should still be kept in view by the practitioner, no matter in what state he may find his patient. After giving such a dose of medicine as may stop the purging, his next effort should be, by the application of external heat, to produce a discharge from the surface. If the heat of the body be higher than natural, the perspiration will equalize it; if lower, the application of external heat will restore it; and if the body be covered with cold clammy perspiration, it will change it to a warm one. I have directed that the perspiration should be continued for, at least, twelve hours, if the patient can bear it, keeping up, however, merely as much heat

as may be perfectly agreeable to his feelings; his desire for drink, which is generally very great, being meanwhile gratified *ad libitum*.

As soon as it may be proper to discontinue the perspiration, the patient's body should be rubbed perfectly dry, and he should be furnished with dry linens or flannels, and with dry sheets and blankets. He may then, if he desires it, be indulged with a little arrowroot, or sago, to which may be added a tablespoonful of brandy, or half a glass or a glass of sherry; which, given as often as required, will afford sufficient nourishment till the stomach recovers its healthy tone, and desires and relishes more substantial food. He may then have wine, beef tea, chicken broth, beef-steak, or mutton chops. Where the purging has been quick and violent, if the patient be free from sickness at the stomach, his bowels should be allowed to remain undisturbed, if they will, till the third day. They should then be gently opened, by means of an enema of a pint of a weak solution of soap and water. Should the patient be seized with bilious vomiting sooner than the third day, which sometimes happens from the sudden discharge of the distended gall bladder, and should his bowels be confined, it will be proper to give him the enema earlier, giving at the same time an emetic of ipecacuanha wine, to be worked off with warm camomile infusion. Should these means fail to settle the stomach, and give the peristaltic motion a downward direction, he may get two grains of calomel, and six or eight grains of compound extract of colocynth; and after some time the enema should be repeated till it produces the desired effect of clearing out the bowels, and carrying off the redundant bile; after which, should any irritability of stomach remain, it will be immediately relieved by one or two grains, as the case may be, of solid opium, followed up with bitter tonic effervescing draughts. If the patient have got a large dose of opium at the beginning, it will require two grains to be given now; if he have had a small dose, one grain will suffice.

Should the patient on the second day, as often happens after a malignant attack of the disease, complain of acidity of stomach with confined bowels, he should get two tablespoonfuls of the following mixture every third hour till relieved:

Sweet Spirit of Nitre, Tincture of Rhubarb, Tincture of Colombo—of each half an ounce.

Compound Tincture of Cardamons, three drachms.

Bicarbonate of Soda, two drachms.

Camphorated Julep, eight ounces—mix.

After a few doses of the above mixture have been given, their effect on the bowels may be assisted, if necessary, by the use of the mild enema already mentioned. The mixture will neutralize the acidity in the stomach, and restore the healthy tone of the organ. It will also act gently on the bowels, cleanse the tongue, and cool the system, and will promote the restoration of urine,

which is generally suspended in this disease. Should, however, the bowels be too much relaxed, the tincture of rhubarb should be omitted, and two drachms of the compound spirit of ammonia, and a suitable proportion of the tincture of opium, added. The stomach of a patient recovering from a malignant attack of cholera is very weak, and the patient feels a craving desire for bitters and aromatic spices; and from the shock his stomach has sustained, he desires, and can take, much stronger doses of these than would be agreeable to him under ordinary circumstances. This craving desire should be gratified, as nature seldom errs in such matters.

Bilious diarrhoea never occurs in the consecutive stages of cholera, unless calomel, or some preparation of mercury, has been most improperly, and, I would add, most unwarrantably, used in the primary treatment of the disease. When it does occur, it should be treated with the cretaceous mixture, combined with suitable proportions of the tinctures of catechu and opium, and in addition, if obstinate, by anodyne injections, giving at the same time small and frequently repeated doses of sulphur, for the purpose of neutralizing the mercury, and for counteracting its action on the liver. The strength is at the same time to be supported by wine, beef tea, &c. Great care should be taken not to allow the patient to get out of bed, or stand in the erect posture, till the strength of the body and the healthy tone of the nervous system have been sufficiently re-established. Fatal consequences have sometimes arisen from not attending to this precaution. In a hospital, a woman, who had a very favorable recovery from an attack of cholera, lost her life by imprudence in this respect. Contrary to the orders of the superintending physician, and in opposition to the remonstrances of the attendants, she got out of bed, and while in the act of dressing herself in an erect posture, she suddenly fell on the floor in a fainting state. The excretory vessels being unable to sustain the superincumbent weight of the fluids of the body, became dilated—the serum, or watery part of the blood, escaped into the bowels, and she passed several quarts of fluid, as clear as water, before she could be lifted into bed. She was dead within less than two hours afterwards, having manifested all the symptoms of one who had been bled to death.

In directing the treatment of the mildest form of the disease, I omitted to state, that, should the practitioner find his patient affected with pain of stomach, headache, and vomiting, along with a hot skin and a full strong pulse, and should he find that the bowels have been previously much confined, he ought, before giving the anti-spasmodic pills or draught, as ordered, cause the bowels to be unloaded by means of an enema.

I directed that the opium, whether alone or combined, should be administered in cholera in the solid form. The reasons why it should be so administered are, that in that form it is more likely to

be retained on the stomach, and if it be rejected, the fact can, by an examination of the egesta, be more readily detected; and for the quantity thrown off an equal quantity can be immediately readministered. On the other hand, if the administration of the medicine in a fluid state be followed by vomiting, the practitioner can have no means of knowing what portion of the dose has been rejected, so as to enable him to supply the deficiency. In this way he loses his reckoning, bewilders himself, and, under such circumstances, in a malignant case, he may lose his patient.

In adjusting the doses of the medicines, I directed ten of the pills, containing ten grains of powdered opium, to be given for a first dose, in the most malignant and rapidly fatal form of the disease, and under the alarming and dangerous circumstances there supposed. I prescribed ten, as I knew it required some experience and tact to graduate, in such cases, the exact amount of danger. Were the dose to be administered by my own hands, however, or under my own inspection, I would in many such instances, without hesitation, as I have often done, and always with success, give twelve of the pills for a first dose. I have given six of the pills to a little girl of ten years of age, and she experienced no narcotic effects from the dose; but, on the contrary, slept none all night, and had quite recovered and was walking about next day. All the other doses mentioned will be amply sufficient first doses for all the other forms of the disease for which they were prescribed.

I shall pursue the subject in my next.

I have the honor to be, &c., &c.,

G. S. H.

61, ST. ANNE-STREET, LIVERPOOL, FEBRUARY 22, 1848.

LETTER VII.—*Gentlemen*,—Amongst the objectionable remedies which have been employed for the cholera, the first which I shall notice is blood-letting.

With regard to this remedy, I would remark that I cannot conceive how any rational practitioner could think of using, for the cure of this disease, a remedy which produces on the constitution an effect the very opposite to that which it should be his object to accomplish—a remedy which would aggravate rather than relieve the symptoms. The effect produced by blood-letting is relaxation. It is with this view it is generally employed; as, for instance, in inflammations, and in certain cases of rigidity. The depletion of the vascular system by blood-letting, suddenly removing the accustomed pressure or bracing support from the brain, has the effect of diminishing the tone and energy of that organ, and, of course, of the nervous system. Hence the supply of energy to the muscles is lessened, and a corresponding diminution of the contractile power

of muscular fibre is produced. Now, from what has been stated in the preceding letters, the reader will at once perceive that a precisely similar state of things take place in cholera. I need not say, then, that blood-letting should be at once discarded from the treatment of the disease; for every man possessed of a reasoning mind, who has read my preceding letters, will at once perceive that it deprives the patient of many of his chances of cure; and that, by diminishing the force of the resisting power of the vessels through which the serum of the blood escapes, it tends only to hasten the fatal event. All the symptoms at which any man could grasp, in justifying the use of the lancet in the earliest stages of cholera, can be at once relieved by a free perspiration. I was once taken to visit a young gentleman, of eighteen years of age, who was seized with premonitory symptoms of cholera. One of the same family had, a few days before, died of the disease, in a few hours' illness. He complained of great præcordial oppression; violent pain over the region of the stomach, increased by pressure; great sickness and retching; but nothing ejected from the stomach; a painful feeling over every part of the body, as if he had been beaten with a stick; and severe headache. His face flushed; his eyeballs swollen and painful, with a feeling as if they were about to start from their sockets; his tongue white, his skin hot and dry; pulse one hundred and twenty, exceedingly full, strong and bounding. His bowels had not been affected. After cautioning the medical gentleman present not to allow such symptoms, as those of which the patient complained, to betray them into the use of the lancet in similar cases, I ordered the patient a suitable dose of the pills and draught prescribed in my preceding letters, with as much mild drink as would wash them down. I then ordered hot substances to be applied to his feet, and different parts of his body, with a view to produce perspiration; and, after giving the attendants the necessary directions about what drink he was to get, and when he should have it, I took my leave. After the lapse of an hour, I again visited him, and found him perspiring freely; his skin quite cool; his pulse sixty, soft, and regular; and he was entirely free from pain of every kind. He declared that he was then as well as he had ever been in his life, and expressed a wish to get out of bed. The crushing about the heart and the pains flowed off with the perspiration. He said that he had not perspired many minutes till he was free from pain, sickness at stomach, and every complaint. He had quite recovered, and was walking about next day. I need not waste your valuable space, or the reader's time, with further comment on so absurd a remedy as bleeding.

The next remedy which I shall notice is calomel—a medicine which, in these and all other countries, has been universally used for the cure of the disease.

Calomel, like blood-letting, tends only to hasten the fatal termi-

nation in cholera. It does more.—Those who escape or recover, in spite of the effects of it, do so at the expense of a ruined constitution. The reasons which are given by medical writers for using it in that disease are absurd, and are founded on a total misconception of its nature. Some say that they give calomel, combined with opium, as a stimulant. "Powerful stimuli," say they. Opium, as has been already stated, is a powerful and very valuable stimulant; but the chief stimulating effect produced by calomel, in that disease, is on the mucous membrane of the stomach and intestines, increasing the discharges from them, which it should be the object to prevent. Mr. Orton, in his work on "Cholera," says that the calomel was found adhering to inflamed patches on the internal surfaces of the stomach and intestines of many of those who died of cholera in India. No doubt it had stimulated these parts with a vengeance! The following are that gentleman's words: "Calomel was frequently found at the bottom of the fluid contents, and adhering in various places to the *mucous* coat." In a note appended to the same he adds: "I have been informed by a practitioner, in whose observation I have great confidence, that he had frequently found this medicine adhering, chiefly, to those parts of the stomach which were inflamed."—[See Mr. Orton's Essay on the Epidemic Cholera of India, page 42.] Here, then, is positive evidence of the destructive effects of calomel, even in India—the boasted birthplace of the practice.

Others, again, say, that they administer the calomel with a view to restore the biliary secretion, which they allege is suspended in the disease. On this subject I beg leave to observe, that the suspension of the secretions in cholera is not the *cause*, but the *effect* of the morbid action. When the morbid action is corrected, the secreting organs generally resume their functions without any assistance. And even though they should not, it is only after the disease has been cured that medicine will have any salutary effects on those organs. First, then, cure the disease; and afterwards, if necessary, let attention be directed to the secretions. I would remark, however, that though, for a very obvious reason, the suspension of the secretion of urine is a characteristic symptom of cholera, yet it does not appear that the secretion of bile is ever, for any length of time, suspended in that disease, even though it does not come off in the discharges. On a *post mortem* examination of the bodies of those who have died of the disease, the gall bladder has always been found distended with bile. It is not, therefore, so much a suspension of the secretion of bile, as a retention of that fluid, which accounts for its non-appearance in the discharges. Did time and space permit, I could satisfactorily explain the cause of its retention in cholera. I do not conceive it right, however, to allow that explanation to occupy the space which should be allotted to more important matters—particularly as, when the disease was

cured, I never knew an instance in which the secretory organs did not resume their functions; and even though calomel should not counteract the effects of other remedies, which it does, or produce destructive effects on the constitution, I cannot see any use in employing it in a disease where it has no time to act. If the discharges be made profuse and watery, and follow each other in quick succession, as, in a malignant case, they generally do, they may carry the patient beyond the boundaries of human aid in less than an hour. In such cases the calomel has not sufficient time to be absorbed, even though the absorbent vessels were in a fit state to take it up. The absorbents on the internal surfaces, in that disease, however, do not act at all, till the morbid action is corrected. Those cases, therefore, in which calomel produced salivation, did not deserve the name of cholera.

The advocates for the use of calomel in cholera, say that all their patients who have been salivated by that medicine have recovered; and this alleged fact, they presume, is an argument in favor of its employment for the cure of that disease. Now, to those who do not understand the subject, this would appear to be a very plausible argument. A little examination, however, will show the fallacy of it. First, I would remark, that many have been subjected to treatment for cholera who never had the disease at all. Secondly, during the prevalence of the disease, individual cases do sometimes, nay, often, occur, in which the *vis medicatrix natura* would succeed in throwing off the disease without the aid of remedies, or in spite of the counteracting effects of the calomel. And, lastly, opium, which is generally administered in conjunction with the calomel, and an accidental perspiration may succeed in curing a very mild case of the disease, as has been already stated, notwithstanding the prejudicial effects of the latter medicine. Now, whatever calomel may remain in the stomach and intestines of these patients, after the disease has been cured, will, no doubt, be absorbed, and will salivate them in good earnest, and will thus, after the cure of the disease by other remedies, produce a new disease, in some cases worse than cholera itself. Hundreds have, in this way, been so disabled as to be rendered incapable of earning a loaf of bread for themselves, and have been left to drag out a miserable existence, with shattered and ruined constitutions, from the effects of calomel administered to them for the cure of cholera. But none of these facts prove that the calomel, or the salivation produced by it, had any efficacy in the cure of the disease. The fact is, calomel will not act on the system in any way to produce salivation, until the morbid action constituting the disease has been counteracted and reversed either by the agency of other remedies, or by the reactive power of nature herself.

The enormous quantities of calomel which were given to patients in cholera, during the prevalence of the disease in these countries,

were of themselves sufficient to destroy life, even though the individuals to whom they were administered had been, at the time, free from any specific disease. Twenty grains of calomel and two grains of opium, to be repeated every two hours till the symptoms should abate, were directed to be given in the books and pamphlets published on the subject at that period. A physician, who is now a vicar of some parish in England, in a letter published in the *London Times* newspaper, about two months ago, says that the best remedy he ever saw employed (and it was in New York he had seen it) was twenty grains of opium for one dose. A physician told myself that his dose was forty grains of calomel and two grains of opium. I shall content myself with only one specimen of the extent to which the calomelizing practice has been carried. A man was admitted into the Belfast hospital, whose mouth was nearly hermetically sealed up from the effects of calomel, which had been administered to him for the cure of an alleged attack of cholera, so that no food could be conveyed into his stomach but beef tea, thin gruel, or milk, and these he had to suck in through apertures between his remaining teeth. Such an extensive excoriation and ulceration of the gums, jaws, lips, and cheeks had taken place, from the salivating effects of the calomel, that extensive adhesions had formed between these surfaces throughout their whole extent. His lips and cheeks adhered firmly to the gums and jaws, so that Mr. Moore, the talented and skilful surgeon to the hospital, was obliged to dissect these parts asunder, to cut out masses of flesh between the inner angles of the jaws, and to stuff the inner sides of the cheeks and lips with lint, soaked in oil, to prevent their readhesion to the subjacent parts, and to gag the jaws asunder with cork, till these parts healed. Why unnecessarily inflict such misery?

I have not only already amply proved that calomel is unnecessary for the cure of cholera, but I have now shown that it is destructive. I have cured from two to three thousand cases without a single grain of calomel. I have a right, therefore, to form a judgment on the subject. I trust I have now set the bleeding and calomelizing mode of treating cholera at rest; and as I have directed a mode of treating that disease, which, if timely and skilfully employed, will infallibly cure it in every instance, I shall not delay further by noticing any more of the nostrums which have been recommended for its treatment.

In conclusion, lest any one, from the foregoing remarks, should be deterred from the use of calomel in other diseases where it may be requisite, I would observe, that we do not possess a more safe or a more valuable medicine when skilfully administered, in cases where its use is proper.

I have the honor to be, &c., &c.,

G. S. H.

61, ST. ANNE-STREET, LIVERPOOL, JANUARY 12, 1848.

Part 3.---Editorial.

CHOLERA.

FOR a few weeks past a beneficial change of the atmosphere has apparently suspended the danger which, in the earlier portion of January, seemed to be impending over our city. The general prevalence of a tendency to bowel complaints, and the occurrence of a few mild cases of cholera, (mostly among those who had been on the river and had recently arrived from New Orleans,) seemed to foreshadow the approach of the Asiatic cholera.

That danger is now suspended, but none can imagine when the choleraic condition will again exist; and it is necessary that every medical man should be prepared to understand this disease clearly, to meet it with promptness, *energy*, and *confidence*.

It is lamentable and disgraceful to see medical men, as has been the case in some instances heretofore, halting with indecisive opinions, unable to adopt a rational course of treatment, looking on the progress of the disease with unconcealed fear, and finally taking to flight at its first onset. We trust no Eclectic practitioner will ever be found capable of deserting his post in the time of danger, or will contribute, by his example, to increase the public alarm, or will permit that terrible mortality to occur within the sphere of his practice which has so often dishonored medical science, and created a "reign of terror" wherever the disease has appeared. Let us give forth to our friends and the public the calm and confident assurance, that cholera, when rightly met, *is a strictly manageable disease*, which may be arrested promptly, and which is really not more dangerous, when properly met, than the ordinary endemic and epidemic diseases to which we are accustomed.

It is true that the mortality from cholera in Europe and Asia has been frightful—even by the latest reports, the mortality in Great Britain has been "about two-thirds of the recorded cases which have been brought to a termination;" but we have no fear that any similar mortality will occur in our own country. The deaths

in Great Britain have been chiefly among the most wretched and suffering class of the population, whose constitutions, already broken down by slow famine and exposure, by intemperance and every form of want, are prepared to sink at once without resistance into the fatal collapse. In our own country, thus far, the mortality has been chiefly among the foreign emigrant population of New Orleans, who were scarcely acclimated, and whose previous mode of life rendered them peculiarly liable. Among the vigorous, well-nourished constitutions of our Anglo-American race, the disease will be firmly resisted by the *vis medicatrix naturæ*. American physicians, too, will probably profit somewhat by past experience, and we hope that of about one thousand or fifteen hundred Eclectic physicians, there may be a considerable number in the midst of the ravage of the disease.

Why has cholera been heretofore accompanied by this mortality? Why does it still stand, with the accumulated experience of many years, as one of the *opprobria* of medicine? Is it *necessarily* thus fatal, or does the mortality arise from a false system of therapeutics, and from the blind infatuation of the profession?

To answer these questions, let us glance at the philosophy and history of the disease and its treatment.

To a mind unhampered by medical associations and prejudices, following merely the dictates of common sense, it would seem that the nature of this disease is sufficiently obvious, and that its plain, unmistakable symptoms point in the most distinct manner to the means of cure. In the first place we find a general coldness, collapse, and recession of the blood from the surface, which call loudly for the most powerful diffusible stimulants, to restore the circulation and warmth of the skin, sustain the sinking vital powers, and diminish that congestion, which is at once prostrating the vital powers, and pouring out a current of watery evacuations. *External and internal stimuli*, which produce the greatest amount of heat, and most effectually expand the capillary circulation of the skin, are obviously *of the first importance*.

Secondly. The torrent of profuse discharges from the bowels, which is rapidly exhausting the patient, must be checked, not only by equalizing the circulation by stimuli, but by internal medicines, which make a strong impression upon the mucous membrane.

Thirdly. As the profuse watery evacuations have suspended

the functions of the kidneys, and in some cases also that of the liver, a restoration of these suppressed secretions will materially assist in directing the fluids from the channels by which they are so rapidly discharged.

Fourthly. The nauseated condition of the stomach and violent vomiting, which so often occur, indicate the propriety of an emetic or of some aromatic carminative, and

Fifthly. The cramps indicate the necessity of powerful antispasmodics.

For the first purpose, we know of no better diffusible stimulant than *CAPSICUM*, administered internally in tincture or substance, and applied externally in dry friction upon the limbs. Warm clothing (blankets) and bottles of hot water, bags of hot sand or salt, should also be used, so as to raise upon the surface as soon as possible a warm perspiration. Spirituous drinks may be used to some extent, but are not alone to be relied upon. As a method of applying external heat, the alcoholic vapor from burning spirits is a very convenient and efficient application. The vapor may be admitted under the blankets without disturbing the patient.

To check the diarrhœa, and determine the fluids to the surface, we must rely mainly upon *OPIUM*, *CAMPHOR*, and the *astringents*. *Geranium*, *kino*, or *catechu*, used by mouth or injection, may be of some service, but we regard them as of minor importance in all cases.

To settle the stomach, peppermint, camphor, or sweet spirits of nitre, will generally be sufficient; but if not, a good emetic should be administered, (*lobelia* and *ipécac*,) after which it will become quiet, or may be composed by aromatics.

As diuretics, the spearmint and *salærat*us will be appropriate—the latter being also important as an antacid, in the early stages of the disease.

As an antispasmodic, the tincture of *lobelia* will answer every purpose. Ether and chloroform have also been administered with success.

If an epidemic of cholera should occur, we would keep on hand a mixture of tincture of *capsicum* and tincture of *camphor*, one ounce each, and tincture of *opium* from two to four drachms, to which might be added, according to circumstances, carbonate of ammonia, ether, tincture of *lobelia*, *myrrh*, &c., if they appeared

to be necessary. This preparation might be administered in doses of from a teaspoonful to a tablespoonful, according to the severity of the attack, and repeated every twenty minutes, or every hour, until the disease is checked. It should be administered in a warm tea of spearmint, cinnamon, and ginger. If the function of the liver has been interrupted during the attack, a dose of taraxacum and sanguinaria might afterward be used, guarded by a small portion of opium, if necessary. But the influence of the liver in Asiatic cholera is much less important than has been generally supposed.

The foregoing are the obvious dictates of common sense, and wherever they have been properly regarded, cholera has been treated with remarkable success—wherever they have been neglected, an awful loss of human life has been the consequence. The Eclectic practitioners of the United States, having been guided by common sense in the treatment of this disease, have met with a success which forms a striking contrast to the large mortality which usually attends its career as it has been heretofore treated.

The practice of Dr. Beach, when appointed physician of the Tenth ward of New York during the prevalence of the cholera in 1832, embraced about a thousand cases, in which his treatment was *invariably successful* in the early stages of the disease, and the entire mortality, which was extremely small, arose from the advanced stage of the cases before they were treated. It is much to be regretted that no accurate record was kept of the cases; but the report of one of his co-laborers at that time exhibits, we presume, a fair specimen of the results of the treatment. This gentleman, Dr. Hopkins, reported a hundred and fifty-seven cases treated, of which eight were in the stage of collapse before they were seen, and of the whole number there were but six deaths, or less than four per cent. The practice of the late Dr. Sharp (a graduate of Worthington) at Paris, Ky., during the cholera, was equally successful and gave him at once a high professional reputation. In many other cases the Eclectic treatment has been highly satisfactory, and we earnestly hope that our friends, who may happen to be in the midst of the epidemic hereafter, will not fail to preserve careful records of their cases.

The treatment pursued by Dr. Beach, which has been amply sustained by subsequent experience, was the administration, in the first

instance, of what was commonly called the neutralizing mixture, (equal parts of rhubarb, peppermint, and salaratus.) Half an ounce of this was added to a pint of boiling water, two table-spoonful of brandy and a portion of loaf sugar added, and a table-spoonful taken every hour, until it gently acted as a laxative. Cinnamon or cloves was sometimes added, and ptisans, such as catnip and spearmint, were drunk at intervals. Hot tincture of capsicum was applied with a flannel over the bowels, and at night ten grains of the diaphoretic powders (camphor 32, ipecac 31, opium 3½, sup. carb. soda 31) were frequently given. This was found sufficient to remove the premonitory symptoms.

In marked cases, needing more efficient treatment, the feet were immersed in hot ley, heat applied around the person, and two tea-spoonful of the sudorific drops (opium, camphor, serpentaria, ipecac, and saffron, an ounce of each to three pints of Holland gin or spirits) administered every hour in a tumbler of strong peppermint tea, until reaction and perspiration are produced. Friction and hot tincture of capsicum were applied to the surface.

In more urgent cases, the antispasmodic mixture was used, (tincture of camphor 34, ess. peppermint 34, syrup of ginger 3½, tincture of capsicum 31,) of which a table-spoonful was taken from one to four hours, according to the urgency of the case, with draughts of Indian meal gruel, containing a little salaratus. Hot fomentations of hops were applied to the bowels, and laudanum used in injections. The black drop (twenty drops) was sometimes resorted to, as an antispasmodic. Capsicum was not so freely used internally at that time as it has been in many other instances subsequently, which entitle it to a prominent rank in the Eclectic treatment. The principle laid down by Dr. Beach was this: "In a word, the leading indication in the cure of cholera, either in the confirmed or collapsed stage, is to *establish reaction*, or, in other words, to *promote perspiration*."—(P. 39.)

These rational views, and the eminently successful practice to which we have alluded, might be sanctioned and illustrated by various quotations from different writers, who have approximated a rational treatment.

But, until we received the letters of Dr Hawthorne, we were not aware that any other members of the profession, either in Europe or America, had adopted views so nearly similar to our own,

or had fully carried out that plan of practice which has heretofore, with the Eclectic practitioners, proved so eminently successful. It was, therefore, with no small gratification that we found a distinguished member of the profession thus corroborating, by his own ample experience, our American system of treatment. Every Eclectic practitioner will read with pleasure these letters of Dr. Hawthorne, which furnish, in reality, the most brilliant illustration of the Eclectic doctrines which we have yet seen beyond the ranks of our own practitioners. The letters of Dr. Hawthorne, signed G. S. H., are published in this number of our Journal, in Part second, (but unluckily without the appropriate heading of "Hawthorne on Cholera," an oversight which occurred during our editorial absence at Columbus, where we had the honor of delivering an address, in the hall of the House of Representatives, on the present condition of the profession, and the scandalous monopolies and abuses which still exist in Cincinnati.) The following statement, from the Nashville Whig, will show the reputation and success of Dr. Hawthorne :

"The pamphlet from which we have copied the letters was forwarded, within a week or two past, by Gen. Armstrong, U. S. Consul at Liverpool, to a friend in this place. It is a copy of a *second* enlarged and improved edition, which was published so recently as October last.

"It is *certain* that the author has had, at least, as extensive experience in the treatment of cholera as any other physician in Great Britain. That his success in the treatment of it has been extraordinary, is placed beyond dispute by the highest and most conclusive testimony. Boards of health, physicians of good reputation, private individuals and public meetings, all unite in testifying to his unexampled success. The Dungannon Board of Health, in presenting to him a piece of plate, take occasion 'to convey to him their most grateful acknowledgments for the eminent services he has, under Providence, rendered in checking that destructive disease, which had raged with such violence amongst them.' The late Dr. Dawson, of Dungannon, a highly respectable and able practitioner, who changed his original mode of treating the disease after his 'false ideas' of it, in consequence of 'the most important information' he had received from Dr. Hawthorne, had been corrected, says, in a letter to Dr. H., written in 1844 : 'Would to God, my dear sir, your mode of practice in cholera was more generally known, as then it would not be so fatal a scourge as it unfortunately now is.' The late Sir Francis Workman Macnaghten, in forwarding to Dr. Hawthorne an address on behalf of the inhabitants of the

parishes of Billy and Dunluce, says: 'I can add, from my own knowledge, that no individual, who, at the commencement of his disease, had the fortune to fall under your care, was lost to his family—that, shortly after your arrival, mortality ceased—that implicit reliance upon you was manifested by all—and that despair was relieved by the most cheering expectations.' In the address, the signers, among whom were physicians, members of the Board of Health, parish officers, and private citizens of the highest respectability, say, 'that not a single death took place in any of those cases which occurred subsequently to his (Dr. H.'s) arrival.' Three of the signers, physicians and surgeons and members of the Board of Health, add: 'We, the undersigned, feel it our duty to express our most unqualified conviction, that your plan of treatment is the best and the only safe one; and that if sufficiently early and efficiently put in practice, even in the most violent forms of the disease, and universally adopted, it is calculated to save many a useful life, and render a most formidable disease comparatively mild, and less fatal than most other epidemics.'

"In addition to the foregoing, we publish the following from a gentleman of the highest respectability, at present living in Nashville.

"*Dear Sir:* Having heard that it is your intention to republish, in pamphlet form, the letters of Dr. Hawthorne in reference to the treatment of cholera, I beg leave, for your satisfaction and that of your readers, to say, that, when the cholera was first in Belfast and other adjacent places, I was myself an eye-witness to his remarkable success in the treatment of the disease, as was *shortly* after described by him in a publication on the subject, and as was more recently and fully set forth in the letters which have appeared in the columns of the Whig.

"Yours, respectfully,

"J. H. ROWAN."

We think it extremely probable that if the Eclectic system of practice had been prevalent throughout the United States when we were visited by cholera, *four-fifths of those who died might have been saved.*

It is horrible to contemplate the vast mortality which has been produced throughout the world by an imperfect, empirical, unscientific system of practice. When we reflect that in the malignant form of the disease, as commonly treated, from one-third to two-thirds of the patients (in the old world) died, are we not compelled to conclude that, of the fifty millions who are reported to have died of this disease, at least *forty millions* owe their death less to the severity of the disease than to the impropriety of the treatment?

Of the patients treated *Homœopathically*, in Europe, the number of deaths, on an average, did not exceed nine to the hundred cases. But the Allopathic opponents of Homœopathy are generally agreed that the Homœopathic treatment amounts to nothing at all; and therefore the results of Homœopathy only show the natural mortality of the disease, uninterrupted by improper medical interference. If this be so, then may we not hold the orthodox Old school system of practice responsible for all the mortality *beyond* the proportion of nine to one hundred? When the mortality of Allopathic cholera patients ranges from thirty to sixty in the hundred, is it not clear that from twenty-one to fifty-one in the hundred have died in consequence of a false system of practice, since the legitimate mortality of the disease is but nine per cent.?

This reasoning is perfectly fair; and every physician who loses more than one in ten of his cholera patients should be candid enough to acknowledge that he has failed in the proper discharge of his professional duties, and to renounce the system of practice which has produced so deadly consequences.

For ourselves, we do not hesitate to say that we regard cholera as a terrific scourge, inflicted by Divine Justice upon human *ignorance and profligacy*. Whenever mankind become sufficiently enlightened to adopt a rational system of treatment, following the dictates of common sense, instead of the hallucinations of so-called medical science, the mortality of cholera will be reduced to an amount too insignificant to excite any alarm.

Physicians who are peculiarly exposed, by their profession, to suffer from the influence of epidemics, should carefully guard against all causes of debility and bowel complaints, on the approach of cholera. Instead of adopting a more abstemious mode of living, they should endeavor to have the system well nourished. Crude vegetables, pastry, sweetmeats, &c., should be avoided, and farinaceous food, with substantial meats, (beef and bacon,) and a moderate use of condiments or stimulants, would be the best preparation. Malt liquors are decidedly beneficial in many cases, and it has been observed in several of our large cities that all of those employed in breweries have escaped the attacks of cholera. The functions of the skin must be maintained, and we should guard against the influence of atmospheric vicissitudes. During the epidemic, we should wear flannel next the skin, occupy dry comfortable apartments, and avoid all unnecessary exposure. B.

T H E

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Part 1.---Original Communications.

CASES IN PRACTICE.

BY T. V. MORROW, M. D.

CASE I.—John Tice, a gentleman aged, I should judge, about forty, somewhat corpulent, a grocery merchant by profession, doing business at the corner of John and Sixth streets, in this city, had experienced symptoms of hepatic torpor for three or four months prior to an attack, which he experienced on the 5th or 6th of August, 1848. On the 8th of August I was requested to visit him, and found him laboring under a violent paroxysm of the most extreme and excruciating pain and sense of distress in the whole lower part of the abdomen, extending up to the margin of the ribs, on the left side, above the sigmoid flexure of the colon; the skin was dry; some fever; furred state of the tongue; great restlessness; the urine small in quantity and high colored; pain continued nearly all the time, more or less, with occasional periods of decided aggravation; more or less tenderness on the application of pretty firm pressure; the bowels were very much constipated. Such was the character of the symptoms present in this singularly interesting case of disease.

I am free to confess, that I was not a little perplexed in the formation of a definite opinion as to the true nature of the case, but had no hesitation whatever in coming to the conclusion that the most important indication in the treatment was, to procure satisfactory and copious operations on the bowels as speedily as possible. For this purpose, I directed the patient to take two grain doses of the podophyllin, once in four hours for several doses, and in the event of its failure, after having taken three doses, to take a

large dose of the antibilious physic. In the meantime, the attendants were instructed to apply a large mustard plaster over the whole extent of the abdomen, and, after its removal, to make a persevering and active application of the common bitter herb fomentation to the abdomen, applying it very hot and changing it very often, with a view to the relief of the pain. But a perseverance in this course for twelve or fifteen hours only served to produce a few very scanty and unsatisfactory operations, bringing with them nothing like permanent relief. By this time, I had no longer any doubt that the case was a formidable and extremely severe one.

The severe paroxysms of pain and distress soon returned with renewed violence, and the general features of the attack seemed to be but slightly affected by what had already been done. The next medicine given was the diaphoretic powders, in doses of five grains every hour, in conjunction with warm sweating teas, such as *catnip*, *aselepias tuberosa*, and *cypripedium pubescens*, in connection with sinapisms and emollient poultices, to the bowels; but these measures also failed to produce any substantial or permanent benefit, the patient suffering at intervals greatly from returning paroxysms of pain.

The active evacuant plan of treatment was again adopted. The emetic powder was given in doses of from a half to a teaspoonful every fifteen or twenty minutes, in conjunction with an infusion of *eupatorium perfoliatum*, until it vomited the patient freely several times; this was followed by active cathartic doses of antibilious physic, repeated every two hours, until it operated on the bowels. The operations were still very unsatisfactory, and it was attempted to aid them by the use of active injections, the successful introduction of which was very strongly resisted, apparently, by some mechanical obstruction in the *rectum*, although repeated several times.

It seemed, indeed, to be almost impossible to induce the peristaltic movement of the lower portion of the intestinal tract; there appeared to be a state of confinedness and inactivity which seemed quite unaccountable.

Whenever operations could be procured, even though they were slight, they appeared to afford very partial relief, the severe paroxysms of pain returning after the lapse of a short time, for the immediate relief of which occasionally small doses of the *sulphate of morphia* were administered. In this manner was our patient exercised with the most severe suffering, with occasional intervals of ease, until about the 20th of August, or nearly two weeks after I had commenced the treatment of his case, when there appeared, gradually, a pretty large swelling on the margin of the rectum, and verge of the *anus*, bearing some resemblance to a very large hemorrhoidal tumor, involving, in its extent, a much greater amount of the surrounding structures; simultaneous with the appearance of

this tumor, a muco purulent and an offensive discharge proceeded from the bowels, which became more and more copious. Upon a careful examination of the swelling in question, I found it was produced by a morbid growth, which was attached extensively to the side of the rectum, above and just within its margin; the extent of the swelling and the protrusion of the bowel on the affected side brought into satisfactory view the point to which this morbid growth was attached. It exhibited a somewhat cellulated, but firm structure, and at its point of attachment there was a fistulous opening in the mucous membrane, which was yielding a free discharge. Into this opening I introduced a pretty large tent of vegetable caustic; every morning, after arising, the injection of soapsuds, to wash out the parts thoroughly. The paroxysms of pain continued in the meantime to return, with their accustomed severity very slightly diminished. The podophyllin was again given, as well as the antibilious physic, both of which operated more satisfactorily than before, but still requiring large doses to produce the desired effect. I discovered the muco purulent discharges constantly increased in quantity, and became more offensive. The tents of vegetable caustic seemed to detach the morbid growth from the points of its adherence more and more perfectly, until about the 27th of August, after the dressings had been applied, consisting of the tent, a plaster of the black salve, and the T bandage, to maintain the applications in their proper positions, the patient experiencing some sensations of uneasiness, took the dressings off, and, in attempting to remove the tent, seized hold on the detached portion of the tumor or morbid growth, and applied the necessary force to extract it, and on the occasion of my next visit, I gave this remarkable morbid growth, which had been preserved, a close examination.

I found it to be in shape, somewhat cylindrical, slightly flattened on one side, and in length from seven to ten inches, and in diameter from an inch to an inch and a half, somewhat enlarged at and near its upper extremity. It was considerably cellulated in its structure, being enveloped in a thick, tough, and strong membranous coat, which was perforated in many places by the aforesaid cells, the internal surfaces of which seemed to exhibit an ulcerated appearance. One of the most remarkable features connected with this singular morbid phenomenon, was the extreme toughness, strength, and firmness of its texture, being remarkably difficult to separate its parts or tear them asunder.

Immediately after the removal of this substance, the patient commenced improving with considerable rapidity, but had occasionally some return of the old pain, which gradually subsided, and the patient very soon again was restored to his natural health, by the use of the restorative bitters, morning, noon, and night, in doses of from a half to a wine-glass full. The antidyseptic pills

were taken, to prevent any constipation of the bowels, which indication they seem to fulfil very successfully.

It has seldom fallen to my lot, (although engaged in a very extensive practice for the last twenty years,) to meet with a case in which it was so difficult to form a correct diagnosis, especially during the early periods of the attack; neither do we often encounter a case which would present us with a greater variety of difficulties in its treatment, than were presented by the case of Mr. Tice.

CASE 2.—Mr. Woolley, a gentleman of middle age, somewhat corpulent had been the subject of an attack of fistula, which had given him more or less trouble for some years prior to the time I was called to see him, and he had been for two or three months preceding my first visit, which was on the 29th of March, 1847, under the treatment of Dr. Avery, a gentleman who was supposed to be eminently qualified for the treatment of such cases, in consequence of the advantages derived from a residence of several years in Europe, and an attendance on the practice of some of the largest hospitals of Paris and London; and I have no doubt that he was well versed in the doctrines and practices of the Old school fraternity; but it seemed that his progress in the management of Mr. W.'s case was not satisfactory to the patient, and I was accordingly called, as above indicated.

Upon an examination, I found a fistulous pipe situated about an inch, or perhaps not quite so far, from the verge of the *anus*, penetrating the *rectum* about two inches above its termination. The patient was also affected with sundry constitutional symptoms, such as costiveness, headache, restlessness, and occasionally some slight evidences of febrile excitement and hepatic torpor. I commenced the treatment by washing out the fistulous pipe, by the injection of soapsuds once or twice a day, and by the introduction of a strong solution of the vegetable caustic in the same manner, after which a suitable sized tent was prepared and stiffened by beeswax, and thoroughly armed by the powdered vegetable caustic, and introduced up the pipe as far as possible, with a view to enlarge the capacity of the pipe, and destroy the callous formation around it. This course was continued for three or four weeks, in conjunction with a few mild doses of physic and the *alterative syrup*, the syrup being given as usual, in doses of from a half to a wine-glass full morning, noon, and night. On the 28th of April a ligature was introduced, through the fistulous pipe, and brought out through the rectum, and firmly tied in such a manner as to tighten it at pleasure, by means of a piece of smooth rounded pine stick, about one inch in length, and the eighth of an inch in thickness, which was placed under the ligature, by which, when it was turned, exercised the tightening effect, which, however, became necessary only

once or twice before the ligature eat its way through, and laid into one the cavity of the pipe and rectum. After the ligature had accomplished its work, the remaining portions of the diseased and callous structure being exposed freely to the action of the caustic, were speedily removed, and the patient was restored to a state of health, after being under treatment about two months, and still remains in good health.

The superiority of this plan of management over the ordinary cutting plan of treatment, has been so clearly demonstrated to the minds of all who have witnessed its effects, as to make it unnecessary to adduce any special reasons and arguments in favor of its universal adoption. On this subject, it is believed that nearly all candid and thoroughly scientific medical practitioners, of liberal and investigating minds, will unhesitatingly give their preference to the course indicated in the above treatment of Mr. W.'s case. I have treated numerous cases according to the principles presented in this report, with the same satisfactory and unvarying evidences of success.

A CASE OF CHRONIC GASTRITIS SUCCESS- FULLY TREATED.

—
BY DR. R. E. HOPKINS.
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Messrs. Editors :

I HAVE treated several quite interesting cases since I commenced practice in this place, and it would gratify me considerably had I time to report them. One of these, to which I would call your attention at this time, is a most palpable triumph of the reformed practice over the old system, which is so rigidly adhered to in many cases, contrary to reason and common sense.

About the 1st of September I was called upon by Mr. F., who had been suffering severely for two years from chronic gastritis, and had been thoroughly treated by Old school physicians, yet had continually grown worse. He asked my candid opinion concerning his case. I told him plainly that his case was a very doubtful one indeed. It was difficult for him to make up his mind to try another system of practice, contrary to the suggestions of his friends, particularly as the physician attending him was his own brother-in-law. Two days afterwards, (Monday,) he called for me to commence the treatment, but did not get to see me until Wednesday. He returned to the physician attending him, and told him he

would give him a week more to try his skill, and if he was then no better, he would commence with the reformed system.

They tried, as they said, a mild course; but at the end of the week he was not able to be out of bed, and could not bear the weight of his pantaloons over the region of his stomach. My friends advised me not to treat the case at all, as I would certainly lose it; but I was determined, in one case at least, to make people already strongly prejudiced, acknowledge the superiority of the reformed treatment over the orthodox system.

I commenced with an emetic tea, composed of *asclepias tuberosa*, eup. perfol., and ict. fœtid, making a strong infusion, and giving one tea-cup every fifteen minutes for four or five hours. I then gave a mild, but effectual emetic, composed of our common emetic powder, followed by the antibilious cathartic; applied a large irritating plaster over the stomach, and gave restorative bitters alternately with alterative syrup and pulmonary balsam, as he was troubled with a cough. I repeated the emetic every other day for two weeks. Every morning I directed a bath of ooze of the *quercus alba*, and at night a bath of weak ley. This was kept up for one month, and I have no doubt but it contributed no small share towards the recovery of the patient. The hep. powder, combined with one-third ipecac, was given three times per day, in from three to five grain doses. It is now not three months since I commenced with him, and one month ago he was able to ride around in his buggy and see his friends. This is an outline of the treatment, merely, giving the principal means used.

What renders this case still more interesting is, that his wife lay sick in one bed and he in another, in the same room, and also her child. Herself and child were treated by his former physician, and both died; he, receiving the reformed treatment at the same time, is fast recovering. I have lately treated one of his remaining children, and the result was a rapid recovery. These are facts, and cannot be evaded, and it is such facts that have given an impetus to the ball of medical reform that cannot be checked.

CLARKSBURG, DECATUR COUNTY, IA.

GERANIUM MACULATUM A CURE FOR MERCURIAL SALIVATION.—Dr. Geo. M. Maclean has used in one case of mercurial salivation, he says, (*N. Y. Jour. Med.*, May, 1848,) an infusion of the *Geranium Maculatum* as a lotion, with speedy and entire relief.

Part 2.---Selected.

ON COLD, AS A MEANS OF PRODUCING LOCAL ANÆSTHESIA IN SURGICAL OPERATIONS, AND CERTAIN PAINFUL DISEASES. *By James Arnott, M. D., &c., Brighton.*—In the last *Lancet*, I published some remarks on the production of partial insensibility, as a substitute for the general insensibility caused by ether or chloroform. The present paper will contain a continuation of these, and is intended, by communicating the results of further experiments and observations, to facilitate the general application of the local anæsthetic which I have recommended.

The old problem respecting the introduction of anæsthesia, for medical purposes, to which the reputed feats of mesmerism have again drawn the attention of inquirers, has been greatly misunderstood. It is not alone required that pain should be prevented, but that this should be effected without incurring danger; to such a degree, at least, as would counterbalance the advantage of the anæsthesia.

If the first thing required—the mere prevention of pain—were all that was necessary, there would be no difficulty of solving the problem. The body may be rendered insensible to pain by a great variety of methods. About twenty years ago, it was actually proposed, by a writer on surgery of some eminence, that patients about to undergo painful surgical operations, should be previously bled to syncope, in order that the operation might, during the continuance of the fit, be painlessly performed; and, I think, a case was related of amputation of the breast effected under these circumstances. This was exceedingly bold; but, if the avoidance of danger were to form no part of the problem, a more expeditious plan might have been resorted to. Had the patient been knocked down, the operation might have been completed before the stunning effect of the blow had ceased!

Apoplectic congestion of the brain artificially produced; stupor from intense cold; extreme intoxication from alcohol, or narcotism from opium, ingested or inhaled; asphyxia, from immersion in water or other causes; the artificial production of epilepsy, catalepsy, or hysteria, (with one or other of which the mesmeric condition alluded to must be identical or nearly allied,) are all possible methods of causing insensibility, but all so dangerous, uncertain, or otherwise objectionable, that medical men have generally been unwilling to use them. Amputation, however, has (as we are informed by Mr. Lawrence, in a paper in the *Medical Gazette*)

been performed apparently without pain, while the patient was drunk; and I have myself witnessed what is usually a painful operation performed without pain during a fit of epilepsy arising from natural causes.

The inhalation of ether or chloroform is another method of producing insensibility, though probably not materially differing in principle from the exhibition of alcohol or opium. Does, or does not, this new anæsthetic belong to the same category in respect to danger as those just enumerated? The question must be answered in the affirmative. Etherization is undoubtedly of the same character; if it differs from the above in respect to danger, it is only in degree. It certainly is not so objectionable as some of them on this account, but it is still, as a common application, or when used indiscriminately, very objectionable. Many well-authenticated cases of *sudden* death from these agents have been published. Five or six fatal results, from the use of chloroform alone, have happened in the hands of English practitioners.

The opponents of etherization are not satisfied that the fatal results published constitute the whole amount of mischief. They presume that a much greater number, both of sudden and eventual deaths from this cause, have not been published. They ask, "What practitioner is unacquainted with cases of violent disorder from chloroform, which have terminated, or may eventually terminate, in deaths, of which the coroner takes no cognizance?" And they declare it to be surprising, that so many deaths from chloroform should have become generally known, considering how rarely, for obvious reasons, the fatal consequences of the use of other powerful medicinal agents are published.

The danger to the patient, from the effects of these agents on his system, is not the only objection which has been made to them. With the loss of his consciousness, he loses the power of guiding and aiding the surgeon under very important circumstances. He cannot, in this condition, prevent the surgeon's enclosing a nerve in the ligature which he places round an artery, or his seizing a fold of the bladder with the forceps, in searching for a stone. He cannot assume certain suitable postures at the bidding of the surgeon; and when convulsive movements are caused by the anæsthetic, (as is frequently the case,) the surgeon is obliged to proceed under great difficulties, or suspend the operation, until the anæsthesia has passed away.

With these opinions of the operation of this new anæsthetic agent, it is not surprising that its opponents should speak of it in no very measured terms. Etherization has been called "a compound of apoplexy and asphyxia;" and it has been denounced as a practice condemned not only by our knowledge of the effects of analogous substances, and by experiments on the lower animals, but by its numerous fatal results.

Those, on the other hand, who approve of etherization, attribute the mischief it has done, more to a want of discrimination of the suitable cases on the part of the practitioners who used it, and to an improper mode of administering it, than to any inherent dangerous property. They acknowledge that there are many cases of disease of the heart and other organs, in which it would be highly improper to use ether or chloroform; and they contend that as much care is required in its administration as in that of other powerful medicines. Yet few, I think, would now, as in the first burst of their admiration, be willing to rank etherization as the leading medical discovery of the age, and to pronounce it the equal of vaccination in importance.

Without attempting to decide which of the extreme opinions advanced on this question approaches the nearest to the truth, it must, I think, be admitted that the problem, how to obviate pain without incurring danger, has not been solved by the discovery of etherization. It is undeniably attended with very considerable danger, both from its immediate or eventual effects on the system, and from the patient's loss of consciousness while under its influence.

The method which I have recommended for producing *anæsthesia* may not perhaps be found so effectual as ether or chloroform in removing the whole of the sensibility; but if it should remove so much of this as to render surgical operations tolerable, and consequently less dreadful, and prevent that portion of hazard attending them which proceed from excessive pain, without adding any new hazard of its own, it would be entitled to a preference. The most strenuous advocates of etherization would not object to its use in cases in which, from some constitutional peculiarity, this condition cannot be produced, or where severe organic disease forbids the attempt at its production; while those, on the other hand, who think that ether and chloroform should be banished from surgery, would not, it may be presumed, hesitate about the substitution of an *anæsthetic* agent which, with the greater part of the advantages of these, has none of their dangers or defects.

The imperfection of this plan, in its only partially preventing the pain in some cases, is, when compared with ether or chloroform, more than compensated by its not affecting the consciousness, the loss of which, under the use of the *anæsthetic* agents at present employed, would be deemed a greater evil by many patients than the pain which these agents are capable of preventing.

In the month of November last, I suggested the substitution of local *anæsthetic* agents for the inhalation of ether. This idea has since been taken up by Professor Simpson, of Edinburgh, and Mr. Nunneley, of Leeds, who have both published the results of their experiments. It happens, rather singularly, that the agent (chloroform) which one of these gentlemen pronounces to be *anæsthetic* when applied to the eye, should be declared by the other to be an

irritant and a heightener of the sensibility when so used. It is not difficult, however, to explain this seeming contradiction. As a general principle, it is probably true, that whatever highly stimulates the surface to which it is applied, will eventually, and in consequence of this stimulus, reduce, to a certain degree, its sensibility, but one would not have expected more from such applications than the very limited and practically useless effect which was produced in their experiments.

The more certain and effectual local anæsthetic which we possess in the application of cold has been generally described in my preceding paper. We have all had experience of this anæsthetic, to a certain extent, in frosty weather; and its artificial production in no wise differs from this natural agency, except in degree and the power we have in controlling it. Every minor degree of cold has probably a proportionate effect in diminishing sensibility, but a certain low degree is requisite to render the anæsthesia complete. Fortunately, this is not below that point which may be applied with perfect safety—for, as every one knows, very low degrees of cold act as injuriously on the animal structure as very high degrees of heat.

The degree and continuance of cold necessary to produce anæsthesia, will be in an inverse proportion to the heat of the part to which it is applied, or rather to its power of generating or transmitting heat. In the natural state, a temperature of the freezing point of the thermometer would in most cases be insufficient, unless of long continuance; but it would be otherwise if the circulation of blood in the part were very languid or obstructed. A temperature ranging between 5 deg. and 25 deg. Fahr. (which can be easily procured by the common frigorific mixture of pounded ice and salt,) will produce complete anæsthesia of the skin in two or three minutes. The sudden application of this degree of cold causes a slight tingling or smarting, but not any very unpleasant sensation of cold. It will be proper, however, not to depend upon the period elapsed, but to examine the skin from time to time, in order that the refrigeration may not be carried to an unnecessary extent. A degree, or continuance of cold, that, under natural circumstances, and without pressure, would solidify the adipose secretion under the skin, will generally be found greater than is required, and ought not, therefore, to be produced. Whether the several tissues require different degrees of cold to produce anæsthesia of them respectively—whether a short continuance of severe cold is more or less anæsthetic and useful than a minor and more prolonged degree—and whether the application of more than one degree might not be advisable in producing deep or extensive anæsthesia, are points remaining to be determined; but any uncertainty about these need not impede the immediate substitution, in many cases, of this anæsthetic expedient for the present dangerous process.

The anæsthesia of the skin, produced in the manner described, lasts for several minutes, and the only other consequence of the cold is a slight and quickly evanescent blush.

In my former paper, I described the mode of applying the frigorific mixture, by means of a thin or prepared bladder. It may be applied directly to the skin, by means of a common wine or beer-glass, containing such a quantity of ice and salt in their dissolving state, as will insure a continuance of a sufficiently low temperature; but, in order that the skin may be examined from time to time, it is more convenient that the vessel containing the mixture should, like the shade or glass chimney of a lamp, be open at both ends, or that it should be made removable, by having a bottom consisting of thin membrane. Cold may be applied to the whole circumference of a limb, by dipping it into the mixture, after covering the part which is not to be refrigerated; or the limb may have a sort of funnel slipped upon it, of a size or depth proportional to the surface intended to be rendered insensible. Other contrivances, suitable for particular purposes, will be obvious to every surgeon; nor will a variety of means of combining pressure with the cold be of more difficult attainment.

I am sorry that I cannot yet speak with certainty of the depth to which anæsthesia from cold can, when combined with pressure, be carried. The dissecting off a small portion of the skin without pain, (an operation which I have repeatedly performed, and which is by far the best mode of forming an issue,) shows that the anæsthesia of the skin, the most sensible of the animal tissues, is complete: and if the skin were deprived of its sensibility, there are few operations that would not lose half their terrors. It must not be forgotten, likewise, that in some operations there would, as in the unconsciousness attending general anæsthesia, already adverted to, be a disadvantage in producing complete anæsthesia of all the tissues concerned. Is the safety of the patient to be hazarded in these cases, in order that he may be relieved from a slight and very tolerable degree of pain?

Before concluding these remarks, I may mention that the surgeon would do well, before employing it in operations, to make himself familiar with the effect of cold, by applying it in the manner described to his own arm. He will thus best learn how to regulate the degree, and be immediately convinced of the essential difference that exists between such moderate and brief applications of cold, and those effects of it which happen from exposure of the body in high latitudes, or severe winters.

With the same view, his first employment of it may be in the minor operations. A French writer mentions, that he does not hesitate to employ chloroform to obviate the pain that would be caused by canterization, or the application of the moxa; and there are many other similar operations in which we should be glad to

save our patients from suffering, if this could be done without hazard.

In the same work which contained the original suggestion of cold as an anæsthetic in surgical operations, it was proposed to employ it as a remedy in neuralgia. The unequivocal advantage I have derived from its use in one case corroborates the opinion I had formed, and induces me to think that its influence would be deeper, and its effects more permanent, than the action of aconite and the other 'narcotics. If a finger be kept immersed for a little while in a frigorific mixture, a deep-seated numbness will be produced, and will continue for many days afterwards.

A degree of cold below the freezing point of water is, I believe, a new agent in therapeutics, which could probably be usefully employed for various other important purposes. A solution of salt, of a very low temperature, by acting on the exposed nerve, might at once, and permanently, remove toothache; and a frigorific mixture contained in a bladder, or other waterproof case, would probably be a powerful means of checking hæmorrhage in accessible internal parts, or during surgical operations. The same principle might also be usefully applied in the treatment of cutaneous and other superficial diseases, attended with distressing sensations. A minor degree of cold, when long and uniformly continued by means of the current apparatus, I have found an efficient remedy in many such cases; but lower degrees of cold, carefully applied, might, under certain circumstances, prove successful, when a higher temperature would fail.—*London Lancet.*

TREATMENT OF BURNS.—[Mr. Dorning of Swinton, after stating that the Lin. Terebinth of the London Pharmacopœia, spread upon tow, was the ordinary application to burns, when he was a pupil at the Manchester Infirmary, says:]

It is now upwards of twelve years since I commenced practice, and during that period I have again and again been called upon to attend colliers burnt by explosions in the coal mines, which in this neighborhood are of very frequent occurrence, and during the whole of this time I have employed flour as a dressing, except in one case, when it occurred to me that I would apply flour to one arm and cotton to the other, (both equally severely burnt,) in order that I might judge which was the best. The arm to which the flour was applied healed somewhat more rapidly than the other, and with less pain to the patient, thus confirming my impression of the great value of flour as a dressing in burns. I now use it in *all* cases, be they extensive or the contrary. In the slighter cases I think its effects are more satisfactory even than in the severe. When the burn is upon the back, I keep the flour in apposition by

means of cotton, which I procure in long flakes, "carded," and apply from the shoulders to the waist, and then crossways round the waist, so as to effectually retain the flour upon the burnt surface. The flour must be of the *best quality*, and applied freely. In December, 1843, I attended two of the Earl of Ellesmere's colliers, at Worsley, which were dressed with an inferior kind of flour furnished by the patients; they were proceeding less satisfactorily than I could have wished; I therefore procured some *fine flour* in my own neighborhood, and was surprised at the improvement the change had effected in a few days. I apply the flour with a "dredger," and allow it to "cake," simply directing the attendant to remove any discharge with a piece of soft old linen, or cotton wool, and not to disturb the "cake," but allow it to become detached of itself, when it must be removed, and the raw surface again covered with flour; and this process must be repeated until the "cake" on detachment leaves a healthy surface, which it generally effects in fourteen or sixteen days. The pain produced by flour is, in my opinion, considerably less than is produced by any other mode of dressing, and most certainly not a *tenth* part so severe as the dressing with linimentum terebinthinæ, above alluded to, occasions. There is also considerably less risk of contractions following the cicatrization of burns cured by flour, than those cured by other means. I may state, that next to flour, I consider cotton the best application in burns.

The ulceration remaining after severe burns I heal with ceratum calaminæ, unless it is in the vicinity of the hands or face, when I continue the use of flour.

[Dr. H. Barker, of Bedford says:]

As dresser and house surgeon under Liston, whose premature death the profession now so keenly laments, I had ample opportunities of observing the good effects of the external application of flour; and so convinced was this distinguished surgeon of the superiority of that over all other applications, that he proscribed everything besides. His mode of applying it was by the common dredger, taking care to cover every part of the affected surface. He enjoined the repeated application of the flour to those parts where the discharge of serum oozed through the first applied portions of the powder. He was also careful not to disturb the application until it had completely caked together, and had become loosened by the discharges underneath.

This is the plan of treatment which I have since invariably followed. The application of the flour is very soothing, and in a few cases, in which other modes of treatment had been previously resorted to, the application of the flour has speedily been followed by the most marked relief of pain, and diminution of the consequent constitutional irritation. Flour of the finest and best qual-

ity should be used; it should be lightly and freely applied, and the complete exclusion of the air should be secured by repeatedly dredging the parts where the escape of serum takes place; perfect quiet should be enjoined, and the application should be allowed to remain until thoroughly undermined by the discharges. Several days, in some cases, will be required to effect this, when the masses of caked flour may be readily removed. I have then had recourse to water-dressing, by means of lint and oiled silk. Cicatrization, if tardy, has been promoted by the substitution of a weak solution of sulphate of zinc for plain water, and exuberant granulations have been effectually repressed by lightly rubbing over the surface a smooth piece of sulphate of copper. The most important indication in these cases is the alleviation of pain and constitutional irritation, by the thorough shutting out of the air; and no application appears to me so effectually to accomplish this as the application of fine flour. It would seem to act less as a foreign body, and better to supply the place of the cuticle, than any other application with which I am acquainted. Indeed, such good reasons have I had to be satisfied with this mode of local treatment, that, unless the weight of evidence which you may collect should greatly preponderate in favor of some other application, I shall not be induced to try any other.

With regard to the constitutional treatment, I have little to say more than that, in my hands, the *muriate of morphia* has been found to be the most eligible form of anodyne. It is followed by less inconvenience than any of the crude opiates.

In conclusion, the application of flour to burns and scalds is probably that which could be more promptly and readily adopted by the public than any other. I would suggest, if the medical attendant be not within immediate call, that the patient be placed on a firm bed or matrass, with the head somewhat elevated, and the injured parts of the surface uppermost; if the limbs be involved in the injury, that they be placed in a straight position: fine flour should then be perseveringly sprinkled over the affected parts by means of a dredger, so as thoroughly to cover the surface. Should the injury be severe, and the distance from the surgeon so great as to render it impracticable for the case to be seen early, strong beef tea may be freely administered, but in no case should stimulants be given, unless under medical direction. These are all the instructions on the subject which I consider as necessary for the public, and it is my decided opinion that the immediate application of flour in the manner directed, would be followed by much less suffering than of any of the thousand and one popular remedies which we are accustomed to meet with.—*Braithwaite's Ret.*

SMART-WEED.—*A Remedy for Mercurial Salivation and Aphthous Stomatitis.*—Dr. Wilcox, in the American Jour. Med. Sci. for July, communicates his observations on the use of a decoction of the leaves of this article as a remedy. He was first induced to give it a trial from the fact that farriers employ it with success for the cure of that disease of the salivary glands of the horse called slabbering. In speaking of the success attending its use, he says: "I have now employed it in about twenty cases of mild mercurial salivation, and have uniformly procured the same prompt and complete relief. I have tried its use in two of the severer forms, attended with numerous and deep ulcerations; these cases were made much more comfortable, but not cured. The benefit I derived from it in salivation, induced me to make trial of it in the follicular stomatitis of nurses, which appears to be endemical to the valley of the Chemung river. Within the last three years I have prescribed its use in ten cases, and, without an exception, they have been speedily and entirely relieved. I am not prepared to state what can be accomplished with it in those cases of aphthous stomatitis connected with a tuberculous state of the constitution, having yet had no such case; neither have I used it where the ulcerations were deep; in such cases other remedies will, doubtless, be more effective. My mode of using it, is to take about an ounce of the dried leaves and tops, water one pint; boil twenty minutes and strain. The mouth is washed with it every hour through the day."

DR. J. W. STERLING ON GUAIAECUM IN DYSENTERY.—With the hope that the introduction of a new remedy in the *treatment of acute dysentery*, may alleviate much of the protracted and almost insupportable suffering usually attendant upon this disease, I would beg leave to inform you, that since the middle of September last I have made a free use of the pulvis gum. guaiaci in all the cases of this malady which have come under my care, and without the slightest desire to change it for any other remedy. At first, I gave it in doses of ten grains, three times daily, mixed with some mucilaginous liquid; but afterwards, the following formula:

R—Pulv. guaiaci (this ought to be very fine, much finer than I could obtain it,) 3v.

Mucilag. gum. acaciæ. Syrupi simp. aa 3iij.

Aqua. puræ, 3viij. Misce.

Of this mixture, one wine-glassful (3ij.) was directed to be given three times a day, or every six hours. It is well to observe, that the gum resin is not dissolved in the menstruum, but must be held in suspension by shaking the viol, and thus administered in substance.

It was seldom necessary to administer more than twice the quantity of guaiacum specified in the above formula, for in four or five days the disease was generally conquered; and then for allaying those irregular pains, which are necessarily consequent to the irritable or atonic state in which the muscular fibres of the intestines are generally left after acute dysentery, resort was made to soothing remedies, such as pulvis g. tragacanth, in doses of 5 grains, frequently repeated, or mucilage of gum Arabic with syrup, in 8 oz. of which about 2 grains of the sulphate of morphia were held in solution.—*N. Y. Jour. Med.*

THE CHOLERA—HOW TO CURE IT. *By Samuel Forwood.*—As there appears to be some excitement at this time respecting the cholera, and many persons are giving their opinions about the best modes of treating the disease, I feel it my duty to add what little I know to the general stock of information upon the subject.

In 1832 I was stationed two miles from Louisville, superintending the construction of the Louisville turnpike road towards Bardstown. Upwards of two hundred hands, white and black, were employed upon the road. The first two cases of cholera that actually occurred in Kentucky were among these hands, and at least one week before any case was reported in Louisville. As it may possibly be beneficial to some patients, who may not have a physician at hand, to know the particulars of these two cases, and my manner of treatment, I will detail them:

About 11 o'clock at night I was called from my bed to see John Porter, who was a sober, healthy young white man. He had violent spasms, with vomiting and severe purging; he informed me that he had not been awake more than twenty minutes; he requested me to send for a physician, and although I had two eminent regular physicians engaged—who lived in the city, and were always punctual in their attendance—his case was so desperate that I was afraid he would die before they could possibly get to him; and feeling assured that it would be imprudent to delay, I determined to do the best I could in treating the case myself. I first gave him a quick stimulating emetic, prepared from the lobelia seed, which checked the vomiting and purging, but had little effect upon the spasms. I then applied the steam bath, having his feet and legs at the same time immersed in water warm as he could bear, which was made strong with salt and wood ashes. I then sweetened a tumbler of warm water, and put in it a teaspoonful of number six and about the fourth part of a teaspoonful of cayenne pepper, and gave him one-third of it when I commenced sweating him, and the balance at intervals while he was sweating. By the time he had been sweated ten minutes, he was free from spasms

and pain, but I continued the sweating ten or fifteen minutes longer, then wiped him dry, as quick as I could, and put upon him a dry shirt; he then laid down and went to sleep.

In a few minutes afterwards I was informed that a sober and healthy young negro man of my own was about to die. I found him in more violent spasms than Porter, and was vomiting and purging equally as severe. He told me that he had not been awake more than fifteen minutes. I proceeded with his case as I did with Porter's; when the emetic was done operating, I commenced sweating him; (the spasms still violent;) in about ten minutes he was relieved, and said he did not feel the slightest pain, and in one minute more was in a sound natural sleep. I stopped sweating him to look at him; but he was seized with spasms, and was instantly wide awake; I then proceeded with the sweating, and in five or six minutes he was relieved, and fell asleep again. I ceased sweating him to look at him, and he was again instantly awakened by the spasms. I then sweated him for at least fifteen minutes without any intermission, making the whole time of sweating fully half an hour; soon after he laid down the spasms returned; I then gave him a tablespoonful of spirits of turpentine, which relieved him, and he went to sleep, and the next morning he and Porter went to work and remained well. They had lodged about one hundred yards apart: Porter slept in the open air in a wagon body, placed about four feet above the ground, with a tent cover over it, and the negro slept in a house.

I informed my physicians of the manner in which I had treated the above cases, and was advised by them, that should any more of the hands be attacked in the same way in their absence, to pursue the same course, and I continued to do so with like success throughout the season. In 1833, when the cholera returned, I continued the same treatment until I discovered that a medicine which I had prepared and used in my family for the common diarrhoea for some years, would check the cholera in its early stages, and I used it throughout the balance of the season with success, except in a few cases which were very violent, and then I resorted to the first mode of treatment.

After I had discovered that the medicine was so useful in the early stages of the cholera, I published a receipt for making it in the *Louisville Journal* and the *Bardstown Herald*. A number of apothecaries prepared it, and called it "Forwood's Drops," and when it was properly made, much benefit was derived from its use; but some apothecaries did not make it as I directed, using inferior ingredients.

When the cholera appeared again, in 1835, I was engaged in building a turnpike road in Nelson county. I continued to use these drops, seldom having to resort to the first treatment.

It may not be improper here to give a short account of my own

case. In 1835, having been unwell for several days, I concluded to take a dose of calomel, and did so in the morning; about 10 o'clock I took a dose of oil; at the usual time my bowels were operated upon, and continued to be for some time; upon examining to see if the calomel had the desired effect, I was much alarmed to find that it had no effect, but that it was the cholera which had been running upon me. I then doubled the quantity of calomel, which still had no effect. The cholera discharges continued until I was very near going into collapse, the cold perspiration rapidly forming upon my head and hands, and spasms began. I then resorted to sweating, and with great difficulty succeeded in producing a warm perspiration, which immediately relieved me. I will further remark, that about five or six hours after I got relief, the calomel and oil operated. About one week from that time I was again taken with the cholera, and I was entirely relieved by taking the cholera drops.

Owing to the success which attended my method of treatment among the hands in 1832 and 1833, I was very often called upon to visit persons in the vicinity of the road where I was stationed. With some I succeeded, but with the greater number I could give no relief. These were extreme cases, in which the patients were collapsed—the cases were too far gone. I do not know the number of cases I treated among the hands upon the road, but I recollect, in 1833, of seven cases in one day. I had thirteen cases in my own family during the prevalence of the cholera.

I never administered the emetic unless the patient was vomiting, and I never gave the spirits of turpentine only when I thought the spasms could not be checked by the ordinary course of sweating. No death by cholera occurred in my family, or among my hands on the road, during the prevalence of that disease.

Of the effect of habit upon the system, I would add that I found it more difficult to relieve persons of intemperate habits than those who were sober and steady.

For the sake of those who may wish to make the cholera drops referred to above, I add the recipe:

Recipe for making Forwood's Cholera Drops.—Take half a pound each of white oak bark, sweet gum bark, and dewberry briar, when green; bruise them well; put this in six quarts of water; boil down to three pints, then strain; boil this liquor down to half a pint; put it in one quart of the best French brandy; then add two ounces of the essence of peppermint, one ounce of laudanum, and half an ounce of the oil of cinnamon; then take one ounce gum myrrh and half an ounce gum of kino, cut and digest them in half a pint of absolute alcohol, and add it to the above liquor; then take one and a half pounds of loaf sugar, one ounce of cloves, one teaspoonful of red pepper, and three nut galls, all

well pulverized; add this to the liquor. Be sure that the very best articles are used in the above preparation.

For cholera, a tablespoonful for a grown person; children in proportion to their age—repeated every fifteen minutes, if necessary.

For common bowel complaints, half the above quantity.—*Louisville Democrat.*

REPORT OF A CASE OF CHOLERA TREATED SUCCESSFULLY BY RECTIFIED OIL OF TURPENTINE, ADMINISTERED INTERNALLY AS A SPECIFIC. *By Richard Brown, Esq., Surgeon, Cobham, Surrey, November, 1848.*

October 26th.—A. E—, aged fourteen, having suffered from severe bowel complaint, presented all the symptoms of cholera in the stage of collapse. The bowels acted incessantly, and any thing taken into the stomach was immediately rejected; the pain around the umbilicus was intense, attended with severe cramps of the legs; the pulse exceedingly small and scarcely perceptible; tongue coated in the centre, and flabby; the surface of the body much below the natural standard; the countenance of a blue cast, and expressive of the greatest anxiety; so decided, indeed, was the symptom, that I considered the case almost without hope. But I had determined to treat the first case of cholera that occurred in my practice with rectified oil of turpentine, given internally, the active principle of which—camphogen—possesses stimulating, diuretic, diaphoretic, sedative, antispasmodic, antiputrescent properties. I administered immediately one drachm of it, combined with mucilage and aromatics, directing it to be repeated every two hours, and ordered the patient to be kept warm, and to take meal broth, with an excess of salt. A teaspoonful of brandy, or more, would be a good adjunct to each dose of the medicine, should it produce nausea or vomiting.

In the evening of the same day I found all the symptoms mitigated; the purging and vomiting had ceased, the pulse was raised, the surface of the body warm and perspiring, the pain around the umbilicus diminished, and the cramps were less violent, but the countenance still bore the appearance of great anxiety. The turpentine mixture to be continued every four hours.

27th.—Continues to improve; much of the anxiety of countenance had vanished, but the pain in the belly and cramps of the legs still remain, although much relieved. I desired the mixture to be taken at intervals of six hours, and ordered two grains of calomel, as the bowels had not acted.

28th.—Much better; no pain in the belly nor cramps in the legs, and does not feel sick from the turpentine, which can be easily detected in the urine, in the evacuation, which is semifluid, and in

the skin also. The patient says she smells of turpentine. Discontinued the medicine.

29th.—The patient is up, and although exceedingly weak, there is no trace of any alarming symptom remaining. The bowels have acted, and the evacuation is more healthy. A mild tonic and alterative plan of treatment was all that was necessary to restore the patient to her usual health, and she is now well.

In some observations on this case, Mr. Brown remarks: Turpentine hitherto has been employed as an auxiliary, applied externally to the abdomen, and occasionally administered as an enema, or by the mouth; but I have not observed one instance in which this remedy has been resorted to alone, and in the light of a specific in the treatment of cholera. It was with this view, however, I prescribed it, and in sufficient quantity to insure its full effect, and the result is such as to urge me to recommend a fair trial of it, as the sheet-anchor; for its power of arresting the morbid changes of the blood in this disease is without doubt in my mind.—*London Lancet*.

ON THE INTERNAL USE OF TURPENTINE OIL IN CASES OF HÆMORRHAGE. *By L. Percy, M. D.*—The author, after noticing the fact that several writers—Adair, Nichol, Johnson, Warneck, Copland, Ashwell, and Pereira—have spoken of the efficacy of the essential oil of turpentine in hæmorrhagic diseases, observes that this remedy seems nevertheless to be little used by practitioners. In the cases in which he first made trial of it, hæmaturia of two years' standing, in an old man of eighty, was stopped in twenty-four hours by eight drops of oil of turpentine, and did not return. He has since used it in different cases of hæmorrhage, and always with a favorable result. The cases in which its use is indicated are those of passive hæmorrhage. It must not be employed in cases where there is an active determination of blood, and when the pulse is full. When the discharge of blood is the consequence of organic disease, as of disease of the uterus, or of tubercular disease of the lungs, the action of the remedy is not so efficacious; but the author has seen a case of scirrhus of the womb, in which the hæmorrhage was for sometime stopped by this remedy. The author has found the action of turpentine oil very rapid, an effect being manifest in a few hours, often after one small dose. In order better to ascertain its power, he used it alone, without having recourse to local astringents or cold applications, where he could do so without fear of endangering the life of the patient. He has used it most frequently in cases of menorrhagia and epistaxis; but he mentions that it appears to him to be more particularly applicable in the cases of hæmorrhage attending typhus. He noticed the

fact that turpentine exerts different actions on the body, according as it is taken in large or small doses, being more readily absorbed in the latter case; and he remarks, that as its beneficial action in cases of hæmorrhage must depend on its being absorbed, the inference would be drawn, that the doses in which it is given in such cases ought to be small. His experience confirms this conclusion. He has always found a dose of from eight to thirty drops sufficient. The best vehicle for it is almond emulsion, with a little gum arabic. When there is pain in the abdomen, a few drops of laudanum may be added.—*London Med. Gaz.*

EFFECT OF TURPENTINE IN DIABETES.—Any remedy which can mitigate and temporarily arrest, if not cure, this troublesome malady, merits attention. A patient, aged forty-four, of a scrofulous diathesis, has been suffering from diabetes for ten months, during which period the minimum quantity of water passed daily was nearly two gallons. About six weeks since, alarming hæmoptysis appeared, (phthisis having supervened,) to relieve which I administered spirit of turpentine. With the first dose the quantity of water diminished greatly, and after she had taken two or three doses of turpentine, the urine was passed in its normal quantity, though not in its normal condition, as I could still obtain sugar by evaporation. On withdrawing the turpentine, the water again increased, and that dreadful thirst, which had been absent, returned.

As the quantity of urine passed continued in very large quantity, I again had recourse to turpentine in the form of Chio turpentine. Instantly, as by magic, the quantity of urine decreased, has remained so, and I well know, that were I to omit the turpentine for one day, two gallons and a half of water would be the result.—*London Lancet.*

IODINE AN ANTIDOTE TO THE VENOM OF THE RATTLE-SNAKE.
By James Whitmire, M. D., of Metamora, Ill.—I wish to say to the profession, through the Northwestern Medical and Surgical Journal, that I believe iodine to be an antidote to the virus of the rattle-snake, and, in fact, the whole tribe of serpents.

My opinion, as to the antidotal property of iodine, has been confirmed by many cases that I could give from my case-book, in which I used the tinct. of iodine alone, with the effect of putting an entire stop to the swelling and pain, in from twelve to sixteen hours. I have used it in bites of the rattle-snake, viper, and copper-head, on both man and beast, with complete success. My manner of using it is to paint the part that is bitten, and as far as

the swelling extends, with three or four coats of tinct. (pharmaceutical strength) twice daily; and should the swelling extend, which it almost always does after the first application, if made any time soon after the infliction of the wound, I follow it up with paint. By the time the third application is made, the tumefaction will cease to extend, and three or four more applications will generally restore the limb, or part affected, to its natural state, save perhaps an obtuse sensibility to the touch, owing perhaps to the cuticle being destroyed, and some soreness of the muscles, which will remain a longer or shorter period.

A short history of my first acquaintance with this article may not be uninteresting to some of my readers. In June, 1846, I was reading a little work, by Dr. Guthrie, on the use of iodine in enlargements of the joints, goitre, &c., where its remedial effects were ascribed to its tonic effect upon the capillary and lymphatic vessels of the part. During this time, a lad rode up to my office door, and said that his brother had been bitten by a rattle-snake, and wished me to see him immediately. I had just entered upon the duties of my profession, and, as a matter of course, to use a vulgar phrase, was stumped to know what to do for the boy. I had seen several cases of the kind, and some of them very troublesome ones, too, in which there had been used everything that had ever been recommended, both by the profession and the old ladies. So that it was doubtful in my mind whether there was any remedy known that could be depended upon. I was satisfied that the immediate effect of the virus was a suddenly diffused, low grade of inflammation in the part in which it was injected, speedily extending its ravages until the whole system became a prey to its morbid influence, at which time fever, parched tongue, delirium, &c., followed in the train. The immediate contact of the virus with the capillary and lymphatic vessels of the part is no doubt the cause of the tumefaction that immediately comes on, the virus destroying natural tone. Either the above is true, or the swelling is produced upon the principle of *ubi irritatio ibi fluxus*. This process of reasoning led me to a trial of the tinct. of iodine. In about two hours from the time the boy was bitten, I saw him. He had received the wound about midway between the internal malleolus and the inferior portion of the os calcis; and the swelling had already extended to within three inches of the knee. There was severe pain in the part, nausea, and occasional vomiting. I proceeded to paint the foot and leg as high as the knee with four coats of the tinct. of iodine, and directed four more coats to begin at bed-time, and repeated in the morning. If the swelling extended above the knee, it was to be followed up with the paint. I then gave my patient a dose of Hoffman's anodyne, and a pretty active dose of epsom salts, with directions to leave the leg uncovered the whole time, and took my leave. The next day the boy came to town, on

horseback, to see me. The swelling had ceased to extend about twelve o'clock in the night, and at this time had decreased very considerably. In three or four days, he experienced no inconvenience from the bite, and went about his ordinary occupation.

Since that time, I have had numerous cases of the same kind, all of which have terminated equally well under the same treatment. It is my opinion, therefore, that the iodine, being absorbed, comes in contact with the virus, and neutralizes it, at the same time, giving tone to the engorged capillaries of the part, enabling them to empty themselves of their engorgement. And, if the wound has been inflicted so long that there is effused serum in the cellular tissue, from debility of the vessels, the tinct. of iodine is none the less applicable, as it will speedily promote its absorption.—*Northwestern Med. and Surg. Jour.*

ANIMAL CHARCOAL AS AN ANTIDOTE. *By B. H. Rand, M. D., of Phil.*—As the result of many careful and able experiments, Dr. R. thinks that “we are perhaps justified in drawing, from the present state of our knowledge on this subject, the following conclusions:

“1st. That animal charcoal has the power of withdrawing, when used at a proper temperature and in sufficient quantity, most, if not all, known vegetable and animal poisonous principles, and certain mineral poisons from their solutions.

“2d. That, given at the same time with, or shortly after these poisons have been swallowed, it prevents their deleterious action.

“3d. That, given in cases of poisoning, it can exert no injurious influence, but, on the other hand, promotes vomiting, entangles the poison, and protects the coats of the stomach against it.

“4th. That, although it cannot be substituted for the usual antidotes in poisoning by mineral substances, yet it may be usefully employed in conjunction with them or in their absence.”—*Examiner, September.*

COFFEE AS A DISINFECTING AGENT. *By F. Weber.*—Coffee is one of the most powerful means not only of rendering animal and vegetable effluvia innocuous, but of actually destroying them. A room in which meat, in an advanced degree of decomposition, had been kept for some time, was instantly deprived of all smell on an open coffee roaster being carried through it, containing a pound of coffee newly roasted. In another room, exposed to the effluvia occasioned by the clearing out of a dung pit, so that sulphuretted hydrogen and ammonia in great quantity could be chemically detected, the stench was completely removed within half a minute,

on the employment of three ounces of fresh roasted coffee; whilst the other parts of the house were permanently cleared of the same smell by being traversed with the coffee roaster, although the cleansing of the dung-pit lasted for several hours longer. Even the smell of musk and castoreum, which cannot be overpowered by any other substance, is completely dispelled by the fumes of coffee; and the same applies to the odor of assafoetida. It was remarked, however, that, in general, animal effluvia are more readily affected by it than vegetable.

That here an actual neutralization, and not a mere envelopment of matter takes place, is shown from this—that the first fumes of the coffee are imperceptible, and continue so until a point of saturation, so to speak, is reached, whereupon the obnoxious smell disappears, and that of coffee predominates. The reverse happens with other aromatic vapors, and even with acetic acid and chlorine. Here both coexist until the one completely preponderates. The simplest form in which to use it against contagious matter is in powder. The well-dried bean is to be pounded in a mortar, and to be strewed over a moderately-heated iron plate, until the powder assumes a dark-brown tint. Caffeic acid, and the empyreumatic coffee-oil, act more readily in very minute quantity.—*Med. Gaz.*, Jan. 21, 1848, p. 129.

A NEW AND CHEAP DEODORISER.—This deodoriser, discovered by Mr. Young, of Manchester, who has not patented it, is a waste product from the manufacture of chlorine. It consists principally of a solution of chloride of manganese with a variable quantity of chloride of iron, and generally a little hydrochloric acid and free chlorine. It is produced in large quantities; one house throws away thirty-six tons of the solution daily, and the total quantity is believed to exceed a hundred and fifty tons a day, not any of which is at present usefully employed. Experiments have been made, which have satisfied Mr. Young that this solution has in a high degree the property of preventing decomposition in organic matter; cesspools and other places giving out the most offensive odor, have been immediately sweetened by it. The immediate effect of adding this substance to offensive matter is the conversion of the hydrosulphuret of ammonia, which is the most offensive of the gases of decomposition, into the sulphuret of manganese and muriate of ammonia, or, as it is sometimes called, chloride of ammonia. The latter is a valuable manure, and the former, though of less value, is not injurious to vegetation. Manganese, like iron, possesses no acid metallic qualities, and is, like it, used by nature as a food for plants.—*Health of Towns Magazine*.

ON THE TREATMENT OF REMITTENT AND INTERMITTENT FEVERS IN THE WEST INDIES.

I.—*Circular Memorandum relative to the Treatment of Remittent and Intermittent Fever. Addressed to the Army Medical Officers under his Command, by J. Davy, M. D., Inspector-General of Hospital, Barbadoes.*

[Our readers will probably recollect the valuable suggestions of Dr. I. G. Jones, of Columbus, at our National Eclectic Medical Convention on the subject of the use of *quinine and prussiate of iron* in intermittent and remittent fevers. The following article from Dr. Davy is interesting as a further illustration of the views of Dr. Jones.—B.]

In a memorandum of the 12th of July, 1847, I brought to the notice of the medical officers in this command the method of treating remittent fever adopted by the civil practitioners in British Guiana, and tried, with apparent marked success, by second class staff-surgeon Connell, both in that district and in Grenada. During the quarter terminating on the 30th of September, a pretty extensive use of this peculiar method has been made in our hospitals, the results of which are so well marked that it appears advisable to communicate them.

Thus it appears that of the hundred and sixty-five cases which have been treated in our hospitals, returned as remittent fever, two only have proved fatal. Of these two, one occurred in Berbice, in the person of an artillery-man; one in St. Vincent, in a man of the 3d West India regiment; and I am inclined to the inference that neither was strictly an example of the true remittent; and this apart from other considerations, from the appearance observed in the post-mortem examination. In the first case, lymph was found on the surface of the brain, and at its base; small cavities, filled with grumous matter, in one lung, and the hepatic duct obstructed by lymph: in the second, decided indications of peritoneal inflammation, with perforation of intestine from a penetrating ulcer in the lower portion of the ileum were present.

If, then, these two cases be omitted from the total of those of remittent fever, we have a hundred and sixty-three that have been treated—the whole without a single death—which is certainly a very gratifying and remarkable result, considering that this disease is one of the most fatal our troops have to encounter in the West Indies; that the success is not confined to one station; and that in British Guiana, where it is so strongly marked, the Portuguese immigrants, few of whom have had the same advantages as to treatment as our soldiers, have died, when attacked by this dis-

ease, in large numbers; and they have also, I am informed, in Dominica and in Antigua.

In each station in which remittent fever has occurred, quinine, used so as to produce "cinchonism," appears to have been relied on, and is the chief remedial means employed. In Demerara, it has been commonly used without calomel, but aided by aperients, and when there has been irritability of the stomach, by a small dose of the solution of muriate of morphia, (fifteen drops,) with a blister to the epigastrium. Staff-Surgeon Millar, principal medical officer in British Guiana, in his "Quarterly Report," (which I would recommend to the attention of medical officers, when they have an opportunity to read it,) states: "It requires, on an average, from twenty-five to thirty-five grains of the sulphate of quinine to saturate the system; (that is, to produce cinchonism;) but this quantity must be given within the space of a few hours—four or five grains every hour, in solution, have been found sufficient, in a few hours, to effect it. If small doses are only given at long intervals, it will have no perceptible effect, long after the quantity mentioned has been given, and will, in all probability, prove so much valuable medicine thrown away. When dullness of hearing and ringing in the ears come on, no more of the medicine need be given; the patient will then be found in a state of apyrexia, and the transition complete and striking."

Assistant-Surgeon Dr. Concarron, who had charge of a party of convalescents from remittent fever at Mahaica, sent from George Town, the men of which were peculiarly liable to intermittent fever, found that this disease was also most successfully treated by the production of "cinchonism." He gave a trial to the hydriodate of potash, but witnessed no satisfactory effect from it in restoring the health of the patients.

Staff-Surgeon Richardson, the principal medical officer in St. Kitt's, in the treatment of the cases of remittent fever which came under his care, the symptoms of which were in some respects peculiar, and different from those of the endemic disease in British Guiana, employed calomel and quinine combined, till they had produced their specific effects. In two cases of officers of temperate habits, he was obliged to use stimulants as well, such as brandy, the exhaustion was so great. In the cases of the men treated in the hospital, some of them of intemperate habits, the use of such stimulants was not necessary; during their convalescence he prescribed even no wine, trusting to medical stimulants only.

The subject of diet, always important in connection with hospital treatment, was particularly so during the period of convalescence from remittent fever. In some of our hospitals, wine and beer are rather largely given to the convalescents; in others not, as in St. Kitt's, in the instance mentioned at Mahaica, and without apparent disadvantage. Apart from economy, the consideration is,

which is most for the benefit of the patient, the use or disuse of these stimulants. In a document with which I have been favored by Dr. Blair, of George Town, Demerara, who has had vast experience in the treatment of remittent fever, writing on the point of diet, he remarks: "The dieting of convalescents from remittent and intermittent must have reference to the previous habit of the patient, and most of all to the presence or absence of anæmia. When there is no anæmia, and intemperate habits, vinous stimulants are unnecessary; but when there is a deficiency of red color in the membranes, fresh animal food and alcoholic drinks are necessary for the restoration to perfect health. Malt liquor is, in most cases, preferable to wine. Brandy, largely diluted, will occasionally answer best. Heated palms or restlessness, or discomfort, will require a disuse, or a larger dilution of the stimulant."

I have been favored by another document from this gentleman, relative to the peculiar effects of quinine, a copy of which (having his permission most liberally given to use it as I think proper) is appended to this memorandum, and to which I beg to direct the most careful attention of medical officers: it contains the results of long experience, and relates to diseases of vast importance, in regard to the lives and efficiency of the troops; and should the results be confirmed—should remittent fever be in future as little, or nearly as little, fatal as it has been during the last quarter, treated by the specific under consideration, a vast advantage will be attained.

In conclusion, I have to request that in giving their attention to this memorandum, and to the copy of the paper of Dr. Blair which accompanies it, medical officers will be pleased to keep in mind, that both are submitted to them for consideration, to exercise their reflection and judgment upon, and with the intent that they may prove helps to the establishment of a successful mode of treatment of the formidable diseases to which they relate.

[Signed]

J. DAVY,
Inspector-General of Hospitals.

II.—*On the Employment of Quinine in West India Fevers.*—When quinine is taken by an adult, to the extent of thirty or forty grains, it produces certain cerebral symptoms, the constituents of which are a ringing noise in the ears, and more or less deafness.

This set of symptoms, where there is no idiosyncrasy, indicates the saturation of the system by the medicine, as pytalism does mercury, and may be conveniently known by the name of *cinchonism*.

Rare instances occur, in which hyper-cinchonism is induced by

a very few grains of quinine, accompanied by many nervous symptoms, and formication so severe as to proscribe the use of the remedy. In some—and this may occur in cases which had hitherto been normal—cinchonism has not been induced till after the administration of seventy-two grains of quinine.

Cinchonism is not peculiar to quinine: by other vegetable febrifuges, such as salicine, augustura bark, and biberine, cinchonism can be induced, but not with the same certainty as by quinine, neither in the same uniform series of phenomena, neither with the same harmlessness.

Cinchonism seldom lasts longer than twenty-four hours, except in some cases of anæmia, in which the writer has known it continue upwards of a week.

Quinine has been prescribed by the writer to patients of both sexes and all ages, and where ascertainable, almost invariably to cinchonism, during thirteen years, and probably to the extent of several thousand ounces of the sulphate; and during that time he has seen no case of danger from its effects, with the exception of three or four cases of imputed abortion.

To many the muffled ears of cinchonism is not even disagreeable. Cinchonism is capable of superseding and suppressing that excited condition of the circulation and animal heat known as fever, except when depending on anæmia, as symptomatic of inflammation, or its effects.

Quinine is purely a febrifuge: instead of being a tonic or stomachic, it generally induces anorexia, and a relaxed or macerated state of the skin, some tremulousness, and in many cases slight aphonia.

As a febrifuge, the full efficacy of quinine is seldom obtained, unless pushed to cinchonism. Cinchonism is, therefore, the test and criterion in practice of the full and sufficient use of quinine. It is probable that the protective influence of quinine against fever seldom lasts longer than the manifestation of cinchonism. The ordinary headache of fever does not contra-indicate the use of quinine.

The power of quinine seems to be to cut off the connection between local irritation and constitutional excitement, to disturb and break the series of morbid elaborations set up in some specific fevers, which terminate, for the most part, in contamination of the blood and loss of vital cohesion of the capillaries. In intermittent fever it is antidotal.

Quinine is of little efficacy in intermittent fever, when exhibited during the paroxysm.

Quinine is of no efficacy in the last stages of continued or remittent fever, where the vascular and thermal excitement have been succeeded by organic lesion or contamination of the blood. It should be given, as is well known, in the intermission of intermit-

tent fever, and in the formative, or in the first stage of continued remittent or yellow fever.

The use of quinine against relapses of intermittent fever, whether the disease has been primary or secondary, is one of its most valuable applications.

In using quinine against the paroxysms of intermittent fever, hourly doses of three grains, till twelve doses be given, is the best mode of saturating the system with the remedy. If, however, the disease be a quotidian, with short intermission, six-grain doses hourly, till six doses be given, will be judicious practice.

In the other fevers where quinine is eligible, and the remedy is prescribed during the existence of febrile excitement, the dose, to be efficacious, must be large, and the impression on the disease sudden and overwhelming.

An auxiliary, too, is also required in such cases; twenty-four grains of quinine and twenty grains of calomel, in one dose, is the most powerful resolvent of fever. One or two such doses, with an interval of six hours, and followed by a castor-oil purgative, are generally sufficient; but I have prescribed six such doses with efficacy, and I recollect no instance of pytalism occurring when this treatment was required and adopted, and sometimes there is but mild cinchonism. An intolerance of quinine, or early and intense cinchonism in such cases, is one of the worst prognostics.

In the treatment of simple intermittent fever, or its relapses, calomel is rarely, if ever, prescribed by the writer. Sulphate and carbonate of magnesia mixture, or sulphate of magnesia and tartrate of antimony mixture, as a purgative during the hot stage, (if needed,) or fifteen drops of solution of acetate of morphine, with a drachm of sweet spirits of nitre, if there is much suffering from muscular pains, headache, or emesis and retching, will speedily relieve the paroxysm; and followed by quinine, in combination with purgative doses of rhubarb, will fulfil all the indications for the intermission.

But when a European or North American, probably not long from a cold climate, and during the prevalence of malignant disease, is attacked by fever, and shows to the quick and practised eye alarming indications, no fear of the injurious after-effects of the mercurial will have weight to withhold the resolvent dose of calomel and quinine. In cases threatening danger to life only need it be used, and I know of no instance wherein the slightest untoward result has been experienced from its use.

The combination of quinine with tartar-emetic in pneumonic and bronchitic complications of intermittent is eminently successful. The forces which disturb the remedial power of quinine in fever are chiefly inflammatory and congestive complications, or a loaded condition of the alimentary canal. These must be obviated by appropriate treatment, and the disease rendered as simple

or idiopathic as possible, concurrent with the use of quinine. Thus arteriotomy may frequently be required in continued, remittent, or yellow fever; and in intermittent, with tenderness over spleen, a blister may be required, as an auxiliary to cinchonism.

There is a form of continued, or irregular remittent fever, occurring chiefly in children, or adolescents, in which generally no local cause can be discovered, but which is often imputed to worms; but give what anthelmintics you will, no worms may be passed; hence they are popularly called "stubborn worms." This fever may continue for a week or a fortnight without any contamination of the blood or loss of vital adhesion, and probably depends on intestinal irritation. Danger in these cases chiefly arises from the supervention of some lesion, induced by the long continued and excessive heat and violent action of the heart, or sympathetic irritation of the brain. In these cases I use quinine, with immediate and signal efficacy, in the following manner:

The patient is put into a bath, and the cold affusion is applied till the pulse becomes small, and nearly extinct, at the wrist, and the skin cold. He then, while in the bath, gets his dose of quinine, (two or three grains,) and is returned to bed without being dried. The bath and the dose of quinine are continued hourly, as long as the skin persists warm, when the hourly dose of quinine is due. After five or six baths the skin generally becomes permanently cool, and then the quinine is pushed on to cinchonism, alone, and without the bath. This mode of making an intermission in a continued fever I have never found attended with unpleasant or dangerous consequences, and it will generally subdue the fever after every other method has been tried in vain.

In fever of doubtful origin, and where latent inflammation is suspected, I have frequently used a small cantharides blister as a test, in fact, I never like to pass the blistered surface of a patient without inspecting it, its revelations are often so interesting and important. If, instead of the usual vesication of thin serum and cuticle, the vesication is a bladder of fibrinous coagulum, or suety in consistence, inflammatory action is going on, probably in the neighborhood of the part, and tartar-emetic, and such-like combinations are indicated.

Relapses in intermittents have their determinate periods, the day from the last attack being generally some multiple of *seven*.

The usual day of relapse among the acclimatized of this colony is the fourteenth or twenty-eighth.

After one or two relapses, the law of each individual case can be ascertained by each patient.

The prophylactic which I have adopted with great success, and in my own person first, many years ago, is as follows:

Two days before the anticipated relapse, three grains of quinine,

to be taken thrice daily for four days; after a similar relapse interval, the quinine to be again taken in the same manner; and so on, repeated three or four times successively. The disease is eradicated completely by thus baffling the relapse.—*London Lancet*.

[THE value of alkaline and saline treatment in diseases of inflammatory or fibrinous diathesis has long been illustrated in the Eclectic practice. In our lectures upon the Institutes of Medicine, we have shown the *rationale* of this practice, as illustrated by Andral's analysis of the blood in various diseases. The American Eclectic school of practice has long taken precedence in the extensive application of alkaline remedies. The following article shows that similar ideas are making progress among Old school practitioners.—B.]

ROYAL MEDICAL AND CHIRURGICAL SOCIETY. November 14, 1848, J. M. Arnott, Esq., F. R. S., President.—The Society commenced its meetings for the session this evening. The library was unusually crowded.

On the employment of Nitrate of Potash in Acute Rheumatism; with Suggestions for the Use of Saline Solutions as External Applications in Local Rheumatic Inflammation, by W. R. Basham, Physician to Westminster Hospital.

The author takes, as the basis of his essay, the following facts: 1st. That in acute rheumatism, as in other inflammatory diseases, the most important changes in the composition of the blood are the increased quantity of the fibrine, and the deficiency of the saline ingredients; 2d. That where this state of the blood exists, there is a special disposition to the deposit of fibrine, and the formation of adventitious tissues; while in diseases in which the fibrine is deficient, and the salts in excess in the blood, the blood does not coagulate, and hæmorrhages of a passive character occur; and 3d. That although, as his own experiments have satisfied him, saline solutions have not the power of dissolving coagulated fibrine, yet certain salts in solution, mixed with the blood at the moment of its escape from the body, possess the property of suspending or retarding the separation of the fibrine. He next inquires whether any therapeutic principle can be derived from these facts, and proposes the question, whether saline remedies, largely employed, may not suppress the tendency to the fibrinous exudation, or retard it, so as to give time for other remedies to diminish the proportion of fibrine present in the blood. With reference to this question, he alludes to the observations of several physicians on the use of

nitrate of potash in acute rheumatism, and details his own experience of its effects. He gives one, two, or three ounces of nitrate of potash, largely diluted, (in two quarts of water,) in the twenty-four hours. In the majority of cases no obvious effect is produced on the force or frequency of the pulse, the digestive functions, or the quantity of urine exuded. But the urine always acquires a high specific gravity, and nitrate of potass may be detected in it. The swelling, heat, and pain of the joints affected with rheumatism are relieved in a most marked degree, even when no other remedies are employed at the same time. There is a certain amount of exemption from cardiac complication; and cardiac inflammation, when present, is more amenable to remedies. In a case which the author relates, he examined the blood of the patient before the commencement of the saline treatment, and again after this treatment had been continued for some days. In the first instance it was buffed and cupped, the fibrine was in excess, and the salts were deficient. After the administration of the nitre, there was no buffy coat, the proportion of fibrine had diminished, and that of the salts greatly increased. The author presumes, therefore, that while the internal use of the nitrate of potass assisted to restore the proportion of the saline constituents, the other treatment employed tended to lessen the excess of fibrine. Some remarks of Mr. Gulliver have led the author to investigate the effects of the external application of saline matters to parts affected with rheumatism. His experiments have been principally made with nitrate of potass. In chronic rheumatism he has used the iodide of potassium, and in gout the bibasic phosphate of soda. He applies the saline substance by means of the spongiopiline, a portion of which, large enough to envelop the part affected, having been moistened with water, the salt employed is sprinkled in powder freely on the spongy surface; it is then applied to the part, and secured with a roller. In numberless instances, by this simple treatment, he has witnessed the most palpable and instant relief to the local inflammation. Constitutional remedies were employed at the same time, but the relief was proved to be due to the saline applications, by the fact, that where several joints were affected, only those were relieved to which the salt was applied. At the end of the paper, the author gives an abstract of seventy-nine cases of acute rheumatism, showing the results of treatment, and other particulars.

Dr. HENRY BENNET had witnessed the results of a similar mode of treatment to that practiced by Dr. Basham, in Paris, in 1837, and subsequently. In that year, M. Gendrin had instituted a series of experiments with the nitrate of potash, in acute rheumatism. He gave it in doses varying from six to twelve drachms. He had seen this treatment adopted in about as many cases as were recorded in the paper before them, and with the same

result. It was found to be a safe, powerful, and energetic remedy. In the experiments of M. Gendrin, no other medicine was given, not even aperients. The result of the treatment was generally successful, but in every tenth or twelfth case it was found necessary to resort to the old remedies, bleeding, calomel, opium, &c. It was noticed, also, that patients treated with the nitrate of potash were unusually free from cardiac disease, more so, indeed, than when any other kind of treatment was adopted. Another noticeable circumstance connected with this mode of treatment was, that patients recovered more rapidly from the disease than when any other plan was pursued. This was most important, particularly in Paris, where bleeding was often resorted to, to a considerable extent, and patients were consequently kept months, and even years, in a weakly condition. He has never seen any injurious effects from the large doses given. This, no doubt, was owing to the large quantity of fluid in which the medicine was dissolved. In all cases of poisoning by this agent, recorded in works on medical jurisprudence, the quantity of fluid used was small. He (Dr. Bennet) had recorded some cases treated by this medicine, in the *Lancet* of 1845. The plan pursued was perfectly original, and the originality was due to Dr. Basham. In slight rheumatic cases, in which there was little febrile action, this treatment was most beneficial, the patients recovering in four or five days.

Dr. C. J. B. Williams inquired the number of days that it required to give relief to the acute symptoms in rheumatic fever.

Dr. Basham said, that in only two cases had he treated the disease by nitrate of potash alone. The acute inflammatory symptoms usually give way on the third or fourth day; and it was important to state, that in no one case treated by the nitrate of potash had there been any relapse. This was a strong recommendation of the value of the treatment, when we recollected how common relapses were when the other modes of treatment were employed. In the first instance, he had given as much as four ounces of the salt in the twenty-four hours; but he had now reduced the quantity to one or two ounces in that period. A great quantity of the salt escaped by the urine, the quantity of which was not much increased, but its specific gravity was a great deal higher, averaging between 1030 and 1040. This increase in the specific gravity he considered was due to the potash.

Dr. C. J. B. Williams did not think this increase in the specific gravity of the urine was due to the nitrate of potash; but regarded it as the result of the elimination of urea and the salts of lithic acid from the system. This, or an increase in the quantity of the urine, was a circumstance which obtained when elimination was treated by other remedies. The result of his own experience by another treatment, that by salines and colchicum, with blood-letting, when necessary, was, that convalescence usually took place

from the third to the sixth day, and a cure was effected in from two to three weeks, according to the severity of the cases. Feeling doubtful, at one time, as to the relative effects of the salines and colchicum on the disease, he determined to treat some cases entirely by the former, and with this view, gave in sub-acute rheumatism the carbonate and tartrate of soda freely every two or three hours, until four or five drachms were given in the day. These remedies mitigated the pain and fever, but the rheumatism continued, although the salines were unremittingly persevered in for ten or twelve days. Colchicum was then added, and in three days the pain was gone, the specific gravity of the urine becoming, at the same time, much higher, from the presence of urea and the lithates. It was remarkable, too, that the urine often retained its acid property, even in cases where the perspiration was acid.

MEMORIAL,

OF THE ECLECTIC MEDICAL SOCIETY OF CINCINNATI, TO THE
LEGISLATURE OF OHIO.

YOUR Memorialists would very respectfully represent that the Commercial Hospital of Cincinnati is a public institution, founded by the State. In all public institutions the people have equal rights. If a law were passed that all public buildings, court-houses, schools, &c., should be accessible only to Protestants, and that Catholics should be excluded; or that Presbyterians, or any other denomination, should have the exclusive privilege of entering upon and purchasing the public lands, any such law would rouse such a tumult of indignation, that it could not be enforced. Yet, a law similar in its effects now exists. All who do not believe in the old fashioned system of medicine, are excluded from their rights in a state institution. If they are poor and wish to enter it as patients, they are not allowed to receive the *gratuitous assistance* of medical friends in whom they have confidence, but are compelled to submit to an unsafe system of practice, under which more than one-sixth of all who enter the hospital actually die, according to the last report of the township trustees! Certainly, justice demands that the patient should be allowed to have charitable assistance from those in whom he has confidence, and from those who, it is well known, have never allowed so great a mortality to occur in their practice, under any circumstances, as has

occurred in the Commercial Hospital, according to the report of its physicians.

Many are compelled to languish under inadequate private charity, because they cannot bring themselves to submit to treatment from which there are so many ruined constitutions—so many premature deaths.

A still more unwarrantable monopoly exists in regard to the medical management of the hospital. Clinical lectures are delivered in the lecture room by medical professors, for the benefit of medical students. The Faculty of the old Medical College of Ohio, who have no peculiar claims to such distinction, and whose system of medical practice has been attended by such disastrous mortality, claim the exclusive privilege of delivering these clinical lectures, and, also, of shutting out from the hospital all students who will not enter their school and pay for instruction in what they deem to be a false system of practice. A large revenue would arise from the hospital fees of students for the benefit of the hospital or of medical science, but these professors (having entered into a combination to put down and disgrace all who do not receive their medical doctrines), refuse to allow any students but those of their own party, to attend the hospital, and thus rob that institution of an amount which, for the past year, would have been about fifteen hundred dollars. Thus is the public interest robbed to gratify private vanity and malice, and thus are the high spirited young freemen of our country deprived of public opportunities of education, and made to feel that they must pay a penalty and suffer an insulting distinction, if they dare to think and act independently in their chosen profession.

To excuse this scandalous and oppressive monopoly, a document, concocted, we presume, by the interested parties, but signed by the three township trustees, advances many deceptive representations. They object to the application of such terms as '*corrupt monopoly*' to the oppressive monopoly of the hospital, but we find no such terms in the petitions which we have seen. Yet, if we examine this monopoly in detail, we cannot escape the conclusion that it is really a *corrupt combination*, in defiance of the people's will and in disregard of the public good.

1. They refer to the multitudinous petitions of the people of Ohio to the Legislature, for a change in the medical government of the hospital, as a "mere deception," signed by persons "ignorant" of what they were asking for, and supposing that the petitions did not specially refer to the Commercial Hospital of Cincinnati. The truth is, that every petition of which we have any knowledge, had especial reference to the Commercial Hospital of Cincinnati, having a full statement of the object aimed at and the nature of the monopoly in that institution printed adjacent to the petition, on the same sheet. The whole subject

was publicly and privately explained, in the amplest manner, on many occasions, and the petitioners had a much better understanding of the object to be attained, than those gentlemen have shown in their report.

2. They claim that the hospital, as a local institution, should be governed by the will of the *trustees of the township*, as the proper organs of public sentiment, and that the Legislature should not make any change contrary to their wishes. In this assertion there is a *threefold deception*. In the first place, *the township trustees have nothing to do with the matter*. The medical attendance upon the hospital was prescribed by the Legislature alone. It is solely in consequence of a legislative act that the Ohio Medical College Faculty are the physicians of the hospital; and when that act is repealed, their connection ceases. The township trustees do not select the physicians—they have no such power—they have no control over the medical management of the hospital—that belongs to the Ohio Medical College, or to any other college or colleges which the Legislature may select. In this rivalry of colleges contending for the post of honor, the township trustees have nothing to do with the question. They have been thrust forward as the volunteer advocates of the Old School, with which they have formed an alliance. They have put their names to an unfair and deceptive statement of the question, and, in short, they have acted throughout as the catspaw of the professors of the Ohio Medical College.

Having set aside the impudent claim of the township trustees, to be consulted in a matter over which they have no authority, and over which the Legislature has always exercised *the sole authority*, what becomes of their plea that the hospital is a *local institution*? The inference they might establish is, that it should be managed in accordance with the wishes of the *people of the township*! And what do the people of the township demand? They demand, by an overwhelming majority, a change in the law! More than ten thousand citizens out of a population containing less than twelve thousand voters, have demanded, by petition, that the bill to divide the hospital shall become a law. Hence, if it is a local institution, we demand the change, as the people will it; and if it is a public institution, affecting the interests of the whole state and the inhabitants of the valley of the Mississippi, we point to the multitude of petitioners throughout Ohio who ask the change, and ask *that the people's will be obeyed*. An overwhelming majority of the people of the state are ready to sanction this act of justice.

3. It is claimed by the trustees that, as the greater part of the funds of the hospital is not derived from the Legislature, the Legislature should not presume to exercise any control. Another attempt at deception! The Legislature does not propose in

the bill passed by the House, to assume any other control over the hospital than is already exercised by them in selecting its medical attendants.

The trustees had not objected to the authority now exercised by the Legislature in giving the Faculty of the Old School an arbitrary control, until it appeared that other parties may come in to assist in performing the duties now assigned to the Old School, when forthwith they complain that their rights are violated by change, and that the Legislature transcends its just powers, merely because it exercises the same appointing power in favor of other candidates, whom they wish to exclude. While thus endeavoring to oppose the legislative power, they rise to the third heaven of impudence, in demanding that the Legislature shall yield the unquestionable power which it has exercised ever since the establishment of the hospital, out of deference to the three respectable gentlemen who wield the high and mighty function of appointing "A steward, matron, and such other servants as may be deemed necessary," "except the appointment of apothecary or house-surgeon."

4. They attempt to depreciate the rights of the legislature, and exalt their own importance by an unfair statement of the financial relations of the hospital. They say, that the State only gave originally ten thousand dollars of depreciated bank paper to the hospital, and has since contributed only the half of the tax on auction sales, amounting, during the past year, to four thousand three hundred and eighty-one dollars, "*also, that Hamilton County has no direct interest in the management of the hospital, nor in defraying its expenses.*" The hospital expenses, they say, for the past year, were "not less than twenty thousand dollars," and they endeavor to leave the impression on the mind, that all of this twenty thousand dollars, excepting four thousand three hundred and eighty-one dollars from the State, was raised "by a tax derived from the people of Cincinnati Township." Now, the last financial report (March 6, 1848) of these trustees, exhibits the incorrectness of this representation to the Legislature. It shows, it is true, four thousand three hundred and eighty-one dollars, derived from the auction tax, but it also shows four thousand eight hundred and fifty-nine dollars and eighty-seven cents derived from HAMILTON COUNTY, for the support of Lunatics; one thousand and twenty-five dollars and fifty cents, from the United States Surveyor of the port, for keeping boatmen; two thousand one hundred and eighty-four dollars and seventy-seven cents, from sundry persons for keeping lunatics, &c.—with one thousand and eighteen dollars, for keeping paupers and lunatics from several other counties and townships, making an aggregate of \$12,469.81 supplied by the state, United States, Hamilton and other counties, and other townships, &c. All the various expenses of

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the hospital (exclusive of building repairs), amount to \$23,603.40, and as upward of thirteen thousand dollars is contributed by the State, United States, &c., it appears that only \$10,133.59 is the deficiency, supplied by the township. But, as the trustees have unsettled accounts against Hamilton County, six townships, and a number of individuals, to the amount of three thousand one hundred and forty-eight dollars and eighty-six cents, for keeping lunatics, paupers, &c., these accounts when paid will reduce the township expense to \$6,984.73, or less than one-third of the whole amount!

From which facts, disguised and mystified in their report, the trustees arrive at the conclusion that the township alone is interested in the hospital, and that the legislature might "with as much propriety, claim control over other benevolent institutions in our city as over the Commercial Hospital" !!!

The amount contributed by the township, we find, is less than one-third of the whole expenses of the hospital, and this amount of \$6,984.73, is less than the amount of benefit, from the hospital to the township. The number of resident *paupers of the township*, reported as remaining in the hospital (January 1, 1849), is two hundred and three. These are supported by the hospital funds, and if we estimate their expense at only one dollar a week (although strangers are charged two dollars a week), it amounts to $52 \times 203 = \$10,556$ per annum, *expended by the hospital to support the paupers of the township*, while the township really contributes only \$6,984.73 toward the support of its own poor in the hospital. How utterly false is the pretense that the township supports the hospital, when in reality the township makes a clear profit of at least three thousand dollars a year, by its connection with the hospital! How very honorable are the means to which the Hospital Faculty resort, to deceive the public on this subject, and to fabricate a claim, which is purely fictitious. But if the township did support the hospital, which it does not, surely the will of the people of the township should be obeyed as to the selection of medical attendance.

5. Continuing the same deceptive representations, the trustees affirm that the changes prayed for "would be in violation of A CONTRACT SOLEMNLY ENACTED between the Medical College of Ohio and the Commercial Hospital" !!!!

Who ever heard of such a contract before? When was it made and where? Who were the contracting parties? Echo but answers who! and when! and where! The whole is a fiction—a desperate piece of romance. There were no parties empowered to make such a contract. The Medical College of Ohio is not employed by contract with the trustees, but acts in virtue of a legislative enactment which gives it the control of the hospital, medically, without asking or bargaining with anybody.

This whole story shows the desperate position to which the monopolists are driven to defend themselves.

6. Another desperate resort is their suggestion, that although the Legislature contributed to build the hospital, it was not expected that they "would claim the right to exercise control over the students"!! This is sheer nonsense and deception. The bill in question and the petitions, have no reference whatever to controlling students, excepting in the provision for keeping order in the lecture-room by the expulsion of those who disturb the peace.

7. But the most unwarrantable and really hypocritical argument which they have used, is this, that "any one of these changes would require new arrangements, of various kinds, and thereby the expenses of the hospital would be greatly increased"!! O just and economical philanthropists! To admit three hundred more students, paying \$1500 per annum, must greatly increase the expenses—but to exclude them and lose the \$1500, will greatly promote the public good and teach the daring young reformers a proper respect for Old School medicine! It is not true, that the lecture-room is crowded, as they pretend; nor is it true, that they would have any difficulty in making room for classes of any size, with such an increased income. The services of the Faculties produce no expense, as they are given gratuitously, and the house physicians' salaries (a small amount) will be paid by the students' fees. These matters were known, as they had the bill before this deceptive document was concocted, which though dated January 1, was held back about a month, to escape criticism, and to carry with it this deceptive and unfair argument of the Old School faculty. O smoothfaced hypocrisy, which talks of economy, and—robs the treasury of \$1500 per annum!!

8. How kindly do they love to protect the poor, as well as the treasury! They fear that too much lecturing would injure the health of patients, and that doctors' quarrels would disturb the dying. They conceal the fact that lectures are delivered in a lecture-room, and not among the sick—that the different faculties are not to lecture on the same day, nor to examine the same patients, at any time, and that the classes are not to be introduced in any considerable number to the presence of the sick, in any case.

9. Yet with all their kind sympathies, they object to giving the poor victims of disease any choice of their fate; they regard it as presumptuous for the patient to ask for different medical treatment, when the faculty of the Ohio Medical College insist, that although they allow one in six of all the patients to die, such barbarous practice is the very best that can be introduced. How presumptuous to demand that other methods of practice, which have but about a third or fourth as great fatality, should be introduced.

10. They object that the proposed change will do no good and only breed disturbance. If clinical instruction is of any value to the minority of the medical students, surely, it is of equal value to the majority—at any rate they are willing to pay for it \$1,500 a year. As to the disturbances, the bill provides that any one who makes any disturbance may be prohibited from attendance at the hospital; and if this be not sufficient, the Faculties, by their Board, are authorized to make any additional regulation necessary to preserve order. Those Faculties occupy different departments and lecture on different days, and there is no anticipation of any kind of discord, except from the present incumbents of the hospital. The other schools will harmonize well with each other, and even with the Ohio Medical College, if permitted; but the latter party hate and insult their rivals—denouncing them as quacks, charlatans, &c.—comparing them to everything degraded or vile—using language not fit to be repeated here, and declaring that they cannot or will not lecture at the same building in a harmonious manner, even on different days. What this indicates is obvious enough. If a landlord wishes three tenants in a block of buildings that have ample space, but one of them now in possession insists that he will not harmonize with the new-comers, because he heartily detests them as intruders and rivals, the only course the landlord could take would be to let the quarrelsome inmate depart if he choose, and leave his houses in possession of peaceable citizens of better character, who would not only confer honor on his edifice by their character and deportment, but would pay him a much higher rent, as they are carrying on a more extensive business. In the present case it appears that the hospital revenue would be a gainer to the amount of \$1,500 by the proposed change, because of the larger classes which the new school would introduce, while humanity, good morals and good order, could be equally promoted by the change.

11. But it is claimed in this fraudulent and hypocritical document, that the present arrangement is the best one that can be made for the poor, and that any change would be but a cruel experiment on poor victims—that the hospital, in short, is at present a "*well-regulated, quiet and successful retreat for the sick,*" with "*a high reputation at home and abroad,*" which would not be improved by any change in the medical treatment.

It is perfectly apparent that statements, so untrue as these, must have emanated from the interested parties (the Faculty now in possession), and could have been signed by the trustees only on account of their ignorance of medical science and the proper results of medical treatment. The annual mortality disclosed in their report would have put them to the blush if they had not been profoundly ignorant upon medical subjects.

It is true, this whole matter pertains exclusively to the Faculty of the old College, but since they have procured the signatures of the trustees to their deceptive report, the latter party are made the scape-goats of their odium, from which they should exonerate themselves by a public declaration of the part they have borne.

It is not very easy to find out the real mortality of the hospital from the Report. The hospital is a poor house and lunatic asylum, as well as a retreat for the sick, and the aggregate numbers are so mixed up that any one not determined to ferret out the truth might be deceived. It seems, from the recapitulation at the end, that 306 patients have died out of 2,581 admitted. This is a sad rate of mortality. It is one death to every 8 and 36-100 persons who are admitted. The average mortality in the hospitals of Europe (returns having been summed up from sixty-five for a series of years) is between nine and ten to the hundred, or one death to ten or eleven patients. Thus, the Commercial Hospital loses from a fourth to a fifth more patients, proportionally than are lost in Europe in those hospitals which we have been accustomed to regard as dens of mortality, where the miserable, broken-down constitutions of the lower orders of Europe, reduced by hardship, want and hereditary degeneracy, receive the cold attendance of legal charity.

But what shall we say when we find that the truth is far worse even than this statement? If we examine the reports of cases treated, we find that there were, in all, but 1,712 patients in the hospital, instead of 2,581, and that the remaining 869 were paupers and lunatics, reported as inmates of the hospital, because that institution is a poor house and a lunatic asylum, as well as a hospital. The mortality of the hospital is reported as follows:

| | Admitted, | Died, | Ratio. |
|----------------------------------|-----------|-------|-----------------|
| Medical Department, | 1,227 | 209 | 1 to 5.87 |
| Female and Infantile Department, | 227 | 64 | 1 to 3.54 |
| Surgical Department, | 258 | 15 | 1 to 17.20 |
| Total, | 1,712 | 288 | 1 death to 5.94 |

More than one-sixth of all who are admitted die. The admissions include a large number of cases which are insignificant and which are free from all danger, yet one-sixth die!

Does not such extraordinary fatality under the practice of the Ohio Medical College demonstrate what medical reformers have affirmed, that their practice is *unscientific, dangerous and destructive*. The *mercurial practice*, at best, in the most skillful hands, is attended by a lamentable mortality. In the hospitals of Paris, where the most distinguished men of the profession direct the treatment, we find that, in 1840, the entire mortality of all classes of cases in all the hospitals was 7,089, out of 83,644 patients, being about one death to eleven and four-fifths patients.

Such a rate of mortality shows the deplorable deficiencies of the healing art. In a hospital rightly conducted, and situated under ordinary circumstances, there ought not to be a greater mortality than one in twenty. The hospitals of Paris exhibit about twice as many deaths as ought to occur in proportion to their number of patients, and the Commercial Hospital of Cincinnati transcends even the worst hospitals in Paris, and exhibits twice as many deaths as the *average* mortality of Parisian hospitals.

One hundred and forty-four deaths, of the two hundred and eighty-eight, might have been prevented, if the faculty could even have equalled the Parisian faculties in the success of their treatment! And is it for such disastrous results as these, that this faculty is to be honored and paid by the State, and not only to be assisted by State bounty, but to have the power of the State to back them in their domineering policy, by authorizing them to exclude from a State institution every one of the medical profession who will not swallow their absurd and antiquated doctrines? Is it not a burning shame that the power of the government should in any way foster and cherish a faculty under whose care this hospital has become a den of death, where, although but seventeen hundred and twelve patients were admitted last year, yet by the last financial report of the trustees, they required, when even fewer than these were admitted,

\$1749.55 TO BURY THE DEAD!

and cheap enough, we know, is the funeral of the stranger pauper.

And is it not a burning shame that a college endowed by the funds of the State, should be employed in teaching this unsuccessful system of practice to the young men who are entering the medical profession—teaching them at the same time to insult, scorn and avoid, all who are engaged in cultivating medicine upon different principles—teaching them not to look at the evidences of superior skill in the prompt recovery of the patient, but to adhere blindly to the teaching of authority.

As to the medical management of the Commercial Hospital, we have heard many complaints unnecessary to mention, which show that it needs reform; but the single fact that the patients of the hospital die in alarming numbers, shows the need of medical reform. Of the forty-five cases of typhoid fever in the Commercial Hospital, twenty died! Nearly one-half! Of one hundred and twenty-seven cases of bowel diseases (dysentery, ulceration of the bowels, cholera morbus, Asiatic cholera, and cholera infantum) there were seventy-six deaths—more than one-half.

In the name of suffering humanity, we ask a change! We have not asked for the expulsion of the parties who have proved

themselves unfit for the post—for while a considerable portion of the public still supposes them to be worthy of the station, we do not ask their discharge. But we ask the passage of the bill by which patients may have free choice to escape the dangers of their practice, and by which accurate records will be kept of each system of practice in the hospital, showing the treatment and result of each case. These records will show the true relative value of the colleges, and their systems of practice, and expose, in a glaring manner, the falsehood of the pompous pretensions of the incumbents to superior skill. From the stubbornness with which these gentlemen resist the evidences of practice and statistical medicine, we cannot doubt they have a latent consciousness of their own inferiority in the treatment and cure of diseases. Indeed, it has been recently said that they will not remain in the hospital to encounter the test of such a comparison, although they are allowed by the bill, in all respects, the same rights and position as their rivals.

This might be supposed a malicious slur upon their skill and courage, or, perhaps, an idle threat to defeat the bill. But it comes in such a manner that we cannot doubt that it originates with the faculty themselves. They would rather, it seems, abandon their principal reliance, than be subjected to comparisons so intolerable. They would rather meet a sudden death than die by the slow torture of medical statistics. Rather than encounter competition in the open field of medical practice, and meet with an ignominious defeat, they prefer to abandon the ground. Rather than compete upon equal terms, they prefer to commit professional suicide and escape their shame. Such is the natural end of medical intolerance, either to lose by a fair trial or to suffer judgment by default.

Under the proposed law a most beneficent change will be seen. Patients will freely choose their treatment from the most distinguished men of three medical Faculties, and from other physicians of the city, who are willing to give gratuitous assistance. Thus will the whole medical talent and learning of the city be brought within reach of the poor for their relief. With three house-physicians to give constant attendance, and with a Faculty of six or seven physicians to each department, the poor patients will have as faithful attendance as the weakest of the land. In each department the records will show, at any time, the treatment and its results, and if the treatment of either Faculty should show superior success in cholera or any other prevailing disease, the other faculties, more unsuccessful, would be compelled to adopt a similar plan, or sink the reputation of their School beyond recovery. This imminent responsibility from publishing the records, would create such a vigilance and fidelity in the physicians as has never before been seen in hospitals, and the

statistics obtained would induce the medical profession, generally, to adopt the methods which proved most successful, and would thus produce incalculable benefit to the whole country.

The employment of different physicians in different portions of the same hospital, is nothing new. It is the only way in which a large hospital can be successfully conducted, and the difference of treatment proposed is one of its greatest advantages.

There can be no confusion or collision, for the several faculties are to be as distinct and independent as if in three different hospitals, and the only matters of common interest between them, the division of the Hospital, the preservation of order, the days of lecturing and the purchase of a library, are to be adjusted by a committee of one from each Faculty, to be called a Board of Managers, which is really but a committee of conference, for their common business.

Students attending the hospital will be enabled to receive three times as much clinical instruction as heretofore, at the same expense, and medical men from all States of the Union will be attracted by the fame of an institution in which all systems of medical practice may be learned and compared, at a trifling expense, and their true value ascertained by their immediate results.

This open competition in lecturing will operate like the medical *concours* at Paris, in which rival professors test their comparative abilities, which have made that city the head-quarters of medical science for Europe. A similar effect will be produced in Cincinnati, giving to its medical colleges an American celebrity. The students will partake of the zeal and ambition of their professors, and each will acquire from his varied instruction enlarged views of medicine, which will prevent his becoming an ignorant partizan. Mutual intercourse will beget mutual friendship, and remove many prejudices which arise when separate.

The medical students of Cincinnati, for several years past, have manifested a most peaceable, moral and gentlemanly character. No serious disturbance or quarrel has occurred for years at either of the colleges: their lecture rooms are characterized by decorum and good humor, and so far from riotous collisions occurring, Cincinnati, with its three schools, has had less disorder among its students, than several other cities in which but one school exists. The majority of the students of the city are already taught by their Faculties, to be courteous and liberal to those of different opinions, and the passage of the bill will introduce an era of general harmony and mutual intelligence.

The Commercial Hospital of Cincinnati will be changed from one of the most unsuccessful hospitals ever known, to the very best in America; and, without one cent of additional expense, a library and pathological museum, both of which are deplorably

needed at present, will be established from the proceeds of the hospital tickets, for the benefit of the medical profession, and for the lasting honor of the state of Ohio, which already stands high in medical reputation, and which, under the proposed law, will soon rank among the foremost states of the Union, as to the greatness and celebrity of its medical institutions.

Seeing thus that the proposed law not only expresses the will of the people of Cincinnati and throughout the state, and is, in itself, an act of justice to all, but will, moreover, be greatly beneficial to our whole country, we respectfully hope that it may be passed at the present session of your honorable body.

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| T. V. MORROW, M. D., | } <i>Ex Com.</i> |
| J. R. BUCHANAN, M. D., | |
| R. S. NEWTON, M. D., | |
| J. KING, M. D., | |

The counter report from the Medical Committee of the senate, (obviously written by Dr. Wright, of the Ohio Medical College,) does not meet any of the points made in this Memorial. It is a mere tissue of flummery and rhetorical gasconade, such as no other individual than Dr. Wright, could perpetrate. This report which was sanctioned only by the majority of the Committee, (Senator Dubbs opposing,) was triumphantly answered by the Report of Mr. Beaver of the senate, which we expect to publish in our next No. It seemed to be generally conceded in the senate that the management of the Hospital had been scandalously unsuccessful. The attempt of Dr. Bennett to apologise for it, by adducing similar examples of mortality from other institutions was also a failure. He was challenged by Mr. Beaver to produce any example of equal mortality, but was unable to do it.

THE AMENDMENT to the *Charter* of the Electic Medical Institute increasing the capital stock from TWENTY TO SIXTY THOUSAND DOLLARS, has passed both houses. This will enable us to erect such Buildings as may be necessary, and to carry out our operations on a more liberal scale hereafter. B.

Part 3.---Editorial.

THE HOSPITAL BILL.

THE new law, dividing the privilege of medical attendance upon the hospital equally between the medical colleges of Cincinnati, and admitting all students upon equal terms to the medical lectures, has had an interesting history.

The wire-workers of the Sixth-street College supposed they had ended the whole matter by visiting Columbus and inducing the medical committee to agree not to report any bill for the objects of the memorial of the Eclectic Convention. The committee adhered to their agreement. The chairmen of the medical committee, in both Houses, being Old school physicians, their opposition was expected as a matter of course. A bill, nevertheless, was introduced into the House of Representatives by Mr. Long, from Hamilton, which provided for all the objects at which medical reformers aim in this matter. This bill, seconded by the arguments of the Memorial of the Convention, enlisted warm supporters in the House. We had the pleasure of delivering an address in the hall of the House of Representatives upon this subject, which was received with much apparent approbation.

The bill, upon its introduction, was ably discussed, as we learn from those who were present. Mr. Long supported it with ability; Dr. Voorhees, chairman of the medical committee, made a harangue against it; Dr. Townshend opposed the bill, but we do not learn that he advanced any very cogent argument. He was followed by Mr. Riddle, one of the very best and wittiest speakers in the Legislature, who literally riddled the Doctor with irresistible volleys of sarcasm and argument, which elicited frequent bursts of laughter at the expense of Old Hunkers in medicine. Mr. Pugh assailed the bill in a desperate effort to oppose it upon legal grounds, maintaining, we understand, that the Legislature had no right to disturb the present arrangements, although in the act of incorporation, which gave the privilege of attendance to the Ohio Medical College, the right of amendment was expressly reserved.

The arguments and assertions of Mr. Pugh were so extraordinary and unwarrantable, and so contrary to the general spirit of the Democratic party, (the foes of all monopolies,) that we apprehend his course upon this bill will be a serious injury to his political reputation. It was a happy reply of his Democratic colleague, *Capt. Roedter*, who remarked, at the end of Mr. Pugh's speech, that he had just heard from his colleague as strong a speech in behalf of *an old monopoly*, as he had ever heard in Europe from any of the nobility of Germany.

It was stated by Mr. Pugh, that if members would suspend their action upon the bill, remonstrances would come pouring in by thousands from Cincinnati. The subject was postponed a few days, and an effort made to obtain signers to a remonstrance against the bill.

The Old school Faculty, astonished at the great number of petitions upon this subject, which had come in from all parts of the state to Columbus, informed their friends that they would be sure to defeat the bill by remonstrances from Cincinnati. The friends of the school were appealed to, in a piteous way, to come to the rescue now, as the Eclectics were about to carry a measure which would tend to break down the Old College. Men and boys were hired to carry their remonstrances around, and gather up signers, at *two cents a head* for every signer. Meanwhile, it was judged proper by medical reformers to bestir themselves, and secure a full and fair expression of the people's will upon this question. A petition, stating that the signers were in favor of the proposed division of the hospital by the new law, was extensively circulated by the friends of the Eclectic Medical Institute, and the *Botanico Medical College*, and signed by an overwhelming majority of the voters of the city.

Upwards of ten thousand of the citizens of Cincinnati signed our petitions for equal rights, while the utmost efforts of the monopolists did not obtain even as many as fifteen hundred. When the huge petition first sent up was unrolled, and appeared long enough encircle the state house, filled with the greater portion of the intelligence and respectability of the city, the members of the House saw that the assertions as to the will of the people in Cincinnati being opposed to the new bill were entirely untrue. When it was shown, also, that many of the signatures to the remonstrance

had been procured by fraud, and that a number of the signers had certified to the fact that they had been imposed upon by false representations, and were in reality in favor of the bill, the reaction was complete. The speech of Capt. Roedter commented with just severity upon the mismanagement of the hospital by its present medical attendants; and the feeble effort of Dr. Townshend in defence of the monopoly, as well as the legal sophistries of Mr. Pugh, were demolished with crushing power by the logic and sarcasm of Mr. Reber. When the vote was taken, the bill passed by a majority of thirty-seven to eighteen. We intend to procure, if possible, a full list of the supporters and opponents of this measure in the Legislature, in order that the people may see who are the Old Hunkers that defy the people's will, and that the friends of medical reform may know who are their staunch friends.

In the senate, this Bill has been defeated by a majority of 18 to 14. Money and time have been liberally expended by our opponents, and dishonorable as well as honorable means, have been used to carry their points. But it is all in vain, it is sheer nonsense to waste their energies in attempting to defeat that bill. We have a majority, in the whole legislative body of fifty to thirty-seven, in Cincinnati of six to one, among the petitioners; and in the whole state, the people are with us. The monopolists have not had the good sense to submit quietly to their inevitable destiny; they are rejoicing in the defeat of the bill, like a criminal reprieved under a gallows; nothing will stay them from their usual dog-in-the-manger policy, but a thorough and effectual drubbing to which they shall be made fully welcome. They prefer to prolong their agony another twelvemonth, so let it be!

We hope our friends will bestir themselves, not only in procuring new and responsible subscribers, but in forwarding their remittances as speedily as possible. Every one who knows anything about the large sums required to be expended in the publication of this periodical, will see at once the great necessity of prompt payment on the part of the subscribers.

M.

ECLECTIC MEDICAL JOURNAL.

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[No. 4.

Part 1.---Original Communications.

ON THE FORMATION AND STRUCTURE OF
FISTULOUS PASSAGES.

BY W. BODENHAMER, M. D.

THE term *fistula*, which signifies a pipe, and which in surgery denotes the tube or conduit leading from an abscess or cavity, is frequently misapplied, or used in an indefinite or vague sense; often giving a very inadequate idea of the nature of the disease. Instead of simply denoting a *pipe-like* sore, or the canal or medium of conveying a fluid or extraneous matter to the surface, the term is often applied to simple abscesses, or to suppurating excavations, especially to all those in the vicinity of the anus. This departure from its strict definition is doubtless caused by the fact that an abscess most always precedes fistula, and that it is the initiative in the production of fistula. Abscess and fistula generally stand in the relation of cause and effect; hence this complication is usually confounded, and the term fistula made to embrace too much. This distinction, however, is important, and should not be lost sight of, for the indications in the treatment of simple abscesses and fistulous passages, are essentially different, as we will prove in our subsequent articles on this subject. An abscess may exist without being fistulous, but it is liable sooner or later to become so, and the following is the process: After the pus in the first instance is evacuated, its parietes do not approximate, and its cavity is not spontaneously obliterated, but becomes lined with a pseudo-membrane; and establishes in its parietes one or more canals or tubes, which are also lined with the same membrane, and through which it discharges its secretions. An abscess may also become fistulous by its cavity

gradually diminishing in size, until it becomes itself a simple tube or sinus. It is in this manner that, in time, a definite organization is finally established, constituting a fistula. There are, however, some few fistulæ which do not commence in this manner; such for instance as are the result of an obstruction or of a wound in an excretory duct. The liquid which passes through the wounded duct, in the last case, is diverted into the new channel, made by the wounding instrument, and the fistula which is the result is merely a simple passage. Fistulæ formed from a wound differ very essentially, however, from those caused by nature alone.

The discharge from and through fistulous passages may present characteristics of pus, gleet, sero-purulent, sanguineo-serous or mucus, matter; but the discharge varies like the cause, sometimes it is white and consistent, sometimes thin and flaky, sometimes pure, and again mixed with the product of some natural secretion, according to the location of the fistula, the general health of the patient, the length of time the affection has subsisted, &c.

These accidental and abnormal passages are formed at the expense of all the tissues in their immediate vicinity, taking the elements of their organization from them; hence the fibrous, nervous, mucous and osseous tissues may all enter into their composition, according to the locality of the fistula. I, myself, have found in their organization, mucous tissue, osseous substance, nerves, veins, and cellular tissue, according to the parts in which they originated, and through which they passed.

That these canals assume the mucous structure after giving passage for sometime to certain formations, and that they are analogous to other mucous canals, may be demonstrated by removing the thick false membrane which lines them, which can be done by scraping; and a subjacent membrane will be found which can scarcely be distinguished from true mucous membrane; being smooth, soft, villous and of a rosy color; and if examined with a glass, the villousities may be distinctly seen. Below this may also be found a fibro-cellular membrane, similar to that which surrounds mucous membranes. To all appearance, this analogous or apparently mucous membrane differs from the true one only perhaps by the absence of follicles and a layer of epidermis.

These fistulous passages sometimes become insulated and change into true excretory ducts, which present the same characters in whatever tissue they may be developed. They are generally single, but they sometimes ramify at their extremities, usually communicating with each other, and converging to one internal aperture. Their direction is mostly tortuous, yet they are sometimes straight and present numerous contractions and dilatations in their course. The composition of their tissues being contractile, they, like all other tissues of the organism, contract as soon as they cease to give passage to any liquid or discharge; their parietes approach

each other, they unite and finally change into a fibro-cellular cord which sooner or later, partially or entirely disappears. A case of this kind came under my own observation at New Orleans, in March, 1847. A black boy, aged twenty-five, the property of Mr. P——, of Columbia, S. C., died of pneumonia. Two years previously, however, he had a large and complete fistula in ano, which in one year afterwards entirely closed up and got well without any medical or surgical treatment whatever. An Autopsy was permitted me. I could distinctly feel the remains of the fistulous passage which I completely dissected out. It measured three inches in length, and was from two to three lines in diameter; its parietes being firmly united and having precisely the appearance and the feel of a cord. Since then, two similar cases have come under my notice.

It is in this way, then, that nature herself sometimes cures fistulous passages. A new action takes place in them, they gradually cease to give exit to their accustomed discharge, their cavity consequently contracts and becomes capillary, a union of their parietes takes place, and finally they are converted into a fibro-cellular mass, resembling a cord, which may sooner or later altogether disappear. They are developed at the cost of all the tissues through which they pass, and they disappear by restoring again what they received from those tissues.

A knowledge of the phenomena, relative to fistulæ, is of vast importance to the successful treatment of their various kinds, and should, therefore, be the great and principal objects of consideration in our indications.

The truth of these observations has already been proved by pathological anatomy. Hunter was the first who noticed the formation of these apparently mucous passages, and subsequently Dupuytren, who has treated the subject in a masterly manner.

LOUISVILLE, KY., March, 1849.

PNEUMONIC INFLAMMATION.

BY E. H. CHASE, M. D.

SOME time in the year 1847, I was called in great haste to visit a patient at one of the principal hotels in this city. On reaching his bed side, I found Mr. L., a very respectable gentleman from Green county, Ohio, laboring under the following symptoms: great lassitude, chilliness, cough and sense of oppression, and tightness about the precordia, the countenance expressive of anxiety, respiration very laborious, attended with a wheezing, rolling sound, and considerable harshness, the tongue white and covered with a transpa-

rent mucus, the skin dry and hot with great muscular debility, and the febrile reaction very vehement.

Being convinced of the character of the disease, from the symptoms present in the case, I determined on the following course of treatment: The patient was a muscular and vigorous man in health, of some forty years of age, and the attack recent and violent. I gave him sixty gr. of our A. B. physic and podophyllum combined. This combination acted as an emeto-cathartic. The object of this preparation was to produce a change in the excitability and circulation of the system, which had a happy effect in a very short time. At this stage of the case Drs. W. and B., of this city, came in, having been called by different friends of the patient. Dr. W., looking at the cup from which the dose had been given, remarked, that he approved of the size of that dose given, but continued that the patient must be bled copiously and that immediately; and on Dr. B. reaching the room, he concurred in the same opinion. But the patient, as well as Esq. H., who had charge of him, protested against blood-letting, and resolved on abiding my course of treatment. The result was, in a few hours the medicine promptly operated, and the patient experienced immediate relief, so much so that when I entered the room some five hours after, he said he felt almost well. When the emeto-cathartic had ceased to operate, the patient was washed off in the alkaline bath. I then continued the use of diaphoretics and corroborants; and in a short time my patient was discharged.

CONTRAST.—On entering the room of my patient, I was informed that I had been called for, some two hours since, to see a gentleman (a country merchant) who was in an adjoining room, who was attacked much in the same way as Mr. L. had been. I soon learned that other physicians had been procured, among whom were Dr. A., and J., and B., all of the Allopathic school. Venesection was the first measure agreed upon, and by the time they had taken from 12 to 15 ounces of blood from the patient, syncope followed. At this period I was called into the room, and found the patient in a sinking state, the lips purple, the face and extremities cold, the pulse small and laboring, the breathing short and hurried, and at last drowsiness came, and death closed the scene. So much for blood-letting in pneumonic inflammation.

PRACTICAL FORMULA—PARALYSIS, &c.

BY DR. P. F. SWEET.

Editors of Eclectic Journal:

GENTLEMEN: In compliance with your request, and with a wish to advance the cause of medical reform, I think practitioners of the Reform system should report their success in practice to your's or some other Journal, thereby intermingling their different, peculiar modes of treatment, with the formula of their remedial agents. If practitioners would generally adopt this course, medical reform would soon eradicate from the materia medica, those health-destroying, and death-producing agents, mercury, arsenic, antimony, and the lancet, with their different preparations, and they would only be remembered as agents used in a less developed and enlightened age of the world. I do not consider myself qualified to write for a medical Journal, but after reading your article to medical practitioners, and on reflecting that I had frequently obtained valuable information from persons who had far less advantages in medical knowledge than myself, it occurred to me, that probably, with my feeble efforts, I might help the cause of medical progress, by giving some of my peculiar means and modes of curing disease.

Very early in my career of practice with vegetable remedies, I discovered the disadvantage that Botanic physicians labored under, in having to administer large doses of crude articles to produce the desired effect; and in search for knowledge, I got an idea from Hahnemann, which has been of great use to me in preparing my medicines, which I will give for the good of all whom it may concern. I will give one formula, which will answer for a key, how any simple or compound medicine can be prepared, so as to retain all of its active principles, and have it in a condensed form.

FORMULA.—R Podophyllum 3 10, Sanguinaria Canadensis 3 2 coarsely powdered, put it in a bottle and cover with alcohol, let it stand three or four days, frequently shaking it, then filter through paper, after it is done dropping, put the drugs in a mortar and pound them well, then return them to the filter, and add fresh alcohol a little more than enough to cover the drugs, and let this last liquor several times pass through the drugs, and it will force out all of the active principles from the ingredients, with comparatively a small quantity of alcohol. Then I use a common tin pint cup, set in the top of a tea-kettle, filled with water, on the stove or furnace, let the liquor slowly evaporate (never let it boil) till it is reduced down to the consistency of molasses, and while hot, I add 3 12 powdered white sugar, the harder the grain the better, then add 3 2 croton oil, 3 1 oil of cloves. I first add a little salts of tartar to the croton oil, to neutralize the acrid principle of the oil; mix all

together and let it be well incorporated, then spread on a large plate to dry; it will become hard and crusty, then let it be well rubbed up and passed through a sieve, and it will be fit for use. Dose for an adult from one scruple to a scruple and a half. For the want of a better name, I christened it "*red powder*." An experience of six or seven years in the use of this preparation, in the treatment of a great variety of cases of disease, has fully satisfied me of its value, as a remedial agent, especially as a purgative and alterative. This medicine seems to exert a powerful action on the cutaneous tissue, relaxing the capillary vessels, and invariably producing perspiration. It also seems to have a controlling influence over the heart and arteries. In fact it seems to exert a specific action upon all the secreting and excreting vessels, penetrating and stimulating them to a healthy action. And in all those cases where mercury is supposed to be indicated, by the Old school physicians, it is a complete substitute for that mineral, and being a vegetable, it is far preferable; for, after having its effect, it passes off, and leaves the system free, whereas mercury fastens on the bones, and solids, and remains like a corroding canker, rendering vast numbers feeble and debilitated for life. It would be a happy event for mankind, if physicians would, for once, divest themselves of their blind prejudice in favor of the mineral, and consent, at least, to make trial of this vegetable substitute. The plea that the vegetable kingdom, contains no equivalent to mercury is no longer tenable; then why should not physicians discard at once the use of it, when it is admitted that in the aggregate it has proved a curse, a destroyer of the human race? The disuse of it, it is true, would lessen the employment of the medical profession; but the satisfaction they must feel at the proportionate decrease of suffering among their fellow-beings, will, no doubt, richly compensate them for the pecuniary sacrifice. I will enumerate some of the different forms of disease, which I have been successful in curing, with this medicine, in conjunction with our other known valuable medicines; this, of course, I consider the Sampson. All the various forms of fever, inflammatory rheumatism, chronic do., hydrothorax, or any form of dropsy, asthma, croup, erysipelas, scarlet fever, small pox, measles, cholera morbus, epilepsy, or falling sickness, paralysis, &c., &c.

I will state a case of *Paralysis*:

Mr. Barnes, aged thirty, had been under the old treatment for three years, till they said that medicine ceased to have any effect. The fact was, his money was all gone. His last resort was to go to the alms house, or employ a Botanic physician. The paralysis was mostly confined to the right side; it was with difficulty that he could move about, or give utterance to words so as to be understood. I commenced the treatment by given half drachm doses of the "*red powder*," to be repeated every other night, and to have the patient bathed with a weak solution of soda and salt, on going

to bed every night. By following this course, he was able to resume his work in two weeks, and was soon well. I will also state, that I successfully treated four or five cases of epileptic fits, by giving the above powders, every other night, and a tea of equal parts of scull-cap and garden rue, a tea cup full three times a day—this course to be followed up for four or five weeks. In cases of inflammatory rheumatism, it gives immediate relief. In bad cases, give the powders twice a day, and the sudorific drops in catnip tea at night, and the alkaline bath to the whole surface, frequently. This treatment will not disappoint any one,—it is sure.

PHILADELPHIA, FEB. 3, 1849.

CATARRHAL CONSUMPTION.

Editors of the Eclectic Medical Journal:

GENTLEMEN: Perhaps the following may in some way prove interesting. If you think so you may give it publicity in your valuable periodical. Shortly after I left the Institute, I was called to see a boy, fourteen years of age, son of Mr. Daniel White, in the most advanced stage of catarrhal consumption. He had been treated by two Allopaths of considerable celebrity, and finally given up as incurable. (Doctors Smith and Kaufman.) I was prevailed upon by several of my friends not to undertake the case, as it would probably prove a failure and hurt our cause. However, I substituted a course of treatment, with a considerable degree of courage—knowing the efficacy of Eclectic practice.

I found him as follows: Severe cough, great soreness in the chest, respiration quick, laborious, and wheezing, pulse 140, expectoration purulent, and copious, high febrile exacerbations at night, profuse and exhausting night sweats, dropsical swellings on the feet and abdomen, a highly dyspeptic condition of the stomach—in fact, almost every symptom indicating inevitable dissolution.

My treatment was first directed to the digestive functions. An emetic of lobelia, ipecac, and sanguinaria, was directed which had the double effect of cleansing the stomach, and of unloading the bronchia of considerable phlegm, followed by a hydragogue purge, A. B. powder, and sup. tart. potass, which partially removed the dropsical accumulations, and also expelled some thirty lumbricoides. An infusion of quassia excelsa was directed in doses of a table spoonful, three times a day, just before eating, which was continued until (together with an emetic and cathartic four days apart) the digestive apparatus became improved. Beach's pulmonary syrup was given then in the ordinary dose, and continued until he was cured, with an occasional omission of a week, until the stom-

ach would regain its former susceptibility; during which interval the quassia was given as above directed. While speaking of this article, permit me to urge a more extensive use of it. It will adapt itself to more cases, I think, than any bitter tonic of the *materia medica*. It has less tendency to putrefaction, and is destitute of those heating properties which belong to most others. It is pure and bracing, being usefully adapted to debility of the digestive organs. As a remedy, in female weakness, bilious and other vomitings, I think it has no parallel. Perhaps on a future occasion I may present my views more at large, concerning the many circumstances under which I have administered it, with the most conspicuous advantage.

His surface was washed twice a week with the ley wash, and his extremities rubbed every night with a stimulating ointment, with a view of diverting the circulation from the lungs and inviting it to the extremities, which were absolutely almost as dry and contracted as an enbalméd body. It had the desired effect. This was continued during the whole course of treatment, diminishing the number of times as we thought proper. He was so weak in the spine that he was unable to stand without the assistance of crutches, which defect I remedied by applying a strengthening plaster, two inches wide along the whole course of the spine from the base of the brain to the coccyx with the part over the lumbar vertebræ widened out in the shape of a T.

This application proved so exceedingly beneficial, that I was induced to try it on various other occasions, and with the same success. Pregnant females, troubled with an incessant cough, weakness in the back, &c., it is exceedingly valuable. A small room was prepared for him to set in, for the purpose of inhaling the smoke of tar. A small pan filled with coals, and pine chips put on it was the mode. And more particularly, after each vomit, he sat for an hour each time. I think more advantage will result from inhaling the fume directly after an emetic, from the fact of emetics expelling mucous from the lungs, which favors the passage of the tar through them. This was done every second day. An occasional hydragogue was given through the course, for the purpose of preventing and dispersing dropsical swellings.

In less than four months after, he was able to walk to my residence, a distance of three miles.

I forgot to mention, that the irritating plaster was used over the region of the stomach, for some weeks, from the commencement. Also, that the poor little sufferer was so extremely salivated that all his teeth were loose; and that he contracted the affection through exposure to damp air, whilst under the influence of calomel, given for a former slight indisposition, without the proper direction.

My preparatory studies were in the office of an Allopathic physician, eminent in his profession, and as a matter of course, I would

imbibe many of his views of the treatment of disease, and even when I left the Institute, prejudices existed in my mind, particularly concerning venesection; but after testing your principles, facts compel me to declare publicly and privately (in defiance of all the low charges, of root doctors, quacks, &c.) that Eclectic principles are infinitely superior in removing all diseases, and especially those of a chronic character. Every vestige of prejudice has fled to the four winds. I now only regret that I was so long in adopting what I since have found so valuable.

I say farewell to Allopathy, not to its members and friends, but to its principles. I now enter the new pathways of Eclecticism, which will eventually shake the time-honored temple of Allopathy to its foundation. Poor fellows I sympathize with them. Turn—why will you die.

If this is, in your judgment, worthy of publicity, publish it in your Journal; and if you think it not, withhold it. I write not to be heard, nor for the sake of writing, but for the good of our common cause, so far as my capacity admits.

I hope for the welfare of the Faculty, under whom I had the honor of studying, and for the rapid progress of Eclecticism.

Respectfully yours in truth,

DAVID S. PEFFER.

CHOLERA IN HOUSTON, &c.

REMARKS ON THE TREATMENT OF CHOLERA IN HOUSTON, TEXAS,
AND REPORT OF A CASE OF CHILBLAINS, PERNIONES.

BY J. CAM. MASSIE, M. D.

Editors of Eclectic Medical Journal:

GENTLEMEN: We have just been presented with a copy of your Eclectic Journal, by a gentleman of high literary attainments of this city, who is a warm friend to medical reform, and who views with liberality the different theories of the present day.

As your object seems to be purely eclectic, which we define, confining your teachings to no one sect of theories, but selecting and choosing from the whole; and as this doctrine is so much in harmony and unison with my own feelings, I have concluded, at the solicitation of a friend, to give you a brief idea of our treatment of cholera, and to report a recent and interesting case of chilblains. It would be well for me to say, that I reject no system on account of its theory, and have been regularly nurtured in an Allopathic school, but have long since learned that there were valuable remedies in the science of medicine, which did not belong strictly to

Allopathy. The consequence with me has been, that I have endeavored to make myself acquainted, not only with Allopathy, but with the different theories of Curtis, Beach, Priessnitz, and Hahnemann, and have, as I conceived, practically received valuable information from each.

The cholera has just ceased in this city, and it might probably be interesting to your readers, as I before observed, to have a succinct account of the treatment which we found most beneficial in our practice. We had considerable opportunities to test the value of remedies, as the disease was almost exclusively confined to the lower classes. My associate, Dr. H. C. Parker, and myself, adopted a course of treatment, which, in our opinion, succeeded well. In general, we were seldom called until the evacuations were copious, and not unfrequently until collapse had taken place. Our treatment was general, not confined to any system. At the commencement of the epidemic, I *pushed* calomel to some extent, and regret to add, in most cases the results were not favorable. I then resorted, in connection with my associate, to arrest the vomiting and purging, to the Homœopathic preparation of *veratrum* and *cuprum*, which were alternated every ten or twenty minutes. In no instance do I recollect of its failing to allay the irritability of the stomach, and in most instances arrest the discharges from the alimentary canal; when, however, it failed to do so, a glyster of starch, catechu, and opium succeeded well. To produce reaction, and a free determination to the surface, as well as to allay general excitement, and keep up arterial action, we combined equal portions of the tinct. opii, tinct. kino, tinct. camphor, with a few drops of the oil of black pepper, given in small doses at short intervals, sometimes alternated with Dover's powders, which succeeded most admirably: we resorted to counter-irritation, but in no instance did we perceive any beneficial results from it—the flesh-brush is far preferable. In some few instances we resorted to number six and the antispasmodic tincture, which seldom failed in assisting reaction, but the results which followed were generally of a typhoid character, which result induced us to abandon it. In the stage of collapse, or that stage approaching to it, we found *cold water* the great sheet-anchor. We generally stripped our patient, made the assistants hold him up, and would turn from fifteen to twenty buckets of cold water upon him; immediately wrap him up without wiping, in a warm blanket; apply hot bricks around him; and we are conscientious in affirming, that from a pulseless situation, in a few minutes the pulse would be perceptible, and continue to rise, under the use of friction and the prescription which we have given. When reaction was once established, we immediately resorted to quinine, with the happiest effects. We would remark, that we used the favorite prescription of Dr. Graves, acetatis plumbi and opium, and in some cases with beneficial results.

I was called some two months since to see Miss H., a very interesting young lady of this city, who was laboring under *chilblains*, and who had suffered for the last ten years the most excruciating agony; the feet and hands were both diseased, and upon every change of the weather, they would burst, and produce a most painful sensation; during no time, within that specified, was she able to walk a quarter of a mile, without great suffering, and during the whole time, ten days had never elapsed without her being confined. She dare not wash in cold water—every indulgence of this character was followed by an aggravation of her symptoms. When she applied to me, great inroads had been made upon her constitution; the parts were very much inflamed, of a livid hue, itching very severe, and, as usual, unable to stand. She informed me she had been under the care and treatment of distinguished physicians, both in Missouri and Arkansas: under these circumstances, I had no hope of giving her any relief, as I was aware, from her statements and those of her friends, that my medical brethren had probably exhausted their skill, and with but little success. To attempt a treatment, therefore, under the established principles of Allopathy, I viewed as folly, as every thing I suggested had been tried. In this dilemma, I was candid with the lady, and assured her that I thought it questionable about giving her any relief, but would examine her case thoroughly, and give her an opinion in a few days. I commenced that examination with Curtis, Beach, Elliotson, and the whole catalogue; I found in several a treatment that had not been adopted. I also examined Hahnemann on chronic diseases, and found he viewed sulphur almost as a specific in the disease, but from the manner in which it was ordered induced me to have, I may say, no confidence in it; but to gratify a curiosity of my own, and please rather a *whim* of my associate, I concluded to give the remedy, as no danger could result from it. I prepared ten powders of the sugar of milk, saturated them with two drops of the thirty-first dilution, ordered one every night, and in connection ordered, when the pains were severe for the first week, to pour cold water upon the affected parts. In a few days an evident change was manifest; the same course was pursued in until a few days ago, when the lady paid me a visit, and, with a countenance beaming with gratitude, assured me she was perfectly well. She has suffered no pain or inconvenience for the last seven weeks; walked some two or three miles a day or two ago, without any inconvenience; the affected parts have become smooth and healthy, and, to every appearance, perfectly sound. I had forgot to mention that upon every change of weather her nose would become of a blood-red, which symptom has also entirely disappeared. In conclusion, I view this as a remarkable case, and more so the treatment.

Houston, February 14, 1849.

Part 2.---Selected.

REPORT

OF THE

SELECT COMMITTEE ON HOUSE BILL NO. 118.

IN SENATE, MARCH 7, 1849.—The select committee to which was referred House Bill No. 118, "further to amend an act entitled an act to establish a Commercial Hospital and Lunatic Asylum for the state of Ohio, passed January 22, 1821," had the same under consideration, and now

REPORT :

That although the majority of the committee on Medical Colleges and Societies are quite liberal in charging the friends of this bill with a resort to means calculated to mislead the members of this body, and to conceal the truth for the purpose of "making the worse appear the better case," yet your committee will not attempt to vindicate the friends of the bill against charges thus gratuitously made. There is not only no evidence of a resort to such means by the friends of the bill, but a comparison of the *language* of their petitions, with that used by the remonstrants, might be some proof who was anxious to "make the worse appear the better cause." While the former presents the matter to the public and the General Assembly, *clearly* and with a full *explanation* of the objects of the bill, the latter leaves all in doubt, and cultivates the idea that "all the professors and students are to be admitted into the same wards of the Hospital at the same time, to manage and control the patients in the same wards in utter confusion; and that the trustees of the township are to be ejected out of the Hospital." All this is mere surmise; neither the bill itself, nor any thing which its friends have done or intend to do, will for a moment warrant such a conclusion. It is said by the majority, that to allow the patients to choose their own physicians, would lead to the worst of consequences. Your committee cannot come to that conclusion, and, if it were allowed an opinion on the subject, would express the very opposite. Within the proper limits and under proper regulations, such as may be made, and such as the bill contemplates, the most beneficial results must follow. Much is said by the majority, and very justly, of the importance of peace and quiet of mind to the sick, and in connection with

this subject, the committee affirm the importance, if not the absolute necessity, of the languishing patient's faith in his medical attendants. Why not, then, give the unfortunate the opportunity of aiding in his own cure by the exercise of that faith in an attendant of his own choice? If he cannot have that choice when he desires it, but is obliged to submit to a course of treatment which he distrusts, and in which he has not full confidence, all must acknowledge that his chances for a speedy recovery must be greatly diminished. So powerful an effect does the "faith in the doctor of one's own choice" produce on the disease, that some very learned physicians of the old school are in the habit of attributing many, if not all the recoveries that take place under Homœopathic treatment, to faith in the physician.

But to allow the inmates of the Hospital, on entering the same, to make choice of a physician, is said to be almost entirely impracticable. Your committee is not prepared to say how far such a principle is practicable: but believe it will be prudent to give such privileges, and experience, under the direction of humanity, will prove how far the same is practicable, and to that extent your committee go—the bill goes no farther. The bill contemplates a classification of the patients as they enter, between the different departments, unless the patient expresses a decided preference for some one department over another, in which case the wish of the patient shall be complied with as far as practicable. This is the language of the bill, and is so clear that none can misunderstand it. No one is to be catechised as to his choice, but all are left free to choose his medical attendant or not, as he pleases. While each department is to be equally and fairly dealt by in respect to patients, none will be admitted to either department, except in *regular alternate order*, unless a preference is expressed by the patient, as before stated.

If a difficult, novel, complicated, or obscure case of disease occurs, and the attending physicians are not satisfied about it, certainly, if it be the patient's wish, the medical attendant ought to have the right to call in any physician to his aid, whether he belong to either of the attending faculties, or is unconnected with the Hospital. The bill provides for this contingency, by allowing the physician to call counsel, since no one is so wise but that some other one may know things beneficial on such occasions; and it might happen that a physician in the city could render aid on particular occasions, better than any one else, even though he was not a professor in either college.

It is said by the majority, that no motive of monopoly induced the state to establish this Hospital. But it is also stated, that "it was not intended for a school of *clinical instruction*." This your committee conceives to be an error, no doubt unintentional, but the eighth section of the act founding the Hospital, provides

that the faculty "may prescribe regulations," and under such regulations, "introduce the pupils of the Medical College of Ohio into said Hospital, to witness the treatment of patients there assembled." The faculty has, by regulations, constituted a school for clinical instruction, and given clinical lectures in a lecture room in the Hospital, accordingly. The fact was apparent to the Legislature then, as it would be now, that such institutions were connected with medical colleges both in Europe and America, and that to enable the young men preparing themselves for the very high and responsible duties pertaining to the practice of medicine, and to qualify them as fully as they ought to be, it was all-important that such an institution should be established in such a situation as that the *medical students of Ohio* could have the benefits of clinical instruction without being dependent for that instruction upon the eastern schools. The General Assembly, acting under these views, as well as for the other benevolent purpose of providing a home and a resting place for the sick and the afflicted, established the Commercial Hospital at Cincinnati. It was as well a school of clinical instruction as an alms house; nor does your committee agree with the majority, that it is detracting from the benevolent intention of the Legislature, or the people of Ohio, to suppose while they established an institution for the benefit of the poor and the distressed, they at the same time established in that institution such a regulation as will enable those to whose skill and practice the people will submit, to be well qualified to practice with honor and success to themselves and the medical profession, and safety to those who shall fall under their charge. It is said by the majority, that it was made the "*duty*" of the faculty of the Medical College of Ohio to attend the Hospital. It is true, the term "*duty*" is used in the law, but the term *privilege* would have expressed the idea much more distinctly. The law confers the *privilege* on the faculty to attend the Hospital, and for its prescriptions for the patients, under its own regulations, admits its students for clinical instruction; but it was not intended to be an exclusive privilege forever. The state of Ohio has given that faculty the use of more than *forty thousand dollars* of the public funds, upwards of twenty years ago, to build up a college and furnish it, and has given the faculty the *privilege* (or made it their *duty*, if you please) to lecture and receive the income, without rendering any return to the state, except in instruction to medical students, and prescriptions for the sick. It is said, the faculty has performed these services "without fee." Is not the attraction for students to their college, presented in their clinical advantages, an ample compensation? If not, why not now relinquish a share to other hands, and be discharged in part from these onerous duties imposed? Why labor so vigilantly to shut out others from the privileges so necessary to the public welfare?

The majority ask, "Will the bill destroy the monopoly?" and then affirm that "three schools may monopolize as well as one." It will be recollected that these three schools embrace the two great classes of medical men—the *old school* and the *reformers*. The eclectic school is not bound to any of the exclusive systems of the past—is liberal and enlarged in its views—condemns none for opinion sake; and while it embraces a large portion of the practice and teachings of the old school, it is not opposed or indifferent to the improvements which have been made by those not directly in its own ranks. The reformers treat all knowledge and improvement with respect, and venerate true science wherever found. They do not deem opinions necessarily erroneous because such opinions are new. Having an equal knowledge of the old school practice with its friends, and studying all their writings, teachings and scientific disquisitions, the reform school has the advantage of a thorough knowledge of the practice of both. This being the character of the reformers, no monopoly can exist, as all will be free to attend their teachings, witness their practice, and receive their instructions. The arrangement proposed by this bill will not only confer the greatest good on the greatest number, but the benefits will extend equally to all, and there will be no "privileged few," to the exclusion of the many.

It is charged by the majority, that the argument used by the friends of this bill would (if unsuccessful) throw open the doors of all the benevolent institutions of the state. Your committee cannot view the matter in that light. No analogy whatever exists between the Commercial Hospital and the Asylums located in this city. But it is believed no good reason can be assigned why the General Assembly might not confer on the faculty of the *Starling Medical College* the privilege to visit those asylums, with their students in proper numbers, and under proper regulations, and consult with the superintendents respecting the inmates. That medical and surgical clinics might be furnished from these institutions without the slightest detriment to the invalid and the sick, and to the great benefit of medical science and medical students, your committee does not doubt. Especially so, since clinical lectures are not necessarily given in the bed rooms of the sick, but may be given with equal advantage in apartments beyond the hearing and disturbance of the languishing patient, from notes quietly taken by the attending physician at the bedside.

It is further stated by the majority, that the Commercial Hospital is not a state institution because it depends for its support on the tax-payers of Cincinnati. In reply, your committee beg leave to introduce a statement of the finances of the Hospital as reported by the trustees of Cincinnati township in their last financial report, dated 6th March, 1848. This report shows most clearly that, instead of the Hospital being a source of expense to the township, it

has yielded a handsome income. The Hospital not only supports itself, but pays several thousand dollars toward supporting the paupers of that township. The items relative to the Hospital, in the account, stand thus:

RECEIPTS OF HOSPITAL.

| | | |
|--|----------|----|
| Amount received from auction duties and licenses, | \$4,381 | 67 |
| “ “ Hamilton co. for keeping lunatics, | 4,859 | 87 |
| “ “ Cuyahoga co. do. do. | 464 | 00 |
| “ “ Millcreek tp. for keeping paupers, | 226 | 00 |
| “ “ Darke co. for keeping lunatics, | 124 | 00 |
| “ “ Green tp. for keeping paupers, | 61 | 42 |
| “ “ Colerain tp. for do. do. | 45 | 28 |
| “ “ Sycamore tp. for do. do. | 6 | 46 |
| “ “ Springfield tp. for do. do. | 32 | 56 |
| “ “ Miami and Clermont counties for keeping paupers, | 58 | 28 |
| “ “ U. S. Surveyor of the port for Cin'ti, for keeping boatmen, | 1,025 | 50 |
| “ “ Sundry persons in the Hospital, | 2,184 | 77 |
| Amount due from Hamilton county for keeping lunatics, | 1,306 | 25 |
| Amount due from Millcreek, Colerain Fulton, Miami and Union townships, | 734 | 54 |
| And from sundry persons for keeping lunatics in Hospital, | 1,108 | 86 |
| | \$16,619 | 46 |
| Amount of <i>taxes</i> to meet expense, - - - - - | 6,983 | 97 |
| | \$23,603 | 43 |

EXPENDITURES.

| | | |
|---|----------|----|
| Amount paid for support of Hospital, | \$16,271 | 39 |
| “ “ Fuel used in Hospital, | 2,121 | 22 |
| “ “ Steward, nurses, cell-keepers and others in the Hospital, | 3,481 | 27 |
| “ “ Interments, including coffins, &c. | 1,749 | 55 |
| | \$23,603 | 43 |

From these certified statistics, it will be seen that Cincinnati township raised by tax, \$6,983 97, a sum not by any means sufficient to support the paupers of the township, if they were supported elsewhere than in the Hospital. By the annual report of the trustees of the township, for the year ending the first of January, 1849, it appears that there was in the Hospital 203 resident township paupers at that time; and it further appears from the report of the township trustees of 1st January, 1848, there were in the Hospital, 125 resident township paupers. The average for those two years is 164 resident township paupers to be supported by the Hospital.

By the law, the Hospital is allowed to charge \$2 per week for keeping strangers. Now if we charge the township \$1 25 per week only, which is very cheap, for keeping these 164 paupers, it would amount to \$10,660. This amount the township now pays, under the regulations of the Hospital, with \$6,983 97 in taxes. Thus it will be seen that the township is the gainer by the operation of the Hospital system, of a sum of \$3,676 03.

How do these facts compare with the statement made by the majority, that "eleven thousand dollars are now raised by the township of Cincinnati, to pay the deficit of the Hospital expenses." It is true the trustees of the township report that they have expended \$14,789 18, for the relief of out door poor, and it is probable they wish to add that sum to the Hospital expense, and this may account for the \$11,000 00 certificate referred to by the majority.

It is further stated by the majority, that the affairs of the township of Cincinnati, are so interwoven with the Hospital affairs, as to render it impossible to separate them. The thousands who have petitioned the General Assembly, by their earnest petitions affirm to your committee, that the fact is otherwise. The bill provides for the appointment of a board of managers, who shall arrange matters for attending the sick, as well as the insane. Certainly, this board will do nothing to jeopardize the comfort or the lives of the inmates. We cannot in advance pronounce them destitute of benevolent feelings, and other qualities necessary to the carrying out in a proper manner, the provisions of the bill. The bill, as your committee understand it, does not propose to interfere in any manner, with the *rights, privileges or duties* of the township trustees. It leaves them and their authority just where it finds them. The bill only affects the medical management of the Hospital, which never was in any manner subject to the control of the township trustees. The original law precluded them expressly from it, except so far as the appointment of stewards, nurses and servants were necessary. That law did not give them the power to appoint an "*apothecary or house surgeon*," or to direct in any manner, with reference to clinical lectures. The bill only substitutes the three faculties for one, and the board of managers, are only for the medical and surgical management of the Hospital. They are to do for the several faculties, just what the faculty of the Medical College of Ohio, did for itself, independently of the trustees of the township. No change in the mode of providing for the management of paupers, is contemplated, nor in the manner of providing for the sick.

But the majority say the matter has not been publicly discussed, and that petitions, no matter how numerous, ought not to be regarded. From each of these propositions, your committee respectfully dissent. This controversy commenced in 1845, as may be seen in the public documents of the state of that year. Petitions were

sent into the General Assembly by the friends of the principles of this bill, while the trustees of Cincinnati township sent in their remonstrances. During the last summer, and the previous winter, the substance of the bill was made the subject of public lectures, before numerous meetings in the city of Cincinnati. Daily papers to the number of many thousands, circulated among the people, discussions and notices of the increasing interest of the controversy.

The majority inquire, "where is the necessity for this change?" This interrogatory comes to the gist of the controversy, and your committee will proceed to give several reasons why the change should be made. The first reason, and one of the greatest importance is, that the change is necessary to the welfare of the unfortunate victims of disease, themselves. All other reasons sink into utter insignificance when compared with this. By the contemplated change, they will have the benefit of the skill and talents of the most distinguished physicians of the rival schools. A desire to present a record of the most successful practice, will stimulate the faculties to extraordinary efforts, and in every department of medical practice at the Hospital, the sick and the insane will derive a superior benefit. At present the sick have no more than the ordinary attentions, incident to undisturbed security, and an incidental reward, to their medical attendants. By the change they will have three house physicians to attend them constantly; each stimulated by a laudable ambition to serve and to relieve, each being obliged to keep a record, and open that record, to the inspection of a rival in his profession. The utmost vigilance, care, kindness, and proper treatment of the patients, may be certainly anticipated from the result.

Who cannot see that under such an administration, though no one faculty may have the same opportunities for giving clinical instructions, as has the present faculty, yet it will be infinitely to the advantage of the sick; not only so, but the community at large would be greatly benefitted by the regular monthly and quarterly reports to be made from journals kept by each department. From such statistical minuteness, a very correct estimate can be made of the relative merits of the rival schools, and the relative value of their plans of treatment. Is there no reason to believe there might be a change for the better, by exciting physicians to extra exertions and watchfulness, if even there be no difference in skill? Has the success in that Hospital been such as to recommend it to the confidence of the public? Has not the confidence of the State been misplaced? By the last annual report of the Hospital, dated January 1st, 1849, the whole number admitted, are reported as patients in the Hospital. That number is 2581, of whom 306 died. But there is a gross inaccuracy in the Hospital report, which has led the majority into the same error. That inaccuracy consists in adding the resident township paupers to the list of patients. For i

the footings of the columns in the table of diseases, mentioned in the report and headed "admitted," be put together, they show all the cases of diseases treated during the year, to have been only 1712, instead of 2581, as stated by the majority. The remaining 869 being *paupers in the poor-house* department, and not patients. This correction shows a fatality of about 20 per cent., or, that about one out of every five of the patients, died. There were 1712 cases treated (exclusive of small-pox) and of these 288 died, being an average of one death to every 5, 94-100, cases treated. The most unsuccessful year for the Baltimore Hospital (except in cholera seasons) shows 2429 cases treated and 286 deaths, being one case to every 8½ cases treated. In regard to the Baltimore Hospital, the attending physician occupies in his report, three or four closely printed pages, in excuses and apologies for such extraordinary fatality that year. In 1834 (a cholera season) the number of patients admitted into one of the New York Hospitals was 1721, and the number of deaths were 174, the fatality as shown by the report of the Hospital, is about one tenth of the whole number treated. The number of patients admitted to the *Chelsea Marine Hospital, Massachusetts*, for a series of years, was 9170, and the number of deaths, for the same time, were 533, being an average of one death to every seventeen cases treated. The whole number of patients admitted to the Commercial Hospital at Cincinnati, (exclusive of small-pox,) in eight years, ending January 1, 1849, was 9498, of whom 1251 died, an average of one death to every 7, 59-100 cases treated. The account stands thus:

Chelsea, 9170 cases treated, 533 deaths—1 to 17.

Commercial Hospital, Cincinnati, 9498 cases treated, 1251 deaths—1 to 7½.

Or, if the worst years are compared, the exhibit will be as follows:

New York Hospital, cases treated 1721, deaths 174, or 1 to 10.

Commercial Hospital at Cincinnati, cases treated 1712, deaths 288, or 1 to 5 94-100.

Baltimore Hospital, cases treated 2429, deaths 286, or 1 to 8½.

The whole number of cases treated in all the Hospitals of France in 1835, was 597,302, and the whole number of deaths were 45,303, or 1 death to 13.

In the Hospitals of Paris, in 1840, the whole number of cases treated was 83,644, of which 7,089 died, or 1 to 11 4-5.

Your committee have selected from the report of the Commercial Hospital a number of forms of disease, and the reported deaths caused by those diseases, for the purpose indicated below:

| | Cases treated. | Deaths. |
|--------------------------|----------------|---------|
| Typhoid Fever, - - - - - | 45 | 20 |
| Typhus " - - - - - | 78 | 21 |

| | Cases treated. | Deaths. |
|-------------------------------------|----------------|---------|
| Chronic Diarrhœa, - - - - - | 82 | 20 |
| Jaundice, - - - - - | 15 | 3 |
| Ulceration of the Bowels, - - - - - | 61 | 58 |
| Acute Diarrhœa, - - - - - | 44 | 4 |
| Typhoid Pneumonia, - - - - - | 13 | 5 |
| Gastritis, - - - - - | 11 | 3 |
| | 347 | 134 |

Average, one death to every two and an half cases treated.

Believing the proportion of deaths to the whole number of patients treated in the Hospital, in the forms of disease, above specified, to be unusually great, your committee addressed, to a number of the physicians of this city, a letter in the following form:

“SENATE CHAMBER,
COLUMBUS, March 2, 1849.

—, M. D.

Sir: Being desirous to report intelligently on the bill relating to the Commercial Hospital at Cincinnati, as a select committee on that subject; and lacking the facts necessary to enable me so to report, I have taken the liberty of enquiring respectfully of you, at what proportion to the whole number of patients treated in your practice, does mortality occur in the following forms of disease:

Typhoid Fever; Typhus Fever; Chronic Diarrhœa; Jaundice; Ulceration of the Bowels; Acute Diarrhœa; Typhoid Pneumonia; Gastritis.

I find, dear sir, by examining the statistics of the Commercial Hospital at Cincinnati, the mortality is stated at about one-fifth of the whole number treated, and in the above specified cases the fatal results are much greater. Please answer this line at an early day, in which you will have the goodness to say, whether or not I am at liberty to use your answer publicly.

Truly yours,

JOHN F. BEAVER.

DR. CASE IN REPLY.

COLUMBUS, March 6, 1849.

JOHN F. BEAVER, Esq.

Sir: In reply to yours of the 2d inst., I would say that, judging from what data I have, mortality occurs in the following proportions in my practice, in the diseases you specify. In Typhoid fever, 1 in 15; Chronic Diarrhœa, 1 in 30; Uncomplicated Jaundice, none fatal; Ulceration of the Bowels, 1 in 20; Acute Diarrhœa, not more than 1 in 50; Typhoid Pneumonia, 3 cases, none fatal; Gastritis, about 1 in 15. You can use this publicly if you wish.

D. CASE.

Your committee has received other answers, some verbal and

some written, which so nearly coincide with the above that it is deemed unnecessary to insert them at length. Upon the whole, the result of the practice in this city, would indicate the mortality to be, about one in every thirty cases treated of the forms of diseases above specified. Your committee is further informed, from the most reliable sources, that the fatality in Hospital practice is necessarily greater than in private. But the difference being so very great, in the same forms of diseases, it would seem to your committee, radical deficiencies must exist in the treatment of patients at the Commercial Hospital, which call for a salutary change.

It may be supposed, the extraordinary fatality of the cases in the Commercial Hospital will be, in some measure, attributed to the fact that a large portion of the inmates, were boatmen from the river, afflicted with the dangerous diseases incident to the southern climate to which they are exposed. When we look at the report, however, we find of that class 347 admitted, of whom only 22 died, or about 1 in 16. The mortality among the resident township paupers seems, on the contrary, to be much greater. Of 589 township paupers, who were necessarily residents of Cincinnati, the report shows that sixty died, and your committee is not aware that the city of Cincinnati is more unhealthy than other large cities; but on the contrary it has the reputation of being one of the most healthy in our land.

As it is more than probable, that scourge of humanity—the *Cholera*, will visit our country this year, your committee thinks it proper, to give some statistics relative to the successful treatment of that disease, by the rival schools. When it made its appearance among us several years ago, the deaths appear to have been from one-third to one-half of all the cases treated by the old school physicians. Nine cases of cholera were treated at the Commercial Hospital during the present year, of which five died, showing that no improvement has been made in treating that disease at the Hospital, as its mortality is about the same as when it visited our country before. Your committee has been furnished with statistics of the treatment of cholera, by both Homœopathic and Allopathic professors, in their respective Hospitals, and it is thought proper to introduce briefly their reports. In a medical work, entitled "*A Concise View of Homœopathy*," published in Dublin in 1845, will be found statistics as follows:

The average proportion of deaths in Paris, from Cholera, treated under the Allopathic practice, was 49 per cent., while that, under the Homœopathic, was only 7½ per cent. In Vienna, (Aus.,) under the former, the deaths are reported at 31 per cent., while under the latter it was only 8 per cent. In Bourdeaux, death occurred under Allopathic treatment at the rate of 67 per cent., and under Homœopathic 17 per cent. only. The general average in the places mentioned will stand thus: Allopathic 49 per cent.,

Homœopathic 10½ per cent. The record of mortality in twenty-one Hospitals in Europe, shows the average deaths under Allopathic treatment, to be 65½ per cent., while in ten Hospitals where the cholera patients were under Homœopathic treatment, the average deaths from that disease, was 11½ only. In a report published by the authorities of Pischowitz, (in Prussia,) will be seen that 680 cases of cholera were treated as follows: 278 treated Homœopathically, of which 27 died; 381 treated Allopathically, of which 102 died. The proportions of deaths under Homœopathic treatment was 10 8-10, while under that of Allopathy, it was 33 per cent. In "The American Journal of Homœopathy," may be seen the following statistics: In the Protestant half-orphan asylum, sixth Avenue, New York, during seven years, from 1836 to 1842, inclusive, there were 858 children, of whom 22 died. During that period the asylum was under Allopathic treatment. During the subsequent five years, this asylum was under Homœopathic treatment, and the number of children was 864, of whom six died. Ratio of deaths under Allopathic treatment, 1 in 39; under Homœopathic, 1 in 144. In "Little's Journal of Foreign medicine," page 94, it is stated, that 16,985 Syphilitic patients were treated in the Hospitals in Sweden, during a period of five years—that 6707 of whom were treated dietetically, (or taking no medicine,) and six weeks were, in general, sufficient for a cure. The relapses were 7½ per cent.; and that 10,278 were treated upon the mercurial plan, and of these the ratio of relapses was 14 per cent.

The books consulted, and the reports and statistics referred to by your committee, are believed to be those of standing authority among medical men, and the results would strongly indicate that the public, as well as the patients, in the Commercial Hospital, would be greatly benefitted by the introduction of these vast improvements in medicine into that institution. Your committee is informed that the Eclectic practice, which this bill proposes to introduce into the Hospital, includes Homœopathy, and that the principles of Homœopathy are taught in the Eclectic College. It is also claimed by the Eclectic Faculty, and by a numerous portion of the community that the peculiar course of practice pursued by those professors, is still more successful than the Homœopathic treatment alone. The Eclectics further claim, that, though Homœopathy is peculiarly applicable to *some cases*, and superior as a whole to the old practice, yet, from a judicious discrimination, many cases are believed to exist, in which the Homœopathic remedies are insufficient. But in these cases, other remedies are applied under the Eclectic practice with the happiest results, and in none more so than cases of Asiatic Cholera.

The majority urge objections to the provisions of the bill, which your committee will now proceed to answer briefly. One objection is made to that part of the bill which provides for the appointment

of a Board of Managers, to consist of one from each of the three faculties, and this is called unfair. Your committee can discover nothing unfair in such an arrangement, except perhaps it coerces an unwilling party to yield a portion of a common right to others, only equally deserving. "Should it so happen (say the majority) that two of the faculties should issue a certain order, which the other faculty deemed injurious to the institution and its inmates, the dissenting faculty must yield its own better judgment, even though based upon many years of hospital experience, for the almighty power of a majority has been wielded against them." Your committee is aware that it is an effort of great virtue for old incumbents in honorable and profitable offices to surrender any portion of their former prerogatives. But no ground for apprehension exists. The bill provides that the *division shall be equal*, and except the division, and the plan for the quarterly reports of the house physicians, there can be no dispute, the decision of which will be of any serious moment. There is no danger, therefore, of the majority oppressing the minority. From the situation of the several faculties, there is no reason to apprehend any two will be disposed to oppress the other: and your committee is of opinion that the passage of this bill will, by uniting the interests of the faculties as to the division of the Hospital, and making them better acquainted personally—do away with many of the dreaded asperities. The mutual interest existing among the students, meeting to attend the same lectures, and the information to be obtained by attending clinical lectures in the different schools, will be safe grounds against any discord or contention that would seriously threaten the success of either. That doctors, like other men, may disagree, is very true, but in this instance, it will be the interest of all to harmonize, and that interest will soon dictate the means to subserve the interest of all the faculties and their students.

The 11th section of the bill, which provides for the appointment of members of the board, by the city council, is also objected to by the majority. They represent that provision as contemplating the appointment of members of the board to fill *accidental* vacancies. Thus the majority misrepresents the motives of the friends of the bill.

The Proviso to the eleventh section declares, that if there be but two members of the board of managers appointed by their respective faculties, and the *third faculty refusing*, for the space of *ten days* after notice, to appoint, *then* and in that contingency, the city council shall appoint, &c. That provision is perhaps indispensable to the attainment of the intention of the bill, i. e., *the certain appointment of one member to represent each faculty*, in the board of managers; for if one faculty refused to appoint, the object of the law would be defeated. It is proper that the board consist of three members, and these, if not appointed by the fac-

ulties respectively, are to be appointed by the city council, so that neither shall have the advantage over the other, by having two physicians of the same school in the board, and to that end it is provided that the one appointed by the council shall be *neutral* as far as possible, and shall not be a physician. But if, after such appointment by the council, the refusing faculties or faculty shall comply with the law in relation to appointment, then the privilege may be resumed at any time by them.

The majority object, with great force and propriety, to that provision of the bill authorizing the students to follow the faculty through the wards of the Hospital, by which "a crowd of careless strangers will surround the couch of anguish." The custom in eastern hospitals, your committee is informed by good authority, has been to permit the entire class to follow the faculty through the sick rooms. From motives of humanity, such as expressed by the majority, that custom has been abolished in the Commercial Hospital, and the bill has been prepared with an anxious eye to that improvement. This motive prompted the friends of the bill to limit the number to "*not more than twenty*." The present arrangement in the Commercial Hospital allows the students to visit the clinical wards, containing eight or ten beds, in the proportion of two to each bed, so that in the large wards from sixteen to twenty may visit at a time, examine the patients, quietly retire, and report to the professors. This, your committee is informed, may be done without any detriment to the patients. The clinical lectures are delivered, and surgical operations performed in a lecture room, separate and apart from the sick rooms. So, it will be seen, it was to guard against the recurrence of the practice of admitting the whole class, that this limitation was introduced into the bill. But in practice, the bill, while it limits the number that may visit the wards at one and the same time, will admit of single visitants as well as more, in all cases that require discretion; and your committee cannot presume, that the faculties will permit any custom which will diminish the chances of successful cure, they having so deep an interest in the successful treatment of their patients.

The majority ask, "Why did the trustees reject the faculty of the Cincinnati College?" Your committee might ask quite as pertinently, why did not the trustees of Cincinnati township admit Dr. Drake's faculty? It is admitted he occupied a position pre-eminent in medical science, then why not give the inmates of the Hospital the benefit of so distinguished a physician? The simple answer is, that the law was so framed as to enable the trustees to defeat the object of the legislature. By consulting *Dr. Drake's law*, and the decision of the Supreme Court of Ohio, on a question arising out of that law, the interrogatory of the majority is fully answered.

It is alleged that experience in other cities proves, that separate or distinct systems of practice in the same hospital is impracticable, and would drive "concord and harmony from such an institution." Your committee is informed, through a medical gentleman who has attended the hospitals at Philadelphia, that different faculties and their students visit there for clinical instruction—that no difficulties or disturbances arise in consequence, though the attendants are students and faculties of rival schools.

Another instance may be mentioned. While two rival colleges were in operation in New York, the professors and students of both were allowed to attend the same hospital on alternate days, and to treat patients in separate apartments.

By a late publication, "*The Homœopathic Journal*," edited by A. C. Baker, M. D., of Boston, it is stated, that in the celebrated Hospital of St. Petersburg, (perhaps among the most celebrated in the world,) one-half of the inmates are treated under a Homœopathic physician, Dr. Stender, under an arrangement of the government, for the purpose of testing the relative merits of the rival systems.

And here too, may be mentioned the fact, that in New Hampshire, (the home of the illustrious "*Dartmouth College*,") an act passed during the late session of its legislature, making a similar arrangement between the medical department of that college and the college of medical reformers recently chartered in that state.

The majority say that the Hospital, to be useful, must be "under the management of one undivided head." So far as providing the necessary comforts of life, such as board, fuel, &c., is concerned, this is true enough, and will continue as it now is, under the management of the township trustees; but with regard to the treatment of the sick, and managing the inmates of the Hospital, your committee thinks enough has been said to show no such necessity exists in fact. No good reason has been shown, why twenty physicians may not attend patients in twenty rooms, without the slightest inconvenience to either. The plan proposed for adoption by this bill, it is said, "will destroy the institution." Whatever others may believe on that subject, your committee is forced to a very different conclusion. The most learned and wise will repair to its wards, prescribe for the sick, and thus enlarge the sphere of its benevolence. They will cling round it in their interest, and their interest will be advanced by honors gained in successful treatment and practice. With such incentives to professional honors, the institution cannot but be safe.

Looking forward to a division, the majority ask, "how shall that division be made?" A sufficient reply can be made by saying, in the manner suited to the improvements in medical science contemplated to be introduced. And perhaps the most important consideration involved in that division, would be, whether the wards

be large or small, and how to divide them so that the infected atmosphere be not rendered common to the patients. One of the reasons assigned for extraordinary success in the Boston Hospital, is, that the wards are small, and few beds in each room. The subject has been ably discussed by a medical writer, in "*The Boston Journal of Medicine*," who, after having visited numerous hospitals in Europe and America, gives the public his conclusions in substance thus: "Small hospitals are more healthy than large ones. The mortality is to be attributed to some extent to bad atmosphere in those places. If we reflect that the air in a moderate-sized bed chamber is vitiated by one or two persons inclosed, in eight hours of the night, what must we suppose the air of a room to be which contains from fifty to one hundred patients affected with various forms of disease. Small apartments with few persons in each, are much freer from the evils of hospital atmosphere than large ones with many patients, even though the numbers in each are proportionate to the size of the rooms, for the height of large rooms is never proportionate to their size. Because, though the small ones may be as much crowded as the large, yet they are much more easily ventilated, and the atmosphere in them much sooner purified. Epidemics peculiar to hospitals, such as hospital-gangrene, &c., may be prevented from passing from one apartment to another, while they will affect all in the room where they begin, however large they may be."

It is said the hospital is now full to overflowing. Your committee are informed, the hospital buildings are sufficiently extensive to accommodate from six hundred to eight hundred persons; that is more room than will be needed for the sick only, for a number of years to come. Many of the paupers now resident in the hospital, will soon be withdrawn, in consequence of the erection of the Hamilton County Poor House, which will be completed, in all probability before the end of the coming summer, so far as to receive the poor of the county.

Your committee, therefore, thinks that the arrangement contemplated, can be made without any such an outlay of money as is intimated by the majority—a sum much less will answer. Your committee will close this report by an epitome of the project contemplated by the bill, pronounced by an eminent physician, in a lecture on this subject:

"Under the proposed law a most beneficent change will be seen. Patients will freely choose their treatment from the most distinguished men of three medical faculties, and from other physicians of the city, who are willing to give gratuitous assistance. Thus will the whole medical talent and learning of the city be brought within reach of the poor for their relief. With three house-physicians to give constant attendance, and with a faculty of six or seven physicians to each department, the poor patients will have as

faithful attendance as the wealthiest of the land. In each department the records will show, at any time, the treatment and its results, and if the treatment of either faculty should show superior success in cholera or any other prevailing disease, the other faculties, more unsuccessful, would be compelled to adopt a similar plan, or sink the reputation of their school beyond recovery. This imminent responsibility, from publishing the records, would create such a vigilance and fidelity in the physicians as has never before been seen in hospitals, and the statistics obtained would induce the medical profession, generally, to adopt the methods which proved most successful, and would thus produce incalculable benefit to the whole country.

"The employment of different physicians in different portions of the same hospital, is nothing new. It is the only way in which a large hospital can be successfully conducted, and the difference of treatment proposed is one of its greatest advantages.

"There can be no confusion or collision, for the several faculties are to be as distinct and independent as if in three different hospitals, and the only matters of common interest between them, the division of the hospital, the preservation of order, the days of lecturing, and the purchase of a library, are to be adjusted by a committee of one from each faculty, to be called a board of managers, which is really but a committee of conference, for their common business.

"Students attending the hospital will be enabled to receive three times as much clinical instruction as heretofore, at the same expense, and medical men from all states of the Union will be attracted by the fame of an institution in which all systems of medical practice may be learned and compared, at a trifling expense, and their true value ascertained by their immediate results.

"This open competition in lecturing will operate like the medical *concours* at Paris, in which rival professors test their comparative abilities, which have made that city the head-quarters of medical science for Europe. A similar effect will be produced in Cincinnati, giving to its medical colleges an American celebrity. The students will partake of the zeal and ambition of their professors, and each will acquire from his varied instruction enlarged views of medicine, which will prevent his becoming an ignorant partizan. Mutual intercourse will beget mutual friendship, and remove many prejudices which arise when separate.

"The medical students of Cincinnati, for several years, have manifested a most peaceable, moral, and gentlemanly character. No serious disturbance or quarrel has occurred for years at either of the colleges; their lecture rooms are characterized by decorum and good humor, and so far from riotous collisions occurring, Cincinnati, with its three schools, has had less disorder among its students, than several other cities in which but one school exists.

The majority of the students of the city are already taught by their faculties to be courteous and liberal to those of different opinions, and the passage of the bill will introduce an era of general harmony and mutual intelligence.

"The Commercial Hospital of Cincinnati will be changed from one of the most unsuccessful hospitals ever known, to the very best in America; and, without one cent of additional expense, a library and pathological museum, both of which are deplorably needed at present, will be established from the proceeds of the hospital tickets, for the benefit of the medical profession, and for the lasting honor of the state of Ohio, which already stands high in medical reputation, and which, under the proposed law, will soon rank among the foremost states of the Union, as to the greatness and celebrity of its medical institutions."

The bill is therefore reported back without amendment, and recommended to its third reading and passage.

All of which is respectfully submitted.

JOHN F. BEAVER, *Select Committee.*

ON THE ADVANTAGES OF SOLUTIONS OF CAOUTCHOUC AND GUTTA PERCHA IN PROTECTING THE SKIN AGAINST THE CONTAGION OF ANIMAL POISONS. *By William Acton, Esq.*

The author states that he has been engaged in performing various experiments with solutions of gun cotton, gutta percha, and caoutchouc, with a view of testing their property of protecting the surface from the influence, by contact, of contagious poisons, and the following are the conclusions at which he arrived: 1. That a solution of gun cotton, when dry, corrugates the skin too much to be available for the purposes required. 2. That gutta percha alone is devoid of elasticity and sufficient adhesive quality, whilst the solution of caoutchouc wants body and is too sticky; but that, 3. The compound solution of caoutchouc and gutta percha possesses the requisite qualities to fulfil the purpose required. It is prepared by adding a drachm of gutta percha to an ounce of benzole, (the volatile principle of coal naphtha,) and ten grains of India rubber to the same quantity of benzole, each being dissolved at a gentle heat, and then mixed in equal proportions. The author has employed this compound in painting the surface surrounding a chancre with the solution, and found that the acrid secretion had no effect upon it when dried, and warm or cold water may be applied with impunity. He considers that it may be employed advantageously in many and various ways, as in protecting the hands during post-mortem examinations, in preserving the cheek from excoriation in gonorrhœal ophthalmia, and in covering the parts contiguous to a

score where water-dressing is the application, &c. A letter from Mr. Quackett to the author states the results of that gentleman's examination of these several solutions under the microscope. A dried film of the compound is described by him to be perfectly elastic and free from perforations, though in many parts less than the one five hundredth of an inch in thickness.—*London Lancet*.

ÆTHEREAL SOLUTION OF PREPARED COTTON IN BURNS. J. Crawford, M. D. Lecturer on Clinical Medicine, McGill College, Montreal, C. E.

I observed in the last number of your Journal, a short notice (taken from the *Boston Journal*) of a new remedy, as a surgical application to wounds, namely, an "æthereal solution of prepared cotton." I have lately had an opportunity of trying this remedy in the case of a severe burn, and had the pleasure of witnessing a most satisfactory result. I have to thank Dr. Payne, Dentist, of this city, not only for the suggestion, but also for having afforded me the means of trying it on the occasion. My patient, a young gentleman residing at the same house with Dr. P., had, a few moments previously, received a severe burn of the face and hands, from the accidental inflaming of camphine; after placing his hands in iced water, I was preparing cotton wadding as the most convenient application for the face, when Dr. Payne mentioned to me that he had lately received, from the United States, a new remedy, which he had tried to an abrasion on his hand that day, with immediate relief. The wound so treated, appeared covered by a thin glazing or varnish, which perfectly excluded the atmospheric air—the principal desideratum in these cases. I at once adopted the suggestion, perceiving that it appeared to promise a very light and convenient covering, while the æther during its evaporation would likely afford a cooling application.

The solution was accordingly brushed lightly over the face, and a glazing was soon observed, and the painful sensation almost instantly subsided.

The want of a sufficient quantity of the fluid to cover the hands in like manner, prevented me treating them in the same way. It will be sufficient for my present object to state, that nothing could be more satisfactory than the result of the application, and I know of none at all to be compared with it for convenience, as well as efficacy, in superficial burns of the face.—*Wood's Retrospect*.

ERGOT OF RYE IN RETENTION OF URINE.—Dr. Allier, of Marcigny, in a paper read before the Academie de Medicine, on the use of the ergot of rye in the treatment of the divers kinds of retention of urine, laid down the following conclusions:

1. The ergot restores to the bladder its contractility, impaired by immoderate distension of its coats.
2. It has acted in this manner, when all other means have failed.
3. Paralysis of the bladder, resulting from cerebral hæmorrhage, has frequently given way on the use of the ergot.
4. The ergot has had no effect on the paralysis of the limbs, resulting from apoplexy.
5. The secale is just as efficacious in vesical paralysis, when the lesion of the nervous centres is not clearly established.
6. Paralysis of limbs, depending on such lesions, has not been benefitted by the ergot.
7. This substance shortens the duration of vesical paralysis, which, by the use of the catheter, is generally removed in a period of time which may vary considerably.
8. It has no effect in retention of urine, resulting from enlargement of the prostate gland.
9. It acts, in such cases, by increasing the contractile power of the bladder, without causing the prostate to diminish in size.
10. Once in fourteen times the ergot has had no effect whatever: this occurrence happens in pretty much the same proportion with the more approved remedies.
11. As the effects of the ergot are rather evanescent, it should be given in small and oft-repeated doses.
12. The dose may be raised to seventy-five grains a day.
13. It is useful to give it afterwards in decreasing doses, for eight or ten days after the cure, to render the latter more certain.
14. The phenomena produced by the stimulating action of ergot upon the nervous system, although generally not of an alarming description, are sometimes, however, so intense, as to render it prudent to suspend its use for a few days.—*London Lancet.*

PHYSIOLOGICAL AND THERAPEUTICAL EFFECTS OF DIGITALINE. *M. Rayer.*

As to the physiological effects of digitaline, it may be said that doses of one-forty-eighth, one-twenty-fourth, and one-sixteenth, of a grain, are not disagreeable to take, and produce no disgust or repugnance afterwards. The lowering effects on the pulse have been noticed in all patients, without exception; it was retarded from twelve to forty-eight pulsations, or, in other words, the mean amount of diminution was between one-third and one-fourth; the

maximum one-half, and the minimum one-eighth. Two or several hours must elapse before these results can be noticed. The pulse, if the whole length of treatment be kept in view, reaches the maximum of retardation only after a week or two. This maximum is then, strictly speaking, an absolute one, and the maximum which is observed daily, five or six hours after the ingestion of the drug, is a relative one. The peculiarities of the pulse when thus lowered, are extremely variable—in most cases it is small; but it acquires, nevertheless, a certain amount of resistance and hardness, rarely recovering its normal fulness. It sometimes causes irregularity, and destroys it when pre-existing; in therapeutical doses it improves the qualities of the pulse, instead of injuring them, it diminishes its frequency, and regulates its action. The urine is increased in quantity, about one-half, sometimes much more. Its physiological effects can be thus summed up:

1st. Digitaline, in doses of one-twenty-fourth to one-sixteenth of a grain, renders the circulation slower, and increases the secretion of urine.

2d. Doses of one-twelfth to one-eighth of a grain may seriously disturb the nervous centres, and the digestive organs.

3d. Beyond one-eighth of a grain intolerance always sets in, and death might ensue if this limit were overstepped, or if the attempt were pursued too long.—*London Lancet*.

AN EFFECT OF OPIUM, UPON WHICH SUFFICIENT STRESS HAS NOT HITHERTO BEEN LAID.—Opium increases the circulation of the skin, and diminishes that of the mucous membranes. A person who has taken a full dose of opium at night, will, amongst its other effects, feel himself the warmer for at least twenty-four hours afterwards. I am acquainted with a gentleman who has met with considerable success in his practice on indolent old ulcers, and one part of his treatment consists in his giving his patient a grain of opium thrice daily; this is done upon the principle of stimulating the capillary circulation of the part. In that form of deafness which is attended with tinnitus, and appears to consist in a congested state of the mucous membrane of the Eustachian tube and tympanum, I have often successfully prescribed opium with a view of increasing the cutaneous circulation, and diminishing that of the mucous membranes.

An old lady suffered from a severe attack of influenza, the poison of which seemed principally to operate upon the Schneiderian and the bronchial mucous membranes. For four years afterwards she constantly suffered from an obstruction in both nostrils, attended with so profuse a secretion of thin mucous fluid, as to oblige her to use four or five handkerchiefs in the course of a day, and the

least exposure of the lungs or surface to a cold atmosphere, brought on an asthmatic attack, which was accompanied with a copious frothy expectoration. Though she could smell nothing which was presented to her nostrils, she was troubled with an offensive putrid odor, which she imagined was always present, whilst the sense of taste had become so obtuse, that she could neither distinguish tea from water, nor salt from soda. I had been acquainted with her for a long time, and had frequently prescribed various remedies without success, as a great many other practitioners also had done. The mucous membrane of both nostrils was swelled, redder than natural, and so acutely sensitive, that she could not bear the slightest touch with my probe. These symptoms and appearances might have induced me to the opinion of the case being one of malignant polypus; but though the disease had existed so long without any amendment, it had, on the other hand, made no advance; and besides this circumstance, the history of the case, and the co-existence of the thoracic affection, were not in favor of this supposition. One morning, whilst sitting near her, and witnessing the constant annoyance from which she was suffering, I remembered that, whilst I was attending to her for an acute disease, by which she was confined to her bed, she mentioned that her head and chest symptoms had suddenly become much better, for she had barely wet a single handkerchief, and fancied she had perceived the savoury odor of a stew, which was being prepared in the kitchen. I paid no attention to this circumstance at the time, especially as, a few days later, I noticed that she again seemed as bad as ever. But now, and it was at least a twelvemonth afterwards, a bright thought struck me; I remembered that, at the time she spoke of this amendment, she was taking opium in considerable quantities, for a spasmodic pain in the bowels. My opinions on the effects of opium, which I have above detailed, were already formed, and I determined upon having recourse to it in this instance. I laughingly told her that a brilliant idea had come into my head, and that I now knew what would give her relief. The good old soul shook her head doubtingly, and said that she would give me fifty pounds if it did. (She never paid me, if she meant it.) Desirous of concealing the nature of the remedy, I prescribed the *Pilula Styracis Composita*, in five grain doses, every night at bed-time. Some improvement was apparent in the course of a few days, and it became continually progressive. In two months she ceased to wet more than a single handkerchief daily, and had even some return of the sense of smell and taste, whilst she had now become comparatively indifferent to a low atmospheric temperature; for although during the whole of the previous winters she had been obliged to confine herself to one room, or to move through the passages with a shawl, or a respirator, before her mouth, during the next cold season she wandered about the house, without finding any precaution necessary. She always had

expressed herself with extreme confidence of the benefit she had received, and, as a proof of her faith, I may mention the great glee with which, during her last illness, she received the intelligence that I allowed her to have one of her old pills; those pills, she believed, would cure every malady. She died of another complaint, seven months after the commencement of this treatment, but I believe that the improvement in her head and chest symptoms had been progressive to the last.

Opium-eaters generally complain of feeling cold and shrunk up, when they are deprived of their habitual stimulus. These effects of opium on the mucous membrane are well illustrated in the following passage, which is taken from the "Confessions of an English Opium-Eater:"—

"I must mention one symptom which never failed to accompany any attempt to renounce opium,—viz: violent sternutation. This now becomes exceedingly troublesome, sometimes lasting for two hours at a time, and recurring at least two or three times a day. It is remarkable, also, that during the whole period of years through which I had taken opium, I had never once caught cold, not even the slightest cough, but now a violent cold attacked me, and a cough soon after."—*Prov. Med. and Surg. Journ.*, Nov. 15, 1848.

CAMPBOR AND CHLOROFORM MIXTURE.—Messrs. T. & H. Smith, chemists of Edinburgh, gives a formula for exhibiting camphor, in doses of almost any amount of strength—certainly as large as any case can require—and that in a state of perfect solution: thereby allowing of a nice adaptation of the dose to the circumstances of each case.

The formula is as follows:—Three drachms of solid camphor are dissolved in one fluid drachm of chloroform. This is, perhaps, one of the most remarkable cases of solution the whole range of chemistry presents to us. The solution is most *rapid and complete*, and the bulk of the liquid is now increased from one to fully four fluid drachms. This solution, rubbed up with the *yolk* of one fresh egg, may be formed into an extremely elegant emulsion by the addition of water, without the slightest separation of the camphor or chloroform; in fact, no separation of any kind takes place. If to the proportions given above, as much water be added as to make a four-ounce mixture, each teaspoonful of the mixture, when formed, will contain about five and a half grains of camphor, and about two minims of chloroform. This mixture can be administered in any ordinary vehicle, such as water, without the occurrence of any separation.

Part 3.---Editorial.

MEDICAL REFORM.

WE have been laboring for years, with a host of good men and true, to change the philosophy and ameliorate the practice of medical science. A conscientious man, who studies nature for himself, and observes the operation of remedies with a scrutinizing eye, cannot, with any satisfaction, confine himself within the pale of the Old school system. In the language of Prof. Kirtland, of the Cleveland Medical College, "If he be a man of principle he will most likely retire in disgust from the profession, and ever after remain the most confirmed of medical skeptics."

We would not be understood in quoting this language to imply that those who continue in the Old school practice are not men of principle. Such a charge would be illiberal and untrue. But we do mean to affirm, that those who honestly and firmly adhere to the Old school system, as a general rule, have never fully investigated the subject, and are not really acquainted with the merits of the systems of medical reform which they overlook or condemn.

The object of the various systems of medical reform, now current in America and Europe, is evidently benevolent. They all recognize the deplorable waste of life and health which takes place under the old school system of practice. They all agree that these deplorable consequences have been produced by the improper use of the *materia medica*, by the administration of harsh poisons, or pathogenetic articles, in place of congenial, safe, and restorative medicines—by the abstraction of that indispensable part of our bodies, the blood, and by a debilitating, sedative, prostrating method of treatment, which, instead of sustaining the vital powers, rapidly exhausts and destroys them.

With remarkable unanimity have these conclusions been reached by thousands of the medical profession in Europe and America, including many of the most acute and learned men, as well as many of the very best practitioners of the present day. But it is much easier to criticise and pull down, than to discover and build up.

However unanimous medical reformers may be in regard to their condemnation of "OLD MEDICINE," it must be confessed their ideas of "YOUNG PHYSIC" are as yet materially different. Each party has been busy in erecting its own temples for its separate worship, and thus, like Protestant christendom, after abandoning the old Hierarchy of Rome, they have formed separate sects which are not yet united. But it is our own opinion, and doubtless that of many others, that all parties of medical reformers will ultimately coalesce, and they will discover that the separate temples which they have been building, are in reality but parts of the same great temple of *Æsculapius*.

How or when this union will occur cannot be precisely stated, but we think that as in accordance with the benevolent spirit of the age, men of opposing parties are brought into familiar personal intercourse, and peruse each other's writings, they will learn to entertain mutual respect, and all the discoveries or knowledge which may be imparted by any one, will gradually become a portion of the common stock.

Moreover, in our common Exodus, from the old Egypt of mercurial practice, however different the modes by which we make our escape, or continue our journey, they all converge and terminate in that Palestine of medicine—a system of practice which preserves the vital energies, which neither debilitates nor poisons, which aims at prevention rather than cure, and which never in curing one disease leaves another in its place, nor leaves a constitution impaired by the heroic agencies employed.

How near have we arrived to this goal? In our opinion we have already entered upon the borders of the promised land. We have still a long march before us, but we have left the enemy behind. The beginning and the end of our journey are now plainly in view. The point from which we took our departure, was the use of the *materia medica* in a pathogenetic or disease-creating manner. The point to which we are journeying is the use of medicine wholly in the physiological or sanative manner.

In making this progress we have been condemned as illiberal and ultra by old school opponents, because we have entirely rejected from the *materia medica* those articles, which we have found unnecessary and injurious. But do we thus diminish our resources? Is there a single object accomplished by mercury, antimony, arsenic

or bleeding, which we cannot accomplish with greater safety and certainty without such means?

There is not a more delicate or difficult question in medical reform than this, of the rejection of poisonous or deleterious and unsafe remedies. Upon this subject there has been so much discussion, and so much misunderstanding of the different shades of opinion, that it is well at this time to define more fully and distinctly our views of true medical reform. We believe that the slight differences of sentiment which have been occasionally noticed among our friends are more apparent than real, and that a full understanding will show a most decided unanimity among the greater portion of the scientific medical reformers of the United States, who are not of the European or Homœopathic school.

1. We believe that a perfect system of medical science is that which never allows disease to exist at all—which prevents disease, instead of curing it, by means of a perfect Hygienic system, by proper modes of life and choice of diet.

2. We believe that the next best system is that which admits a disease to arise, but promptly meets its development by the use of such agencies as are perfectly in harmony with the laws of health, and physiological in their action, such for example as water, air, heat and cold, (in judicious application,) baths and frictions, magnetic manipulations, mechanical remedies, food and drink, condiments, ptizans, and other articles which are not usually regarded as either medicines or poisons.

3. We believe that the next best system is that which goes beyond the *materia alimentaria* and uses also the *materia medica*, but uses only those articles which most nearly approximate the character of food—such as stimulants, tonics, neroines, laxatives, demulcents, diaphoretics, anodynes, aromatics, acids, alkalies, salines, saccharines, antiseptics, rubefaciants, stomachics, diuretics, emetics, hæmostatics, expectorants, sorbefaciants, alteratives, cholegogues, emmenagogues, fomentations, embrocations, antiperiodics, but aims in all these measures to select those articles for use, which experience has proved to be most congenial to the human constitution, and least liable to the production of any injury.

4. We believe that the next system of practice, in point of merit, is that which not only sheds the blood of the patient, but employs all substances indiscriminately, no matter how dangerous their prop-

erties or tendencies, and thus frequently either destroys life or permanently poisons the constitution, no matter how judicious the practitioner.

5. We believe that the next system, in point of merit, is that of the soldier, who sheds blood *ad libitum*, and the assassin who uses poisons alone, in doses rather larger than are used by the physician.

With this view of the ascending and descending scale of merit, it will be perceived, that our aim is to depart as far as practicable from the debilitating or pathogenetic practice, and to approach as near as possible to the hygienic or sanative practice.

The true hygienic practice, however, is rather for the patient than for the physician, who has but little to do in carrying it out. This system would tend to abolish the medical profession. This is in advance of the age, and will be practised by but few. The second best system, which relies largely upon the water cure, animal magnetism, mechanical means, electricity, diet and regimen, is more generally practicable, and is at present practised by many, but in a large number of cases it is not as yet sufficient. The third system is the main reliance of the most enlightened at the present time. The fourth has been the world's reliance heretofore, and is still the reliance of the majority, who believe that mercury and the lancet are necessary.

In rising from the fourth to the third system—i. e., from Old school practice to medical Reform, the question naturally arises, whether it is safe to abandon our old reliances; whether disease can be successfully treated, without the use of disease-creating agents? We think it can. We do not believe that we can as yet dispense with medicines—the world is not as yet sufficiently wise, and the resources of science are not sufficiently extensive to dispense with articles which are strictly medicines, and which are foreign to the usual wants of the system. But we are undoubtedly able to dispense with deleterious agencies, and if there are any who still think that remedies of an intensely poisonous character are appropriate in practice, every year's progress of science develops additional resources, and removes the necessity for retaining such remedies.

Our doctrine upon this subject is, that whenever any medicine manifests a tendency to act as a poison, in its ordinary administration, we should look upon it with a jealousy, proportioned to the

probability that it would so act, and should cast about in the vast magazine of nature, to find some other article or articles capable of fulfilling our objects in a more satisfactory manner. We may have friends who think on the one hand that we go too far in excluding unsafe remedies, and others who do not think that we go far enough, but if our principle is right, its application must be left to individual experience and judgment. To those who think we go too far, we say that we go no farther than *experience* has sanctioned our steps, and therefore we know that we are not too ultra in reform. To those who think that we are too slow in abandoning any of the known remedies, we reply that we are willing to abandon any article which produces in our hands any evil results the moment we find an adequate substitute.

As to the use of opium, we can say that our experience, in its judicious use, shows that although it is liable to abuse, its value is too great to justify its exclusion from the *materia medica*, when it is so easy to obviate the objections to its use, by denarcotized preparations, in which the beneficial properties of the drug alone are conspicuous.

There are several other articles, such as digitalis, stramonium, hyosciamus, &c., which are objected to by the more ultra reformers, in reference to which we have not taken so decided a stand. We are aware that their importance in the *materia medica* is not very great, and consequently in the Eclectic practice they are but seldom used. Whether they are necessary, in any case, we are not prepared positively to decide, but we are clearly of the opinion, that if all this doubtful class of agents could be expunged from the *materia medica*, and their places fully supplied by others more congenial to life, the reform would be most truly beneficial.

In this matter our practice keeps pace with our knowledge, and we aim to reform medical science, not by destruction, but by substitution. We have no attachment to any remedy which experience shows unsafe, but on the contrary, we rejoice in the success of every attempt to substitute sanative for pathogenetic medicines, and believe that a number of the articles which are still occasionally used, will, in time, become obsolete, as medical science progresses towards the true sanative system.

As to the doctrine that all poisons should be rejected from the *materia medica*, we reply that, according to our understanding of

terms, that would involve the rejection of nearly the whole *materia medica*, as there is scarcely a medicine which will not act as a virulent poison, if administered in a sufficient dose. But if by the term poison, is meant only those articles which are sure to develope, occasionally, poisonous action, even if used by judicious practitioners, then we say, that in that sense, poisons should be excluded from our list of medicines.

Our position upon this subject has often been misrepresented, because we do not enter into a fierce crusade against certain measures of doubtful utility, in reference to which, reformers may reasonably be divided in sentiment. We hold that our opposition to any course of medical treatment, should be proportional to the mischief that it produces, entirely irrespective of medical theories. As the use of mercury, and the use of the lancet, are gigantic evils, we war against them with energy and zeal, but to expend the same energy in opposition to any of the minor evils or practices, merely of doubtful propriety, would be as absurd as the conduct of a fanatic, who considers the ceremonies of his church more important than the essentials of a christian life.

According to our view, medical Reform, is necessarily progressive, and we should endeavor to preserve the just medium between those who hold on to the old abuses of the profession, and those who, in their over-hasty zeal, proscribe the whole *materia medica*, to use water alone, or reject important medicines, upon frivolous pretexts, without providing any adequate substitutes. The one class errs from apathy to human improvement; the other, from over-hasty zeal, overpowering their better judgment. Of the two, we prefer the headstrong and rash reformer, to the cold and immovable conservative; and whatever may be the errors of reform, at present, we are satisfied that reformers will ultimately meet in their progress, upon a common platform. B.

DR. BEACH AND DR. STEVENS.

THE following is the principal portion of a letter, purporting to be addressed by Dr. Stevens, of New York, to the Speaker of the House of Representatives, of Ohio, and published at Columbus:

"As I have never, to my knowledge, seen Dr. Beach, or had any intercourse with him, written or verbal, I am quite at a loss for his

having selected me as the hero of his fable, for such the tale is from beginning to end. He never, so far as I know, had charge of any ward during the cholera; the physicians of which were appointed verbally by myself. If in any way a successful mode of treating the cholera had come to my knowledge, no matter from what quarter, I should have made it known, and spread it to the extent of my power. But I repeat, the whole story is a chain of falsehood.

I would respectfully ask of you, and of the House of Representatives, to make this denial as public as the memorial to which it refers.

I am, sir, respectfully,

Your obedient servant,

ALEX. H. STEVENS,
President of the Special Medical Council,
[Sometimes called the Board of Health,]
in the year 1832.

New York, 27th February, 1849."

The publication of the foregoing letter, in a daily paper of this city, called forth the following communication, in reply:

MR. EDITOR: A letter purporting to come from Dr. Stevens, of New York, was published in your paper some days since. In this letter (if it be a genuine document) Dr. Stevens attempts to discredit the well-known and authentic facts in reference to the successful treatment of cholera, by Dr. Beach, in New York, more than sixteen years ago. It is possible that Dr. Stevens may have forgotten the circumstances which then occurred, but his defective memory cannot obliterate a well known and widely published historical fact.

As Dr. Beach is at this time in Europe, it is but an act of justice to an absent gentleman, to request the republication of the following documents which were matters of public notoriety at the time, and have since been widely diffused in Dr. Beach's American Practice of Medicine. They have never been contradicted or doubted to my knowledge, by any individual, until the present instance, and even the letter of Dr. Stevens is so worded as to give him the opportunity of evading a direct issue of veracity, when the facts are established.

Several of the physicians who co-operated with Dr. Beach in his treatment, are still living, and I could refer to a distinguished physician of this city, who has often conversed with them upon the subject, and heard their personal narratives of the facts. The letter of Dr. Stevens was brought out for a special purpose, to obstruct the passage of the new Hospital bill, in the legislature of Ohio.

"During the last season (a period of three months,) under the appointment of the New York Board of Health, we prescribed for

about one thousand cases of cholera either in the premonitory or confirmed stages."

His appointment is published in full on the same page as follows:

By virtue of the power and authority in me vested, as Alderman and Warden of Health of the Tenth Ward, I do hereby nominate, constitute, and appoint, Wooster Beach, M. D., to visit and take charge of, and to give such medical advice and assistance, as may be required, to all poor persons, inhabitants of the ward, who may be affected with the prevailing epidemic; and also to call to his aid such assistance from the medical faculty, as he may require and deem necessary and expedient.

JOHN PALMER,

Alderman Tenth Ward.

July 17th, 1832.

After receiving the above appointment, the corporation immediately issued and posted up in every ward the following bill:

TENTH WARD MEDICAL STATION.—All persons affected with looseness, pain in the bowels, or cramp, are requested to apply immediately to Dr. W. Beach, No. 95, Eldridge street, where they will receive ADVICE and MEDICINE, free of charge.

By order of the Board of Health.

THOMAS T. WOODRUFF, }
HENRY P. ROBERTSON, } *Ex. Com.*
WILLIAM MANDEVILLE. }

New York, July 18, 1832.

Volume second contains an appendix of forty-eight pages "on the Indian or spasmodic cholera, as it occurred, and was treated, in the city of New York, in the summer of 1832, at the Tenth Ward Medical Station, under the appointment and sanction of the Board of Health and corporation." On page 33 we find the following correspondence:

CIRCULAR.

TO DR. W. BEACH, TENTH WARD MEDICAL STATION.

New York, 10th August, 1832.

SIR—I beg to ask you what treatment you have found most successful, in the premonitory stage of Cholera, say diarrhœa, or uneasiness or pain in the bowels; and whether such treatment has been uniformly successful, and if not, by what circumstances it has been rendered ineffectual? Be pleased, also, to state what number you have prescribed for, and whether you have seen any case of cholera not preceded by diarrhœa.

In behalf of the Special Medical Council,

ALEX. H. STEVENS, M. D., *President.*

ANSWER.

New York, August 15th, 1832.

Tenth Ward Medical Station.

TO ALEXANDER H. STEVENS, M. D., PRESIDENT OF THE S. M. C.

SIR—I have received a note from the S. M. C. requesting me to answer some interrogations respecting the cholera.

First, "What treatment have you found most successful in the premonitory stage of cholera, say diarrhœa, pain or uneasiness in the bowels, and whether such treatment has been uniformly successful?"

In answer to this question I have to state, that the treatment pursued at this station has been attended invariably, with success.

The following recipe constitutes almost our only remedy for *nausea, vomiting, pain in the bowels, with flatulence, and diarrhœa.*

Take of Rhubarb, (*Rhei.*)

Sal Æratus, (*Bi-Carbonas Potassæ, pul.*)

Peppermint plant, (*Mentha Prep. pul.*)

2 Scruples of each—*Mix.*

Add half a pint of boiling water, sweeten with loaf sugar, then add a tablespoonful of best brandy; of this, give to an adult, a tablespoonful every hour, until it acts as a laxative, or moderately upon the bowels. In the intervals, diluent drinks, such as infusions of *catnip* and *spearmint*, are directed to be taken.

This preparation is sufficient to remove the diarrhœa. Where there is considerable pain, we have found the addition of aromatics attended with additional benefit; to the same composition is added, of cinnamon and cloves, *pul. a. a. (Equal parts; one scruple.)*

We have found the administration of *diaphoretic* medicine very much to aid in the removal of the disease; bathing the feet, with the use of the drinks above mentioned, are, in general, sufficient to cause perspiration.

In neglected and protracted cases of diarrhœa, when the patient has complained of great pain, restlessness, *want of sleep*, &c., ten grains of diaphoretic powders have been directed to be given at bed time.

The following tincture to be applied over the region of the abdomen.

Take of Capsicum, two tablepoonfuls.

Brandy, one pint; simmer a few moments and apply warm, with flannel, and repeat often.

Second interrogation.—"What number have you prescribed for?"

In reply to which I have to state, that the aggregate number has been, up to the present time, since the epidemic, (a period of forty odd days,) *seven hundred and eighty.**

* This answer was given before the epidemic had subsided.

Third interrogation.—“Have you seen any case of cholera not preceded by diarrhœa?”

In reply to which, I have to inform, that in a majority of the cases of cholera, and very generally, an attack of the disease has been preceded by diarrhœa, but not invariably so. We have fully and clearly ascertained that some cases have no such premonitory symptoms, but these have been of a very *malignant* and *fatal* character, and confined principally to the *aged* and *intemperate*.

In concluding this communication, a sense of duty compels me to state, that much of the success attending our practice must be imputed to the promptness, persevering industry, and indefatigable exertions of our worthy Alderman, Mr. John Palmer, and Mr. John Minuse, the deputy Warden, in visiting from house to house, to obtain the earliest information of every individual laboring under the premonitory symptoms of cholera, and immediately reporting the same to this station, which has often enabled us to arrest the disease in its incipient or forming stage; a measure which cannot be too strongly recommended to our municipal authorities. A sense of duty also constrains me to render a tribute of respect to the medical gentlemen, or assistants, associated with me, for their untiring zeal and laborious exertions, by day and by night, in discharging their duties to the sick.* In conclusion it may not be irrelevant or unsatisfactory, to add, that the health of the physicians who have attended at our station has not been impaired, notwithstanding their assiduous attention (and often times in the capacity of nurses) to the most distressed and malignant cases, lying in filthy, unventilated, and loathsome apartments and situations. All which is respectfully submitted.

W. BEACH, M. D.,

Physician of the 10th Ward Medical Station.

The same methods of practice here detailed, by Dr. Beach, have proved equally successful in the hands of other Eclectic practition-

* A tribute of respect is due to those physicians, who were associated with me, during the epidemic, for the hazard they incurred; their zeal, industry, and untiring exertions, by day and by night, in visiting, attending, and often nursing patients, laboring under the disease. While many elderly physicians of the old school fled in dismay from the pestilence, abandoning their former patrons, or patients, these physicians, most of whom were young, remained at their posts, and most faithfully and honorably discharged their duty. A discerning public, it is hoped, will render them that praise, and credit, to which they are entitled. And I have deemed it proper to record the names of those who attended at the Tenth Ward Medical Station, during the epidemic.

Doctors: J. B. DAY, from New Jersey.
CHEVERS, city of New York.
D. CARPENTER, city of New York.
MARTIN LEWIS, State of Maine.
OATMAN, Vermont.
WARREN ALFORD, North Carolina.
H. D. SHEPPARD, West New Jersey.
BELCHER, city of N. Y., of the Old School.

ers since that period. Dr. Hawthorn, of Liverpool, England, was about equally successful by a method similar in its prominent features to that of Dr. Beach. There is, really, but little danger in cholera, when treated according to the plan of Dr. Beach, or that of Dr. Hawthorn, and yet, not one half of the cholera patients in England, at the present time, recover—two-thirds of them actually die! Is there no need of Reform?
SPECTATOR.

REMARKS.

The above documents show the utter untruth of the statements of Dr. Stevens in this famous letter which is relied on by the old medical hunkers, to assail the reputation of Dr. Beach, in particular, and to discredit the statements of reformers, in general. Thousands of copies of this document, have been published, and republished, at the instigation of these men, doubtless for the purposes aforesaid. Inasmuch as so much consequence has been given to this letter, I deem it my duty, briefly to submit a few remarks on the subject. I am further impelled to do so, by a sense of justice to an absent friend, whose well earned reputation for truth, has never before, to my knowledge, been made the subject of attack. I would remark, in the first place, that I spent the winters of 1829-'30, and 1830-'31, in the city of New York, during which I attended the lectures of the Reformed school, founded by Dr. Beach, and also the clinical lectures, delivered at the New York Hospital, by Drs. Mott, Stevens, Rogers, Cheeseman, Smith, and others, and witnessed many of the operations performed by these gentlemen, especially during the last named winter. I was, also, intimately acquainted with Drs. Day, Chevers, Carpenter, Oatman, and Sheppard, who were associated with Dr. Beach, in his official labors, as physician to the Tenth Ward Medical Station, in the treatment of Cholera, in 1832. I have seen, and frequently conversed with, at least, two or three gentlemen, viz: Drs. Day and Sheppard, since that time, in reference to this matter, and they both, unhesitatingly, confirmed the truth of the whole statements, as above set forth; and I confess, when I first saw the letter, purporting to come from Dr. A. Stevens, of New York, I unhesitatingly pronounced it a forgery, and have since seen nothing to change that opinion. But let this matter be as it may, it is altogether too important a matter to be passed over lightly. I will, therefore, briefly analyze its contents. What are the facts, in regard to the very first assertion it makes? viz: that he had never, to his knowledge, seen Dr. Beach,

or had any intercourse with him, either written or verbal. If I have been correctly informed, Dr. Beach attended the lectures of Prof. A. H. Stevens, in the University of New York, and it is presumed the Professor must have seen him very frequently. But, perhaps, the Professor is of the same genera and species as several medical gentlemen of high standing pretensions, I could mention, in this city, who are so unfortunately constituted, as to be unable to know or remember any thing good or meritorious in the character of any medical reformer, but who, nevertheless, can point out, with remarkable accuracy, his faults and defects, and if he should happen to be destitute of any, can readily manufacture such as may suit their purposes for the time being. As to the denial of ever having had any intercourse with Dr. Beach, written or verbal, the official record proves this statement to be positively false. We suppose, however, that the Professor will endeavor to escape the odium of having promulgated a falsehood, by declaring that this transaction had escaped his memory; for he takes especial care to qualify his statement, by saying, "I have never, to my knowledge," &c., thus leaving a loop hole, to creep out, in case he was charged with falsehood, &c., and likely to be convicted of it. The next statement, worthy of any notice whatever, is, "He (Dr. Beach) never, so far as I know, had charge of any ward during the cholera." Does any man, woman, or child, believe there is one word of truth in this statement, when it is recollected that A. H. Stevens was the president of the Special Medical Council, to whom official reports would be made by the physicians who had charge of the different medical stations?—when the official notice of the appointment of Dr. W. Beach, as physician to the Tenth Ward Medical Station, was extensively published, and posted up, by order of the Board of Health, "in every part of said ward"?—when the newspapers of the city (at least several of them) noticed the appointment and success of Dr. Beach, in a flattering manner? Can it, for a moment, be credited, that the president of the Special Medical Council should have lost all traces of recollection of these facts, so notorious at the time of their occurrence, and which have been published in Dr. Beach's *American practice*, for fifteen years at least, and circulated throughout every portion of this country, as well as in Europe, as a part of the medical history of the times? It is further said, in addition to this extraordinary statement, "the

physicians of which (viz. the different wards or medical stations) were appointed verbally by myself." This statement is made in full view of the fact, that the appointment was made by the Aldermen of the several wards, as the records show. Moreover, it is extremely improbable that the city authorities, whatever confidence they might repose in Prof. A. H. Stevens, would be willing to entrust him with a duty so responsible, and delicate, as that of appointing the physicians to the several wards, or medical stations. Indeed, this part of the letter has afforded to my mind, the strongest presumptive evidence, that the whole is a sheer fabrication and forgery, and that Prof. Stevens never saw, nor authorized, the publication addressed to the Speaker of the House of Representatives of Ohio, which bears his name. But we shall shortly be able to learn definitely, whether or no he acknowledges the paternity of that production, as measures have already been taken, which cannot fail to bring him out on that subject. Should he, contrary to the opinion of many of those who have heretofore entertained the most profound respect for his talents and character, avow the authorship of said letter, it will afford a melancholy evidence of the hopeless degeneracy of the spirit of *medical hunkerism*, in its vain and foolish efforts to cripple the indomitable energies, and the ever-living and progressive powers of young physic, which have hitherto been found altogether sufficient to meet any and every issue which may have been made by the votaries of illiberal conservatism in medicine. It would seem singularly strange, if Professor Stevens did actually exercise the responsible function of appointing the physicians to the different wards, as he alleges in the letter before us, that in speaking of the appointment of Dr. Beach, he should be under the necessity of qualifying his assertion, in the following manner: "*He (Dr. Beach) never, so far as I know, had charge of any ward during the cholera.*" This, taken in connection with what immediately follows, involves an absolute contradiction, which is thus made out. If Dr. Stevens' assertion, that he made the appointments of the physicians of the various wards, be true, he would certainly know, most positively, whether or no, Dr. Beach ever exercised the functions of physician to the Tenth Ward Medical Station, and would have so stated, in positive terms; for if the facts be, as shown by the records, that Alderman Palmer did appoint and constitute W. Beach, M. D., as physician to the Tenth

Ward, then he, the said Alderman, was guilty of a high-handed usurpation of power, in daring to make appointments, the right to do which rested solely in the "president of the Special Medical Council," according to the famous document addressed to the Speaker of the House of Representatives of Ohio. This feature of the letter, in my opinion, affords strong evidence of its spurious character. Another very questionable feature in this document, calculated to give it a suspicious complexion, was the fact that the copies first issued from the Columbus press, were signed by *A. H. Stephens*, instead of *A. H. Stevens*. Many of the copies, published by the *medical hunkers* of this city, since that time, had appended to them the proper name of the president of the Special Medical Council in New York, in 1832. When additional facts are developed, in reference to this matter, they will be laid before our readers. If I do not greatly mistake, this attempt on the part of the enemies of liberal principles, to impose on the legislature of Ohio, will have an interesting sequel. *Nous verrons.*

T. V. M.

☞ THE NATIONAL CONVENTION of the friends of Eclectic Medical Reform, will assemble in this city, on the 15th of May, 1849, (being the third Tuesday of the month,) in the Hall of the Eclectic Medical Institute, at 2 o'clock, P. M. This is an important occasion, and we hope to see a large attendance. The vigorous and concerted action of the opponents of medical Reform, requires a corresponding union and co-operation among its friends. B.

SUMMER COURSE OF MEDICAL LECTURES.—A thorough course of medical lectures will be given at Rochester, this year, to which we would invite the attention of the friends of Eclectic Reform. The course will commence on Wednesday, August 1st, 1849, and continue twelve weeks; from five to seven lectures being given daily. Fees for the course, including matriculation, \$35. Professors L. E. Jones, and B. L. Hill, Dr. Z. Freeman, Dr. O. Davis, and Dr. W. W. Hadley, have been spoken as lecturers. Full information may be obtained by addressing Dr. W. W. Had-

ley, of Rochester. It is well known that attendance upon a good course of lectures is the best method of making rapid progress in the acquisition of knowledge. The proposed course, furnishes an excellent opportunity for acquiring medical knowledge, upon terms remarkably moderate, and at a season when no such opportunity exists elsewhere. B.

TRUSTEES OF THE INSTITUTE.—At a meeting of the stockholders of the Eclectic Medical Institute, of Cincinnati, O., on Monday, the 2d inst., an election was held, agreeably to the charter of said Institute, which resulted in the choice of the following gentlemen, as members of the Board of Trustees, to serve for the ensuing year, commencing with the day and date above mentioned. The amount of stock represented in this election was \$11,255.

NAMES OF THE NEW BOARD.

| | |
|---------------------|------------------|
| HON. JOSEPH HOWARD, | JAMES D. TAYLOR, |
| HENRY ROEDTER, | JAMES BINDLEY, |
| JOHN WAGGONER, | T. V. MORROW, |
| IZRAEL WILSON, | L. E. JONES, |
| J. L. CONKLING, | HENRY MILLER, |
| CALVIN FLETCHER, | I. J. AVERY. |
| THURSTON CRANE, | |

A NEW MEDICAL COLLEGE has been incorporated in Indiana, under the title of Eclectic Medical Institute, of Indiana. Its charter is similar to that of the Eclectic Medical Institute of this city. The institution is not yet located, so far as we have been informed. Two years are allowed for this purpose, and it may be located any where in Indiana, north of the Wabash river. In reference to chartering new schools, we hold, in brief, that any school which will excel its predecessors in all the elements of medical utility, will prove beneficial to the profession and the public; but that any school, which does not excel its predecessors, is likely to enfeeble and injure the common cause. B.

T H E

ECLECTIC MEDICAL JOURNAL.

[Vol. I.]

MAY, 1849.

[No. 5.]

Part 1.---Original Communications.

TREATMENT OF MORTIFICATION.

BY R. S. NEWTON, M. D.

GANGRENE, sphacelus, mortification, are terms that are used by some writers to designate the same disease; but their application, as taught by Prof. Cooper, appears to be the most distinct and comprehensive. *Gangrene*, denotes that condition of a part which immediately precedes its destruction; *sphacelus*, the complete death of the part; while the term, mortification, designates both stages of the disease. As every physician, at this day and age of the profession, is well acquainted with the cause, nature, and usual treatment of this disease, it will be unnecessary to make any reference to them in this communication.

That this disease has baffled, and still continues to baffle, the best skill, is obvious to all, and when we consider that it has received the attention of so many scientific physicians, all being anxious to throw some light upon the subject, which might lead to a safer and more certain treatment, we feel it a duty to contribute, what appears to us to be useful and interesting on this subject. Various causes may produce this condition, and as these causes differ in their nature, so, in many cases, will the appearances and symptomatic characters of the disease be found also to vary. This fact has suggested its division, and the treatment applicable to each variety; thus, in some cases, we find a high inflammatory action present, in others, exactly the reverse, which latter may be called *dry mortification*, and the treatment of which must very materially differ from that of the former.

I am of the opinion, that as far as a constitutional treatment is

indicated, it will be important to consider the nature of the complaint, and prescribe accordingly; but in reference to the local application, I think that one single remedy is sufficient to fulfill every indication, and that more dependence may be placed upon it, than upon any constitutional treatment, and there is no doubt but that the profession will willingly hail this discovery. My practice in this malady, has led me to step out of the old beaten track, and search for some agent that can be relied upon for its efficacy, its general application with safety in all cases, with but little modification, and one that will remove the necessity of so much attention to constitutional remedies, in many cases entirely.

This agent may also be used in the treatment of some varieties of erysipelas, which will be referred to hereafter. Sulphate of zinc is the article to which I wish to draw the attention of practitioners, as a remedy for mortification, and to show its beneficial results, by the description of a few cases treated by it. It may be argued, that the use of any remedy that will of itself produce active inflammation, could not be applied to a highly inflamed part, without producing fatal consequences, by increasing the disease beyond the reach of remedies. This will doubtless appear true to many, but experience has proved to the contrary, for it has been used in cases where the parts were in the highest state of inflammation, and although this was increased for a few hours by its action, yet, in no case, have I found it to produce any bad effect, or to so augment this condition, as to present any difficulty in the subsequent treatment. It will be remembered that all cases of mortification are attended with a very offensive fetor, which is one of the characteristic symptoms of this disease, and which is caused by a decomposition of the healthy structure of the parts attacked, and this very cause produces the continuance of the disease, the changing of which is the indication to be fulfilled in every variety of treatment that has been adopted.

No agent will act so immediately in producing this change as the sulphate of zinc; the most extensively mortified surface, with the offensive fetor arising from it, can be stopped in a few hours after its application, and after one or two applications, the parts become hardened, and the fetor entirely removed. It fulfills two indications in this respect, viz: arresting the decomposition going on in the parts, and correcting all unpleasant fetor which may exist; and it should be borne in mind, that as long as this fetor is present, the disease is not arrested. The following cases will be illustrative of the method of using it, in which I have found it useful.

CASE I.

Mr. F., aged 25, residing in Fulton, came to consult me in December, 1846, with an extensive mortification of the whole palatine arch and gums of the superior maxillary, succeeding a mercurial

action which had been produced and continued a long time, and which had resisted the usual treatment for its arrest. I was induced to try the sulphate of zinc, and mixed a small quantity of it in fine powder, with a sufficient quantity of flour and water to make a paste; this, I spread upon soft leather, and applied over the parts affected, retaining it there until the paste sufficiently adhered, by a sponge placed upon the tongue. I would here remark, that this was a well marked case. The fetor arising from the mouth, was such, that one could scarcely stay in the room with him.

On the succeeding day, I found the fetor much diminished, and the parts secreting but little, with a portion entirely hardened. I made a second application, in a similar manner, and on the next morning the unpleasant fetor was entirely removed, and the whole of the diseased parts covered with a dry, hard surface, and no vestige of secretion from any part of it. I considered this to have been carried far enough, and made no further application of the zinc, but recommended the mucilage of ulmus and warm water to be used freely in the mouth, which was pursued for three days, when the entire portion upon which the zinc had been used, sloughed off, leaving a healthy appearance of the parts. It may be well to state here, that the entire structure of the arch, with a large portion of the bone, came away, after which it was treated as a common ulcer, and healed in about ten days, since which time he has remained in good health.

CASE II.

Mrs. S. was under treatment for a cancerous condition of the breast. It had ulcerated, and was attended with all the unpleasant symptoms of such a condition. I made use of caustic applications for its removal, but found upon the second day, that the whole gland was in a state of mortification, and that the system was fast failing from its effects. I immediately applied the zinc, in the form of powder, covering the affected parts with it; in less than six hours a change of the fetid smell was very perceptible, but the inflammation continued without any abatement during twenty-four hours. On the next day I found that the remedy had dried, and hardened a portion of the diseased surface; I, therefore, again applied it, and covered the medicine with a poultice of elm bark, mixed with cold water; this dissolved the zinc in a few hours, and had the desired effect of changing and arresting any further extension of the mortification. In this case two applications were sufficient. It will be found, that in some cases, the zinc will produce a hardened surface, so as to prevent a sufficient quantity from acting throughout the diseased parts; this can be remedied by applying an elm poultice after the zinc is used, which will soften the surface enough to allow its full action, which is known, as before said, by absence of the fetor. All the dressing that is required, is the elm

poultice, both before and after the use of the zinc; if the first application increases the inflammation to any extent, apply the elm for ten or fifteen hours, after which, apply the zinc. The part will usually slough off in three or four days.

CASE III.

J. F., aged forty-eight, had an encephaloid tumor, situated on the leg, which required to be removed by an operation, previous to the application of medicine for its permanent cure. J. King, M. D., assisted me in removing the tumor, which had arrived at several inches in diameter. It was removed without any unnatural appearances attending the case. But on the second day, the whole incision, and for three inches around, became gangrenous, and accompanied with a high degree of inflammation. I immediately applied the zinc, and continued it for three days, when it became completely arrested, and in three days longer the diseased parts sloughed off, leaving a healthy condition of the remaining integuments, which were then treated without any further difficulty.

I have made use of this agent in forty-five cases, and in each it proved highly successful, so much so, that in only five cases was a slight constitutional treatment demanded. As these cases are all similar to those given, I deem it unnecessary to particularize any further.

In four cases of ulcerated erysipelatous inflammation, I have used the zinc with similar success, though in these instances, it required a smaller quantity of the article, a greater number of applications, and at greater intervals between the applications. At some future time, I may again refer to this article, and its effects in other forms of disease.

HOMŒOPATHY AND CHOLERA.

[THE following communication from an intelligent Homœopathic physician, which we publish with some slight omissions, protests vigorously against the idea that Homœopathic remedies should be regarded as nothing. Our correspondent should bear in mind that although we stated the Allopathic opinion that Homœopathic treatment was virtually nothing, we by no means endorsed that opinion, but merely used it as an Allopathic admission, in estimating the value of Old school practice in cholera. Our Homœopathic friends should not be too sensitive to a jest, nor need they ever apprehend any unfair or discourteous notice in the pages of this Journal. Homœopathy is an interesting portion of medical science, and is entitled to claim an investigation from all liberal physicians.—B.]

Messrs. Editors :

In your February number of the Eclectic Medical Journal, I find, in the editorial marked "B.," on cholera, the following remarks :

"Of the patients treated *Homœopathically* in Europe, the number of deaths on an average did not exceed nine to the hundred cases. But the *Allopathic* opponents of *Homœopathy* are generally agreed that the *Homœopathic* treatment amounts to nothing at all, and therefore, the results of their treatment only show the natural mortality of this disease, uninterrupted by improper medical interference."

The results above stated are correct in the main, although many tables of cases show only five deaths in a hundred, and the highest only eleven and a half per cent. The average is nearer seven per cent. than nine of the cases treated in Europe.

I have italicised what I deem objectionable in your article, and also that part of your remarks in which you, to my mind, endorse the "*opinions*" of our *Allopathic judges*, as to what *Homœopathy* is as a medical system, viz., "*no treatment at all.*"

I object to this statement of the *Allopaths*, as one of their *unscrupulous flings*, uttered without a shadow of proof on which to rest the charge, and such a charge or "agreement" can never be sustained until *Allopaths* have treated a like number of cases of cholera, of the same grade of symptoms, on the "*no medicine principle*;" and if in that case it turns out that their deaths are only nine in one hundred, then they have a basis on which to bring a "*judgment*;" and until then, we shall treat all such statements as mere *slanders*, uttered against opponents they dare not look in the face. I beg leave also to object to "*B.'s*" using such groundless statements or opinions, from a set of men whose *very statement*, as "*B.*" shows, convicts them of the absolute *murder* of some thirty-five to forty per cent. of all the patients treated by them in the cholera of 1831-2.

The statement of *Allopaths* above alluded to, is as *fatal* to their system of "*heroic remedies*" and "*effective medication*," as any other they could possibly make; for if their treatment is *three or four* times more fatal and worse than "*nothing*," i. e., *Homœopathy*, then are they the guiltiest race of criminals that ever went unwhipped of justice, for continuing to play their "*fantastic tricks* before high heaven," over the dying couch of the poor victim, who is stricken down by the unseen hand of that "*pestilence* that walks in darkness, and wastes at noon-day." How can any generous spirit view the course of these men with any thing but shuddering and horror; and we really hope that our friend "*B.*" did not intend to endorse their old fling at *Homœopathy*; for the question, "*is Homœopathy synonymous to nothing?*" is yet to be settled.

I am prompted to these remarks by the fact that the remarks of "B.," in the above case, will be taken by the readers of the Eclectic Medical Journal as evidence that Homœopathy is merely a *système expectante*. And also to ask, in all candor, whether Eclecticism, in its infancy in this country, is to *assume* a superiority over all other systems, and its advocates become merely the champions of a *party*, of a *system* of modified Allopathy, or whether it will gloriously inscribe on its banner, free discussion, thorough examination, and candid tests of rival theories, and the adoption of the best. Shall Homœopathy be written "O" by our enemies, and gravely accused of being found in the "*drawing-room*," "a favorite of the *ladies*," (no great scandal,) "very *diminutive* in size," "no disposition to *harm*," "a *sweet little creature*"—or shall the bold inscription blaze out on your flag, "Investigation," "Truth."

With no disposition to be severe, but to turn back the sneering hosts that cry "sugar and water," "nothing" "infinitesimals cannot cure," have I made the foregoing remarks, and to incite the friends of your school to look around them, and not be betrayed into the follies of the "old regulars," of decrying that which they know nothing of. Our statistics of results are ample on almost every grade of disease, and you are welcome to use them. I will now subjoin some statistics of cholera in this country: those of which we have been speaking are European tables. I extract from a lecture of B. F. Joslin, New York, December, 1848, published in the New York Tribune. At the Quarantine, on Staten Island, and in the ship that brought the disease there, 64 cases of cholera have occurred, and 32 died, beside others whose recovery is not sure. More than one-half of the cases died in the hands of Allopathy. Ratios of larger numbers are more reliable. In the cholera of 1832, there were in this city, including Bellevue, 5,232 cases, of which 2,031 died, being in round numbers nearly 2 out of 5. Of persons treated at their homes, there were 2,373, of whom 937 died—nearly 1 in 3. In the hospitals, including Bellevue, there were 2,373 cases, and 1,094 deaths—nearly 1 in 2, or one-half. In Europe, in 1831-2, the disease is still more fatal—the tables showing the ratios to be, on an average, 63 deaths out of 100 patients. During the cholera of 1831-2, the Homœopathic treatment was the only system that proved itself worthy of any confidence. Allopaths dare not deny that the great success that attended the Homœopathic treatment of the cholera in Europe, in 1831-2, gave it the most powerful impetus it ever received.

Dr. Balfour of Edinburgh, who is prejudiced against the system, and who went to Vienna to detect its defects, writes from that city, in 1836, these words: "During the first appearance of cholera Homœopathy was introduced, and when it came again it renewed the favorable impulses previously given. It was through Dr.

Fleischman's successful treatment of this disease that the restrictive laws were removed, and Homœopathists were permitted to dispense medicine in Austria. Since that time its numbers have increased three-fold in Vienna and its provinces. No young physician, settling in Austria, excluding government officers, can hope to make his bread, unless prepared to treat disease Homœopathically if requested."

Now, let us see how Homœopathic treatment, "which amounts to nothing," say Allopaths, prospered. In 1831-2, in Vienna, 4,500 cases were treated by Allopaths, of whom 1,360 died—581 cases were treated by Homœopaths, 49 died—ratios, 31 per cent. died under Allopaths, and 8 under Homœopaths.

Dr. Quinn, of London, has given the results of ten Homœopathic physicians. The worst results under any one of these was the death of 1 in 5—the best results by any one was 1 death out of 41 patients, or 3 deaths among 125. These cases occurred in London, when the scourge was at its greatest intensity in that city, baffling Allopathy at every point.

Dr. Quinn is a venerable clergyman, and in the spirit of his Master, abandoned his spiritual vocations to save, temporarily, his fellow man. He had first become a Homœopath, and was led to investigation by the ravages of the grim messenger among the doomed patients of the "regulars." The remedies used were *veratrum*, *cuprum*, and tinct. of camphor, and, under some circumstances, lavements of ice-water.

Of the 1,093 patients treated by the ten Homœopathists in London, 95 died, and 21 out of 23 were saved. Similar success was obtained in Russia, in 1831-2. The Russian Consul General gives the following results: Of 70 patients treated in two places, all were saved. Of 1,270 patients treated, 1,162 were saved, 108 died—about 21 out of 23 were saved.

The above *facts* are vouched for by Admiral Mordvinow, who affirms that "not a single death has occurred where the incipient symptoms were met by Homœopathic remedies;" and, what was remarkable, the patients recovered in a short time their strength and health, while those treated by Allopaths lingered many months. The above results of recoveries under Homœopathic treatment, I have observed in all acute diseases. In Russia, Austria, Berlin, and Paris, in the worst results under Homœopathic treatment, more than 10 out of 11 were cured.

I am growing tired of this record—my brain staggers under the frightful ravages perpetrated by Allopathy upon poor humanity. Does "H." wonder that Homœopathy is a "favorite of the ladies"—by far the best half of creation—when we look over the records of what we have achieved by the aid of "*nothing*?"

CASE OF ENTERITIS.

BY ELIAS HUBBARD.

IN the fall of 1847, while practicing in Fayetteville, Indiana, I was called to see a child of Mr. Smith's, about eighteen months old, of delicate form. This child had been suffering from an attack of Chronic Enteritis, for about four weeks, and had been treated by a champion of the Old or Allopathic system—who pronounced the case incurable. In this condition of the patient, I was called to treat the case. I found the child laboring under strong symptoms of cerebral congestion; the pupils of the eye strongly contracted; when it slept the eyes were partially closed; the system was greatly emaciated; skin dry and husky; tongue coated with a whitish-yellow fur, with red edges; abdomen cedematous; discharges foetid, green or black, and watery; urine scanty and high colored; pulse weak and quick, ranging from one hundred and twenty to one hundred and forty per minute; the patient lay on the back, with feet drawn up—in fine, the patient was in a state bordering on the collapsed condition, and its friends had lost all hopes of a recovery.

The treatment pursued was as follows: Cold applications to the head; fomentations of bitter herbs, applied sufficiently large to cover the stomach and bowels; the alkaline wash, used frequently for forty-eight hours, after which the oak ooze was substituted. The internal remedies were, first the N. physic, sufficient to pass the bowels, followed with a powder composed of gum kino five parts, creta preparata five parts, ipecac three parts, and gum opium one part, to be given every two hours, for twenty four hours; then the bowels moved again with neutralizing physic.

This course was followed for about four days. I then substituted in place of the powder, a preparation composed of the tinct. lobelia, spts. nitre, and laudanum, equal parts, given in suitable doses, once in two hours, till a cure was effected. I occasionally applied a mustard poultice over the abdominal region, with drafts to the feet, legs, arms, and between the shoulders, to remove the determination from the brain. As drinks, I used a tea of the blackberry root and elm bark.

Under this treatment the patient speedily recovered, all disagreeable symptoms subsiding, and was dismissed in about ten days, to the entire astonishment of all acquainted with the case, as well as myself, notwithstanding the predictions of the Allopathic practitioner, who was in attendance first in this case.

WEST UNION, IA.

Part 2.—Selected.

INSANITY CURED BY SULPHATE OF QUININE. *By M. Piorry.*—Four cases of mania are reported, in which a complete cure was effected in periods varying from twenty-four to forty-eight hours, by the use of this medicine. The cases were recent and acute; they were characterized by various sensory illusions, and by the occurrence of a paroxysm about the same hour every evening. We give the details in one case:

A woman, thirty-five years of age, was brought into the hospital, in a state of furious delirium, which rendered necessary the use of the strait-jacket. She imagined that she heard the voices of several persons constantly talking beside her, and in particular of an individual who had excited her jealousy, and of whom she wished to rush in pursuit. The attendants were obliged to tie her down in bed, and the house-surgeon proposed sending her to the Salpêtrière.

Two days afterwards, M. Piorry saw her at his morning visit, and found her very irritable, but succeeded in getting from her some account of her complaint. Her diseases commenced with noises in the ears and imaginary voices, followed by delirium, of which she was herself sensible. All these symptoms were much aggravated at night. She was ordered fifteen grains of quinine; no other treatment. Next day there was no delirium, and the day after she was perfectly well.

These cases are very remarkable from the rapidity with which they were cured. M. Piorry considers the delirium of insanity as often induced by certain abnormal sensations, and functional derangement of the organs of sense, and of other parts of the system. In this point of view, it is analogous to various nervous and neuralgic complaints, which are frequently periodic in their attack. Periodicity, indeed, according to his view, is the normal mode of action of the nervous system, and it is therefore not improbable that certain morbid phenomena should obey the same law. In such cases, quinine is indicated from its anti-periodic powers.—*Monthly Journ. and Retrospect Med. Sci.*, from *Gazette des Hôpitaux*, August, 1848.

STATE OF MEDICAL EDUCATION IN TURKEY.—[We are indebted to a medical gentleman, at present residing in Constantinople, for the following details. They point to the existence of a state of matters of which very imperfect accounts have as yet reached this

country; and as such, undoubtedly, is at once the proof and the earnest of a new era in the history of civilization having begun in the East.]

“Military hospitals, on a large scale, are either built or a-building in every quarter of the Turkish empire. There are about one thousand European surgeons attached to the different regiments, two hundred of whom are Jews. The chief professor of the Medical College, Dr. Spitzer, is a Jew. He is also one of the physicians in ordinary to the sultan. By him I was introduced to H. E. the Hakim Bashy Ismael Effendi, the chief physician of the Ottoman empire, who kindly permitted me to visit the different lecture-rooms in the Medical College. It is certainly in a very flourishing condition, considering that it has been in existence only eleven years. The pupils are brought, by order of the Sultan, from all departments of the empire, and are lodged, fed, clothed, and educated, at the expense of the government. When qualified as physicians and surgeons, they receive appointments in the army and navy, with salaries of £200 or £300, and upwards, according to rank, without distinction of Jew or Gentile. Until lately, however, there were no Jews in this college: not that the government excluded them, on the contrary, they were invited; but that people, who have been scattered amongst all nations, yet amalgamated with none, would not send their sons to this medical establishment, even although the most flattering prospects of education and worldly advancement were held out to them. But the government condescended to smooth all the difficulties which stood in the way of the improvement of this subjects. Through its agents, it held interviews on the question of conscientious scruples with the chief Jewish Rabbis; and the result was, not only the guaranteeing liberty of conscience to the Jews who should enter the Medical School, but the assigning to them a distinct portion of the college, so that they might live separated from the Gentiles, the appointment of a superintendent of their own persuasion, to see that their religious duties and services should be strictly observed—also a shocket, or butcher, of their own; and in short, every arrangement was made to prevent their being constrained to do anything contrary to their conscience. In the language of last year’s report of the college authorities,—‘*Toutes les difficultés ont été aplanies, et le Gouvernement n’a reculé aucune sacrifice pour exercer aussi son influence civilisatrice sur cette partie des sujets de l’Empire.*’ The Sultan lately visited the college, and presided at the examinations of the candidates for the medical degree. When the pupils are first introduced to the college, they are, for the most part, raw, ignorant, and uncivilized. They are at first taught Turkish, afterwards the Arabic and French languages; next geography, history, arithmetic, and other elementary branches of education, including natural history. They have already a very tolerable museum of natural objects, well preserved and well ar-

ranged. A small botanic garden is also attached to the college. After undergoing a thorough elementary education, the pupils enter their medical course, comprising lectures on anatomy, physiology, chemistry, materia medica, practice of physic, surgery, and midwifery. The only room I did not see was the dissecting-room; it was closed at the time for want of subjects, which it is difficult to procure in a country where so much prejudice against dissection exists, and even against touching a dead body. I was shown into the grand examination room, fitted up in a great throne of state for the Sultan, who presides at the yearly examination of the candidates for the medical degree. There are also a dispensary and hospital attached to the college. The hospital is divided into medical and surgical wards, and a special ward is set apart for diseases of the eye. Dr. Spitzer delivers clinical lectures in the hospital, which he kindly invited me to attend."—*Constantinople*, March, 1848.—*Monthly Journ.*, Sept., 1848.

COD-LIVER OIL IN PHTHISIS. *By J. Young, M. D.*—The following case is thought to be not devoid of interest. It shows that, in the article used, we have an addition to our resources in the treatment of consumption, which promises more success than any, or all others, in some cases. Certain it is, that the case about to be detailed was an unpromising one, and the oleum jecoris aselli was the only, or the first article that produced the least check to the onward progress of the dire invader.

Mrs. K., of your city, a widow lady, of a consumptive family, aged about forty-four years, visited me last May for advice. She had had a cough for fifteen, or more months, gradually increasing in violence, for which she had tried a great variety of remedies, with but little or no benefit. She had had various medical prescriptions, and had been prevailed on to try homœopathy. She had tried many of the quack remedies, such as syrup of wild cherry, Jayne's expectorant, the syrup of tar, and naphtha, &c., but none of them had been of any service. Her appearance was pale and haggard; her walk exceedingly slow, and bowed forward. She had profuse expectoration; exhausting night sweats; was very "short breasted," and coughed, on using a little exercise, almost incessantly, with occasional hard "spells" that almost exhausted her; her appetite was variable, and her stomach dyspeptic; her pulse was 110; tongue covered with a white fur; respiration from thirty-five to forty in a minute. Auscultation revealed, under the scapular end of the left clavicle, strongly marked bronchophony, and also into the interscapular space the same, though less strongly; in the axilla, pectoriloquy, with a strong gurgling rattle, extending over a space of two to two and a half inches, square. Below this

zone was another, two or more inches in depth, with no vesicular murmur, but instead, a slight mucous rattle, particularly when she coughed; below this the respiration was clear, as it was for some space under the sternal portion of the clavicle. The right lung was sound.

Under this state of affairs I thought it almost useless to prescribe anything. There was, however, one encouraging symptom, she *menstruated regularly*, and while this is the case, I always entertain some hope, no matter how unpromising other things may be. I first truncated a portion of the uvula, as it was much elongated. This had the effect of relieving, at once, the strangling spells of cough. She was requested to take Hasting's wood naphtha, commencing with twenty drops three times a day, in simple syrup, with five drops of McMunn's elixir in each. This was gradually increased, until she took forty-five drops three times a day. In five weeks she was not benefitted in the smallest degree, while her strength had deteriorated materially. She now, successively, tried every variety of cough mixtures, comprising the terebinthinate and balsamic preparations, but all were of no benefit. Her menstrual period went by in June, without any show. By the last of July, her strength was so far gone, and her symptoms progressing so rapidly, that she gave up her house in the city, and came to Chester, for the benefit of country air, and of escape from the cares of house-keeping.

Her situation at that time was, extreme emaciation; the eyes sunk and dark under them; complexion sallow; pulse 120; stomach rejects almost everything; no appetite for anything; coughs almost half the time; night-sweats; orthopnoea, so that she cannot lie below an angle of forty-five degrees; sleeps but little; has chills and fever sometimes every day; circumscribed spots in the cheeks, with burning of hands and feet; so weak she "can't walk fifty yards;" unable to get up stairs without assistance, or climbing by the banisters, and stopping every two or three steps; she has become round shouldered and stooping.

The stethoscopic signs are, in the axilla, extremely loud tracheal, or cavernous sounds, with a loud gurgling rattle when she coughs, or endeavors to inspire deeply; pectoriloquy quite distinct; anterior to this is mucous rattle, with bronchophony; posteriorly the same, but less loud. In the portion immediately under this, there was more of a crepitating mucous rale than when examined previously, and slight bronchophony, the remaining portions unaffected, or but slightly so. The expectoration at times is most profuse, particularly if by means of opiates the cough is quieted partially, for a few hours; is mostly yellowish, heavy, and sinks in water as would lead. Occasionally, however, for a day at a time, it consists mainly of greenish-yellow matter, streaked with blood, with considerable

froth, or mucus, and so offensive to the taste and smell, as to occasion emesis.

I was completely at the end of my resources, when I received the July number of your journal. I there found two or three cases of consumption, by Dr. Bennett, treated with the cod-liver oil. I at once determined to try it, as something new, but with little hopes of finding any good come of it. It was procured, but such was the irritability of the stomach, that for more than a week its use was not commenced, during which neutral mixture and naphtha were again used, with the effect of quieting it. She commenced it the 20th of August; a desert spoonful three times a day was taken in *froth of porter*. It rested easily and lightly; in a few days it was increased to a tablespoonful three times a day; and finding this to have no unpleasant effect on the stomach, in a few days more it was increased to four tablespoonfuls a day. This quantity was not exceeded. In about two weeks she found an evident improvement in her appetite; in two weeks more she found a diminution of her fevers and night sweats, nor did she require so much paragoric to make her cough supportable. She had had a constant blister alternated between the shoulders, and on the scapular portion of the thorax, which she had neglected re-applying for some days, and on the 25th of September she had a severe attack of pleuritic pain, for which I was summoned in haste to see her. The blister was at once applied, and removed the pain, and there was no more return of it.

At this time, when she was on the use of the fourth pint of oil, the loud cavernous sound in the axilla was more tracheal than formerly; pectoriloquy was less distinct, and the gurgling rattle was much diminished; bronchophony still well marked in the same situations as formerly.

The oil was persevered with, a tablespoonful four times a day. At the end of October there was a great amelioration of all the symptoms; the night sweats had, in a great measure, disappeared; the chills and fevers were gone; the dyspeptic symptoms all gone, and she had a uniformly good appetite. She was ordered to live well on good nourishing food, without regard to what it was, if no unpleasant effects were felt in the stomach. Her countenance had assumed a natural sprightly expression; her strength was increasing; her dyspnoea decreasing, and everything appeared favorable. She had rarely to take paregoric on account of the cough, but the blister was kept sore. In another month there was not a symptom of disease remaining, except some cough and expectoration. And now, 25th of December, she walks about the streets, straight and erect, not so strong as formerly, but can walk a mile or more without great fatigue. She weighs some pounds heavier than she ever did even in her younger days. Her sallow countenance has all gone, and, although she is pale, she looks sprightly, talks, laughs

with, and enjoys the intercourse of her friends as well as before she was sick. Her orthopnea has disappeared for two months, and she sleeps easy on either side, though rather more so on the left than the right, and what I regard as among the most favorable signs is her *catamenia returned* in December.

She still coughs and expectorates, but not so much in a week as formerly in a day—and the expectoration continues to diminish. The sounds in the chest are little more than a rather loud mucous rattle, with little or no puffing, or bronchophony. In the axilla is a portion in which there is no vesicular murmur, and only the mucous rale, but not strongly marked.

The blister has not been applied for six weeks or more, and no inconvenience has resulted from letting it heal up. She is taking a tablespoonful of the oil twice a day. I am fearful yet of an attack of influenza, which is prevailing, to some extent, in her case. It would, in all probability, rekindle the disease. But certain it is she is nearly well. I doubt very much whether any other article could have produced the effects that have resulted from this. Certainly it is not known, if it exists. All known means had been tried, and most faithfully too, before she commenced the use of this, and from no one, nor from all successively tried, did the slightest benefit accrue.

I find much discrepancy of opinion concerning the kind of oil most medicinal. The kind used in the above case was the fine, clear, white oil. It cannot be procured for less than one dollar a pint. The colored, coarse oil, at about half this price, or less, I have not recommended, because but few stomachs could bear it without nauseating, when continued for the length of time necessary. The effect of the other, instead of nauseating, is to improve the appetite, and the digestive, and assimilating functions, hence it ought to be preferred in all cases. It is to be apprehended that the high price of it will lead the dishonest to making an inferior imitation, that can be sold at a cheaper rate. In cases of this kind, as in many others, the cheap article is dearest in the end. I am trying it in three other *hopeless* cases of consumption, in which all other means have failed. They are all improved, but what will be the result, time must develop. They have not taken enough yet to know what it will do. They all find an improvement in the appetite, and two of them express themselves as increasing in strength; their fevers and sweats are diminishing.—*Chester, Dec. 25, 1848.—American Journal, Jan., 1849.*

INDIAN TREATMENT OF CHOLERA. *By Samuel Rogers.*—1st Stage.—*Venesection* has been advocated by many, and very generally practised in this stage of the disease; but to be of service it

should be performed early, before the heat of the body is much diminished, and the skin has become clammy. The blood at first flows with difficulty, is of a dark color and thick, but in many cases, after a small quantity is drawn, it loses these characters and becomes florid, the pulse rising in frequency; this I have repeatedly witnessed.

Emetics are constantly given in the earlier stages, but their use appears to be based principally on theoretical grounds.

Calomel, in large doses, was long a favorite medicine with the older practitioners in India, from an idea that in such doses, in addition to its other effects, it possessed peculiar sedative powers, the usual routine having been to administer calomel \mathfrak{ss} , opii gr. ij immediately on the patient being seen, and to repeat the dose every hour or two, according to the judgment of the prescriber. It is allowed by every one, that calomel possesses no specific power over the disease, and is useful, when combined with opium, in restraining the violent action of the intestines, and allaying emesis; when the violence of the disease subsides, it then exerts its peculiar power in restoring diseased or suspended secretions. The experience of late years, however, has taught us, that the same effects may be produced when this medicine is given in much smaller quantities, whilst large doses are thought by many to hasten death in bad cases; and in those which recover, the salivation, which it often occasions, retards convalescence. Calomel, in small doses, is used by most practitioners, and the following formulæ are highly recommended: Calomel, pulv. capsici, aa grs. iv; opii gr. iss or gr. ij; assafoetidæ gr. ij; ol. menth. pip. m. i; to be repeated at intervals whilst purging continues, until 8 or 10 grs. of opium have been taken. Dr. Lorimer remarks, "I cannot forbear recording my testimony to a combination of medicines, which, in warding off and checking an attack of cholera, in numerous instances, both in Europeans and natives, has been followed with the happiest results. The remedy consists of quinine, calomel, and opium, in the quantities of six, four, and two grains respectively, followed by a wine-glass of brandy diluted with a little warm water; this, given within the first hour or two of seizure, will be found, in a large proportion of cases, to check the disease, (in my own experience it has never failed.)"

The combination of *nitro-muriatic acid* and opium has been very extensively tried, and with the best results, the doses being acid. nitric, m. ij; acid. hydrochlor. m. i; tinct. opii, m. x; water 3j; to be repeated every hour or hour and a half; the effects are sedative, stimulant, and astringent.

Sugar of lead and opium are acknowledged by most practitioners to be one of the best combinations which we possess, in arresting purging, in the premonitory stages of cholera, given in doses of

gr. ij of the former, and opium. gr. i, repeated according to circumstances.

Opium, in some shape or other, enters into most prescriptions, and is of essential benefit in restraining the alvine discharges and stopping emesis; but from the tendency to coma and stupor, in this disease, great caution is necessary in its administration; 8 grs. of solid opium is the largest quantity which I should consider it safe to use during an attack of cholera.

Stimulants are of great use in the incipient stages of cholera. Of these, the spirit. ammon. aromat., the spiritus ætheris sulphurici, and sp. æth. nitrici are the best, and the carbonate of ammonia and camphor, when we wish to administer stimulants in the solid form, for fear of inducing vomiting; quinine, from its influence over the nervous system, appears to possess a certain power in counteracting the effects of the poison, when given in the early stages. The Indian hemp has also been advantageously used for this purpose, with the effect of almost immediately raising the temperature of the skin.

Cold Baths.—The cold *douche*, as a remedial agent, is highly recommended, not only in the invasive period, but also in the last stages of disease. I have known the most marked benefit obtained from dashing cold water on the face and head, when the patients were sinking into collapse, and when, except the head, the body was all over cold, and the pulse almost imperceptible; the patients in these cases often expressed themselves revived, and called for its repetition.

The use of hot baths is now relinquished by universal consent, having been found, by experience, to be injurious in various ways, but chiefly, from the fatigue and upright posture, inducing fatal syncope.

Saline Injections into the Veins.—The immediate, or primary effects, of this remedy was to restore the enfeebled circulation; the action of the heart and arteries being invigorated, and the pulse (which may have previously been imperceptible at the wrist) becoming strong and full. The temperature of the skin, also, from being cold and clammy, became warm, and the patient, aroused from a state of almost inanimate collapse, sat up, talked, and expressed himself relieved. This improvement was, however, found to be transitory; symptoms of collapse soon began to return again, the patient became covered with profuse cold sweat, and after relapsing into a state of extreme prostration, the vital powers could not be again stimulated to action.

Oxygen Gas.—Oxygen gas has been used in the low stages of cholera, with the effect of immediately restoring the heat of the skin and raising the pulse; the inhalation being continued for four or five hours at intervals, whenever the pulse began to flag.—*Month. Retrospect, Dec., 1848.*

MEDICAL EDUCATION IN TURKEY.—The progress of civilization in Turkey, of late years, is very remarkable, and the advance of medical organization and education especially so. The state takes upon itself the choice and the instruction of its people in medicine. A general order has been issued to each district of the empire, to send up six young men for medical instruction. The candidates are formed into three great classes: 1. Elementary, where the general education is attended to, in the Turkish, Arabic, and French languages, in history, geography, &c. 2. A class of medicine and surgery. 3. One of pharmacy for apothecaries. Those intended for physicians are to spend four years in the elementary and four in the medical and surgical classes. The pharmaceutical course occupies two years, after the conclusion of attendance in the elementary class. Pupils pass from one class to another by examination. The medical school of Galata-Serai has hitherto been the only one; but a new institution is nearly completed, a medico-chirurgical academy, which will take the name of its founder, the reigning sultan, Abdul Medjid. When the latter college is inaugurated, the old school of Galata-Serai will serve for the preparatory studies only, and from it students who have received certificates in arts will pass on to their medical or pharmaceutical studies in the academy. Turkish improvements are arrested on one subject by the inveterate prejudices of the people—viz., in that of midwifery, for the practical study of which no opportunities are afforded. Still, as the difficulties in the way of practical anatomy have vanished, and that in a much less time than might have been expected, considering all things, so we may also hope that, ere long, the onward progress of knowledge will also sweep away the difficulties in the way of the obstetric art in Turkey.

EXTRACT OF CLOVER.—The Shakers of Canterbury, N. H., prepare a delicate article, which is represented to possess very important properties, by boiling the blossoms of red clover, (*Trifolium Pratense*) till an extract is obtained, of a certain consistency, recognized by them as being the medicinal point, and which is particularly used as an external application in ulcerations. Those who have made themselves familiar with this comparatively new preparation, say that it acts like a charm in altering the condition of the most formidable class of ulcers. Such, in short, are the favorable representations from reliable sources, that hospital surgeons might find it advantageous to use it at once, especially as it is so mild and delicate that no disturbance in the system may be feared, however liberally the extract is applied.—*Bos. on Med. and Surg. Jour.*

LOBELIA IN HYDROPHOBIA.—[It is amusing to observe the general ignorance of the medical profession upon the subject of the use of lobelia, which is frankly confessed in the following communication. Professional knowledge, of the most simple and familiar character, which has long been enjoyed by medical reformers, will be found from time to time rising up among our Old school brethren as *interesting novelties*.—B.]

To the Editor of the Boston Medical and Surgical Journal:

SIR: The following statement has been thought to possess sufficient importance and interest to warrant its publication. If you think so, you may, if you please, give it an insertion in the Journal.

Dr. Bensaiah Sanborn, who died in 1841, in our neighboring town of Sanbornton, had a very extensive practice for many years in that town and vicinity, enjoying, to an eminent degree, the confidence of the community around him. Although making no pretensions to very much science, he was considered a skilful physician, and a man of high moral and intellectual worth. "Having ascertained," as he supposed, "that lobelia was an antidote to poison of extremely virulent character," he was induced to test its virtues in the treatment of hydrophobia, an opportunity for doing which soon presented. The swine of four families, on the borders of Sanbornton and Meredith, were bitten by a dog supposed to be mad. The Doctor purposed giving the lobelia by way of experiment. To three of the swine it was given as soon as possible, and continued to be given freely for some time. These all lived, while the one to which it was not given proved mad and died of hydrophobia.

He was afterwards called to see a son of Esquire Mooney, of Canterbury, nine years of age, who had been bitten. It was the eleventh day of his disease. "He had become very wild, and the spasms were so severe that it was necessary to confine him and pry open his mouth in order to administer any thing." Whilst the lobelia was preparing, he gave, in hopes of allaying the spasms, a powder composed of opium, 1 gr.; sal. nitre, 1 gr.; camphor, 1 gr.; digitalis, 2 grs. A strong decoction of the lobelia being prepared, was then given and repeated until free vomiting was produced. It was taken with difficulty at first, being ejected from his mouth and nose, but the effort was persevered in and succeeded. In three hours, the Doctor remarked, "the patient was relieved, and sat at the table and took tea with the family comfortably."

Another case, in which the same treatment was entirely successful, was that of a Mr. Newell, of Reading, Mass. His reputation for the successful treatment of this dreadful disease, it seems, became somewhat extensive, and is, to this day, held in high esti-

mation by the people amongst whom he dwelt; so much so, I am told, that many of them are in the habit of yearly laying by them in store their bunch of lobelia.

The facts, as above related, I have had in my possession for a long time, having been for many years a neighbor to Dr. S. Having had no opportunity to test the value of this treatment by actual experiment, and having never seen, as I recollect, any allusion in any of our medical journals to the use of lobelia in the treatment of hydrophobia, I thought the communication might not be uninteresting or unprofitable to the profession. Should any be induced to make trial of the above, I hope they will give the result of their experiment through the pages of the Journal.

E. K. WEBSTER.

Boscawen, N. H., February 22, 1849.

CONSTIPATION.—A failure of the natural action of the bowels in the removal of their contents, is a fruitful source of disease. From this arise eruptions of the skin, bad breath, dyspepsia, and a multitude of derangements. This complaint seems to be more prevalent in this country than on the other side of the Atlantic—a fact attributed by our respected fellow townsman, Dr. John C. Warren, to the superior dryness of the atmosphere. The constant occurrence of the difficulty alluded to has led him to try a great number of remedies, suggested by physicians and common experience—cold water on an empty stomach, pure coffee taken under the same circumstances, fruit, dried fruits, cold water injections, and a number of articles of the materia medica—magnesia, rhubarb, aloes, &c. All these have had a limited good effect, but have failed in a great number of instances, and could not be brought into general use.

In the year 1828, he first introduced into this place bread made of unbolted wheat flour, variously denominated as brown bread, dyspepsia bread, &c. The good effects of this article have been extended to thousands, and even perhaps to hundreds of thousands, of persons; but it fails in many cases, owing to the patient being unable or unwilling to take a sufficient quantity.

In February, 1847, while conversing with a patient grievously troubled, it occurred to him, that, as the coarse wheat bread produced its laxative effect by the action of its unassimilated portion, the bran, a coarser bran might have a greater effect and remedy the constricted state of the bowels which the bread had failed to do. He selected some of the best wheat, had it coarsely ground in a coffee mill, boiled slowly for three or four hours to the consistency of hominy, rice, or hasty pudding, and found, to his great satisfaction, that this article, eaten with a little salt and butter, or cream, or brown sugar, or molasses, answered more uniformly than any

other substance. Since its introduction, this has been employed by a vast number of persons in Boston, in the northern division of this country, and in many other places, with excellent effect. It is eaten at breakfast or dinner, in a quantity varying according to the constitution of the individual; but, as a general rule, from eight to twelve ounces, or two tea cups, will answer the purpose.

The principle on which this substance produces its action we do not intend to discuss here, but, as we have heard these remarks from Dr. Warren himself, we can vouch for the accuracy of the above statement; and, having made trial of the "cracked wheat," or "wheat hominy," we can testify to its valuable properties from our own experience. This preparation he does not offer as a new invention, as it has been employed for various uses; but it is remarkable that the attention of physicians and others has not been distinctly directed to it by any one, as the best dietetic remedy for costiveness. Perhaps it has been thought too common a thing to be brought before the public in a formal manner; but if it attains so very desirable an object as it is believed to do, its simplicity ought not to constitute an objection to doing so. That it does this generally, there is no doubt, although it ought not to be considered as a panacea, adapted to cure every one, since there are persons with whom it does not agree, and to whom, therefore, its benefits are not available. The medicinal efficacy of the preparation is proportioned to its coarseness, and to the shortness of the time it is boiled; but to render it palatable, it should be about as coarse as rice or hominy, and should be boiled from thirty minutes to four hours, a little salt being added at the close of boiling. Being acceptable to most persons as an article of food, it is kept for sale by the grocers of Boston.—*Boston Med. and Surg. Jour.*

COD-LIVER OIL. *By D. M'Ruer, M. D., Bangor, Me.*—There have been few articles introduced into the *materia medica* with more apparent reluctance, on the part of the profession, than the cod-liver oil; but having once obtained a place in the catalogue of remedies, we predict it will be as slowly discarded as it has been adopted.

Cod-liver oil has been held as a popular remedy among the inhabitants of the sea coasts of northern Europe for many centuries. The virtues imputed to it have been both vague and various, but it has been universally esteemed in many chronic diseases as a remedy of unequivocal power. Among the fishermen of our own continent, it has long been highly valued for its curative power in rheumatism and its analagous diseases. It first attracted the attention of some medical practitioners in 1771, when Dr. Percival used it in many cases of chronic rheumatism with success. Dr.

Key, of Manchester, employed it extensively in hospital practice in 1789; and Dr. Bardsley used it previous to 1807. But it was not until 1822 that the attention of the profession was particularly directed to it by any publication based upon numerous and authentic cases in which it had been used. Dr. Schencks, of Germany, published in "*Hufeland's Journal*" of 1822-6, a series of papers in favor its curative powers, which has led to its gradual adoption as a remedy in that country. More recently it has been employed in Belgium, France, England, and Scotland. Within the last three years it has been introduced into the practice of medicine in this country, and from the numerous advertisements of those who prepare it for medical purposes, as well as from the reports that appear daily in the public journals, of its efficacy in disease, we infer that it is being used very generally.

Its therapeutic properties led Dr. Kopp, of Germany, to suspect that it contained iodine. This conjecture was verified by Drs. Loomé, Bennett, and others, who all, however, differ in regard to the quantity of iodine found in a given quantity of the oil, varying from one-half to one and a half per cent. The proximate elements of the oil bear some resemblance to those of bile, as it contains in common with that fluid, oil, resin, and saline matter. It reddens litmus paper, is soluble in alcohol and ether, and is usually found to possess the specific gravity of 0.930. Gmelin obtained a saline mass from the oil which struck a deep-blue color with a solution of starch, and had all the usual reactions of a solution of iodine.

In 1836, Dr. Brefield published a monograph on the use of the cod-liver oil, in which he says that from careful observation of many successful experiments with it in cases of rheumatism, he considers it a specific in both the acute and chronic forms of that disease. This testimony has since been corroborated by a host of medical writers in Europe, who, likewise, agree that it merits the first place among anti-scorfulous remedies. Dr. Tanfled reports an instance of its success in curing a case of strumous caries of the spine, with extensive ulceration. Dr. Graves declares that he has seen it accomplish cures in scrofulous disease of the lymphatic glands, after all other remedies had been tried and failed. Drs. Richerand and M. Hall highly extol its curative powers in many obstinate cutaneous diseases; and other medical authorities, of equal respectability as the foregoing, have strongly recommended it in phthisis, chorea, spinal irritation, epilepsy, chlorosis, coxalgia, and tabes mesenterica.

The sensible therapeutic action of the oil seems to be almost null. Dr. Dunglison says, that it has no manifest effect on the secretions, [excretions?] except occasionally on the urinary and cutaneous depurations; on the healthy organization it seems to excite no marked change. In strumous affections, however, it

favorable influence is striking, as well as in rheumatic and gouty disorders. In seventy-one patients for whom Dr. Bennett prescribed the oil, he observed that vomiting was occasioned by it in three cases; slight diarrhoea in seventeen cases; slight diuresis in two cases; and diaphoresis in twelve cases. He thinks it owes its efficacy in scrofula to iodine, and attributes its superiority over that obtained by chemical means to its organic combination with animal matter.

Dr. Acherson, of Berlin, explains its *modus operandi* in another manner. He conceives that oil globules are essential to the formation of the elementary cells of tissue; for the elementary globule is composed of liquid fat and albumen; and observes, that when fat in a liquid state and albumen are brought into contact, a small quantity of the latter forms a case around a globule of the former, in the same manner as the formative rudiments of animal tissue are produced from a combination of the oil contained in bile and the albumen of the chyle.

Dr. Bennett and most other writers, while acknowledging the ingenuity of Acherson's hypothesis, differ from him, by attributing its curative power to its agency in improving the function of nutrition, thereby affording to the blood an energetic and rich plasma, and promoting the activity of the vital forces, and forwarding the absorption of morbid deposits. In addition to these explanations, Dr. C. J. B. Williams thinks, that "its peculiar fluidity and little proneness to change enables it to pervade all structures and to penetrate even into imperfectly organized deposits, and by softening their concrete fatty molecules, and rendering more permeable and supple their whole mass, brings them more under the influence of the adjoining living parts, through the circulation, in which, either their vitality and nutrition are improved and maintained; or, if incapable of improvement, they are gradually dissolved and absorbed away.

These opinions all tend to establish its character as a nutritive of no ordinary power. In regard to its formative or solvent agencies, all is conjecture; its claims to these properties seem to have been advanced to explain its wonderful effects in cachectic diathesis, and scrofulous depaots. But when we consider that both of these morbid conditions are but the effect of vitiated or imperfect assimilation, the ingenious theories of Acherson, as well as Williams, will be found to be wholly gratuitous.

In addition to the several explanations, already advanced, of its *modus operandi*, we feel authorised, from having observed its effects in some peculiar diseases, to attribute its restorative powers to its direct admissibility into the circulation, without undergoing the process of digestion, or passing through the lacteal system. We do not suppose that all the oil that enters the stomach, is in this manner disposed of, or that none goes the usual route of the

other digestible matter; but we think we have strong reasons for the opinion, that much of it finds its way in a more direct manner into the circulation, either by vital absorption or by *endosmosis*. Its low specific gravity would seem to favor its transmission by the latter method. However, the following case is one of those alluded to which have led us to the foregoing opinion.

J. M. C., a young girl aged four years, was attacked with cholera infantum during the autumn of 1848, which resulted in a diseased condition of the mesenteric glands; their enlarged and indurated state could be distinctly felt through the walls of the abdomen. The emaciation peculiar to that disease steadily progressed, in defiance of every remedy, as well as the gratification of a voracious appetite; until the case became so hopeless that all medication was suspended, except such dietetic regulations as were found to best insure the temporary comfort of the patient. The case, under this expectant treatment, for weeks continued to advance towards an apparent fatal termination; when, about a month ago, in consequence of the earnest solicitation of the mother, that something more might be attempted to save her child, the cod-liver oil was directed to be given in half-tablespoonful doses three times a-day. About a week after the commencement of the oil, an evident improvement in the general appearance of the child was perceptible, although the discharges from the bowels remained as chylous and as frequent as they were before the oil was given. This improvement is still going on. The pulse has nearly doubled its volume; and the glands, which were formerly easily discernible by the hand, cannot now be readily felt, in consequence of the increased thickness of the walls of the abdomen. Whether this patient will recover or not, is still doubtful; but the change in the increase of adipose tissues, as well as the improvement in the general circulation, since the commencement of the oil treatment, irresistibly leads to the inference, that nutritive elements have found a way into the circulation different from the usual route of digestion. The declarations of other patients that the oil acts as a cordial, as promptly and as effectually as an equal quantity of *good wine*, strengthens this supposition.

The curative powers of the cod-liver oil are more manifest in tubercular phthisis than in any other disease in which we have prescribed it. Indeed, no therapeutic agent has come under our observation which has apparently produced such favorable changes in this disease as the oil. Undoubtedly much of its efficacy depends upon its power of invigorating the system, and increasing the "*turgor vitalis*." Yet we apprehend it sometimes acts in a conservative capacity, by presenting to the oxygen that enters the circulation a supply of hydro-carbonaceous elements, to satisfy its imperative affinities; and in this manner it tends to protect the nitrogenous tissues from rapid decomposition. This hypothesis

receives some support from the results of a chemical and microscopical examination of three specimens of urine, from each of three individuals, both before and after taking the oil; when the urea was found in much less quantity in the urine passed after taking the oil, than in the specimens obtained before its use.

Within the last two years we have prescribed the cod-liver oil in thirteen cases of well-marked tubercular phthisis, and the following have been the results. It has been discontinued in two cases; in consequence of its producing hæmoptysis in one case, and diarrhoea in the other. Two cases have not perceived any effect whatever from it. Five cases have been materially benefited; three of whom are yet persisting in its use. And four cases are to all appearances cured; they have regained their flesh and strength, are free from cough or hurried respiration, and their circulations have returned within the *limits of health*.

In one case of caries of the spine, of a strumous character, when the patient was unable to sustain the upright position without great suffering, at the time when the oil was first taken, about four months ago, it has so improved his condition that he is able to take part with other children in their pastimes out of doors, with perfect freedom from pain.

Although the effect of cod-liver oil on a healthy system is almost null, yet it ought not to be inferred that no discrimination is necessary in its administration in disease; for there are some pathological states in which it proves highly injurious. Diseases attended with intense arterial action, increase of heat, intestinal irritation, or hæmorrhagic tendencies, are those morbid conditions with which I have found it to be incompatible.

If this communication will induce some of the readers of the *Journal* to give the cod-liver oil a more extensive trial, and report their experience of its efficacy in disease, my object will be accomplished.—*Boston Med. and Surg. Jour.*, March 7, 1849.

PRESERVATION AND RESTORATION OF SIGHT.—This is an important matter, yet easily attained by this simple rule: When the sight is too short, close the eyes, press the fingers gently OUTWARDLY from the nose across the eyes. Short sight is caused by too great ROUNDNESS of the eyes, and rubbing or wiping them from their inner toward their outward angles, FLATTENS them, and thus lengthens or extends their angle of vision. But as long sight is caused by the too great FLATNESS of the eyes, passing the fingers or towel from their outer angles INWARDLY, of course rounds them up, and thus preserves the sight. By this simple means, all persons can adjust their sight to their liking, so as to read without glasses

just as well when old as young. The value of this knowledge is second only to that of sight.

Bronson is at present the leading promulgator of this idea, and claims to have discovered it. It may be original with him, yet was known long before Bronson's birth. The grandfather of a female friend of the editor's practiced it fifty years ago, and by its means preserved his eye-sight so as to be able to read fine print when eighty-eight years old; and John Quincy Adams, in conversation with Lawyer Ford, of Lancaster, Pa., who wore glasses, told him if he would manipulate his eyes with his fingers, from their external angles inwardly, he would soon be able to dispense with glasses. Ford tried it, and soon restored his sight perfectly, and has since preserved it by the continuance of this practice. On this point the Philadelphia Ledger remarks as follows:

Restoration of Sight.—The Boston Traveller gives some interesting accounts of experiments made by Professor Bronson, in removing imperfections of sight, produced by age, or malformation. According to the Traveller, old people have been enabled to lay aside their spectacles, and people of all ages, who suffered from short sight, have been entirely cured. The Traveller says that Professor Bronson is the author of these discoveries, and that his practice consists entirely in manipulation. Professor Bronson is well known in this and other cities as a lecturer upon elocution, and has opened an office in New York, for medical practice upon the eye, in which we wish him success.

But while giving credit to Professor Bronson for his efforts in doing good, and while admitting that his method of treating the eye is original with himself, we do not admit that he was the *first* discoverer. The very treatment ascribed to him for restoring decayed sight, was discovered long ago by John Quincy Adams, and successfully practiced on himself. This is not the only case in which scientific men have made the same discovery, without any communication with each other. Dr. Franklin in Philadelphia, and Dr. Ingenhouse in St. Petersburg, without any knowledge of each other, made simultaneous discoveries in electricity. Therefore, we do not wonder at Professor Bronson's discovery concerning the eyes, without any hint from Mr. Adams, who had long previously made the same discovery. Mr. Adams did not communicate his discovery to the world, but mentioned it incidentally, and as of no great importance, to two or three friends in the course of his life. We certainly wonder at him and them, for not perceiving its general utility. Mr. Adams never wore spectacles, his sight enduring to the last. Yet those who remember him in private conversation, may remember his habit, while listening, of *manipulating* his eyes with his fingers, by passing them gently over the surface, from the external to the internal angle.

The decay of sight that is remedied by *convex* spectacles, is

caused by the gradual absorption of the humors, or relaxation of the coats, rendering the transparent cornea less convex. The manipulation or gentle pressure perhaps, by stimulating the coats, and thereby causing them to contract, restores the original convexity, and consequently the original perfection of sight. In rubbing or wiping the eyes, we naturally pass the hand or towel over the convex surface, from the internal to the external angle. This diminishes the convexity, and thus promotes the decay of sight, and therefore should be carefully avoided. The pressure, whether in wiping or *manipulating*, should proceed, in eyes originally perfect, from the external to the internal angle. *Short sight*, remedied by *concave* glasses, is caused by *undue convexity* of the external cornea, whether congenital or caused by disease. In this case, all wiping, rubbing, or manipulation, should proceed from the internal to the external angle, the reverse of the motion necessary in the case first mentioned. In manipulation, care must be taken against pressure too hard, or continued too long, which may develop inflammation.

The same female friend, mentioned above, has been troubled for years with a spontaneous weeping of one of her eyes, which she has entirely cured by rubbing and wiping her eyes, when she washes, INWARDLY. She also now reads fine print, whereas before she was unable to do so. This subject will of course commend itself to the practical trial of all who may be suffering from imperfect or weak eyes.—*American Phren. Jour.*

TARTAR-EMETIC AND OPIUM TO INFANTS. By N. B. Pickett,
Great Barrington, Ms.

In your remarks on Dr. Beck's Infant Therapeutics, you allude to the frequent use of *tartar-etic* and opium by New England mothers for young infants. I, for one, rejoice that such a man as Dr. Beck has been willing to investigate and portray the evils of using these "Samsons" of the *materia medica*, so common in the nursery. Not a community, probably, in this commonwealth, but can bring out facts to prove that opium in some form will certainly put a quietus—yes, a final quietus—to the crying babe! Several cases of this kind have been reported to me. And I view *tartar-etic* as little less dangerous. We all know the tendency of *tartar-etic*, when externally employed, to produce eruptions and ulcerations. And why not produce a similar ulceration upon the mucous membrane of the bowels? I fear that many of the bowel complaints and *chronic diarrhæas* of children could be traced to the frequent use of antimonial wine given to allay fever or relieve a common cough from cold.

A case fell under my observation a few years since, which is to the point. A child, about three years old, of robust, healthy appearance, was subject to asthma. To relieve the turns of wheezing, the physician left a solution of antimony, with directions to give frequent doses until the child vomited freely. This, for a time, operated well; but the dose was enlarged, yet no emesis could be produced. True to the directions, the mother repeated the dose so frequently, that *hyper-catharsis* and general prostration began to alarm the parents for the safety of the child. I was sent for, and found him *in articulo mortis*. This dysentery, as they termed it, had been running for some days. He was now insensible, sphincter ani perfectly relaxed, surface cool and moist, constant rolling of the head, livid countenance, indicating that the brain was suffering and death at hand. He died within a few hours—his death evidently caused by the too free use of antimony.—*Boston Med. and Surg. Journal*.

OPIMUM AND BLEEDING. *Extract from the Fiske Fund Prize Dissertations of the Rhode Island Medical Society; by C. W. Parsons, M. D.*

Very many diseases of irritation exhibit the over-excitement of some functions rendered necessary by a previous cause, which cause must be attacked first. But those diseases of irritation, in which the consequence lasts though the first cause is removed, so far as we can remove it, may perhaps be brought under the head of self-limited diseases. Such are confirmed epilepsy, tetanus, delirium tremens.

In regard to the last of these affections, much difference of opinion prevails as to the usefulness of opium. That sleep is a most favorable occurrence in the paroxysm of delirium tremens, is well established. That under very different modes of treatment it is very generally obtained within three days, is also well known. But the researches of Dr. Ware, of Boston, have illustrated the natural course of the paroxysm, showing that under these various methods of management it in fact took its natural way, and that, under a purely expectant plan, the desired sleep is very generally obtained within 60 to 72 hours, in uncomplicated delirium tremens. Nay, more, the fatality, and duration were both increased in cases where sleep was forced by opium in large doses (giving 24 to 72 grains in the course of 48 hours), or where small doses were given, not enough to have any great influence in producing sleep (two or three grains in 24 hours). This belief, first announced as the general impression left by a pretty extensive observation, afterwards appeared in the more trust worthy form of the results of numerical

computation. (See the subjoined table.*) Dr. Ware's researches show that sleep, particularly if forced by art, is in a considerable proportion of cases not immediately followed by recovery, and sometimes occurs in cases that still prove fatal. In delirium tremens, not complicated by other disease, and not occurring in constitutions broken down by long-continued excesses, he decidedly recommends that no powerful means be used to procure sleep. The papers of Dr. Ware, on this subject, are favorable specimens of what may be done to illustrate the treatment of diseases, by studying their natural history. The results are interesting, as showing a case of pure irritation, not stopped by removing the cause, and that runs itself out, if not interfered with, more safely than if we try to quiet the irritation. In the treatment of this class of diseases, generally, more can be accomplished by allaying the irritability, and attacking the predisposing causes, than by directly trying to subdue the existing excitement.

Inflammations figure so largely among the diseases we are called to treat, that they deserve special consideration here. Much breath and ink have been wasted, in inquiring whether inflammation is, or is not, a restorative process. The question has been discussed most intelligently with reference to inflammation following mechanical injury, where we can get at more of the elements of the case, than in internal diseases. It has been satisfactorily shown that inflammation is not necessary to the healing of wounds, but is in many instances a hindrance to the true reparative processes. It is matter of observation that wounds may heal without redness or heat, without pain except what is left from the injury, without accumulation and delay of blood in the capillaries, or increased action of the arteries—and that healing beneath a scab, or by the so-called modelling process, is interrupted when these signs of inflammation appear. Sometimes, on the other hand, wounds or ulcers will not heal till the organizable elements of the blood are specially increased, as by inflammation. So in internal diseases—after ulcerative perforation of the intestine, inflammation is the great source of danger if it spread along the peritoneum, and at the same time the only safeguard if it stop after sealing up the opening by lymph. Inflammation is not essentially and constantly either restorative or hurtful.

| | * No. of cases. | Bled. | Died. | Recovered. | Complicated with acute disease. |
|---------------------|-----------------|-------|-------|------------|---------------------------------|
| Opium, large doses, | 8 | 0 | 4 | 4 | 1 |
| Opium, small doses, | 7 | 1 | 2 | 5 | 1 |
| Emetics, | 12 | 1 | 1 | 11 | 2 |
| Bleeding, | 2 | 2 | 0 | 2 | 0 |
| Various, | 9 | 5 | 3 | 6 | 7 |
| Quinine, | 1 | 0 | 0 | 1 | 1 |
| Mercurials, | 1 | 0 | 0 | 1 | 0 |
| Expectant, | 29 | 4 | 1 | 28 | 1 |

But it generally tends to spread along continuous textures; we can seldom be sure, except in certain specific cases, that it will not go on to disorganize the part it occupies, or permanently disable this part; it makes the part more liable to inflame again; it affects the constitution of the blood, and the powers by which its elements are produced; it tends to produce secondary inflammation in other parts. This last fact has been most fully brought out by the researches of M. Louis. Then inflammation may by each of its processes do immediate immense harm, may block up the air-cells in the lungs or the lining of the glottis, may deposit an opaque spot in front of the pupil. Its tendency to propagate itself, and run on into further evils, makes it one of the worst forms in which the power of reaction can show itself. Practically, there are very few cases in which it is not desirable to check or moderate inflammation.

How much we can do to cut short the series of actions grouped under this name, is doubtful. As the means most confidently recommended, let us consider the effects of bleeding. Nowhere has the fallacy more prevailed of overlooking the secondary, in the immediate effects of treatment. Some practitioners and writers speak very confidently of stopping or shortening inflammation by bleeding. "In many cases of cynanche tonsillaris, an early and full bleeding will have the effect of arresting the inflammation, and thus of saving the patient from much suffering if not danger. Even when the arrest of the disease is not effected by it, the inflammation is reduced in violence and shortened." I quote the above (from Condie's notes to Watson's Lectures on the Practice of Medicine) to show the off-hand, confident manner in which many physicians, those of the English school particularly, speak of inflammation as controlled by bleeding. On the other hand, certain French observers of this country set forth, as the result of facts, observed with most patient industry and marshalled in tabular views, that with them bleeding seldom cuts short, and has a slight power of shortening or rendering less fatal, many inflammations where most good is commonly expected from it. And certainly, the observations from which these inferences are drawn, deserve great confidence, from their completeness and conscientiousness. Impressions remaining on the mind, not confirmed by detailed records of cases, are more to be relied on as showing the immediate, striking results of a remedy, than the after-effects, the secondary reactions, the sum of all the successive changes this remedy calls forth, and their aggregate influence on the disease in its whole subsequent course, and on the health in after-life. Now, we have ample testimony—every physician has it from his recollections—that bleeding may immediately relieve urgent symptoms, and in this way may save life or an important organ. This comes under a head we have already

considered. It is quite another question, how far it could control the whole after course of those morbid processes called inflammation.

From many parts of continental Europe, accounts reach us of hospital practice there, in which the usual active measures recommended in all our text-books are not employed. Acute pneumonia is placed under good hygienic influences, and left in the hands of nature, with some nominal medicament, to amuse the mind, and secure obedience to the hygienic rules imposed. Such is the treatment of Magendie, at the Hotel Dieu of Paris. In Germany, where Homœopathic management has been quite common, an expectant course is often followed in certain hospitals. The comparative results of Homœopathic treatment under Fleischmann, and of treatment by Skoda, with a little *extractum graminis*, and occasionally experimental remedies thrown in, are given in the British and Foreign Medical Review for October, 1846. Of 19 cases under Fleischmann, having an average of 24 years, 3 died; of 45 cases under Skoda, 3 died. In acute inflammations, venesection had for three years been rarely used by Skoda, other modes of bleeding not at all; average mortality, 13.7 per cent.; average age, 25.3. The great advantage of not bleeding is, in his opinion, the more rapid recovery. The results of treatment in these two hospitals at Vienna, have derived an interest from the wide publicity given to those of Fleischmann, as specimens of the superiority of Homœopathy. The paper in the Review referred to, is by Dr. G. W. Balfour, of Edinburgh, who observed the cases himself, and shows that the average results of treatment almost or completely inert, with attention to hygienic rules, were more favorable than those exhibited in Fleischmann's published tables, notwithstanding several incidental circumstances that gave the later an advantage. The diseases presented a less sthenic character than those of Great Britain.

Magendie, in his wards at Hotel Dieu, Paris, has seldom used the lancet for some years past; the same is the case in the House of Industry at South Boston, though several cases of acute pneumonia frequently occur.—*Boston Med. and Surg. Jour.*

THE LATE MEDICAL DEGREE AT GENEVA. [Communication.] D. K., in your last number, seems shocked at the conferring of the degree of M. D. upon a female at the recent commencement at Geneva College. Your correspondent is decidedly behind the age. How long is it since the leading physicians of Boston sent out a circular, recommending the establishment of an institution for the education of females in the art and science of midwifery? Prof. Warren can enlighten him on this point, should he need information. Are there no female accoucheurs in this country?

Are there none in France and Great Britain? Were there none in Egypt in the time of the Pharaohs, about the period of Moses' birth? How was it in New England, in the time of our forefathers? In the first volume of the "Collections of the Maine Historical Society," (p. 285,) we read that the General Court held at Wells, July 6, 1646, "presented Francis Rayus for presuming to act the part of a midwife; the delinquent, examined by the Court, is fined fifty shillings for the offence, and paying the fees, 5s., is discharged." *Tempora mutantur, et nos mutamur in illis.* Has D. K. ever heard of Madame Boivin, M. D., of Paris, the distinguished lecturer and writer on obstetric science? The fact is, there is, and always will be, female accoucheurs; the only question is, shall they be educated? There can be but one opinion on this point. As to females engaging in the general practice of medicine, the idea is absurd; D. K. need have no fears of a rivalry, which he seems to dread, as about to jostle him uncomfortably. The "nefarious process of amalgamation" will not be consummated to a great extent in his day. D. K. talks of the "profession of law, medicine, and divinity, as masculine duties." Are there no masculine females? Was not Madame Potemkin and Madame Dacier both honored with the degree of L. L. D., from one of the first English universities? The records of freemasonry will show that females have been inducted even into that most honorable order. I see no reason why, if a female has made the proper acquisitions, and proved herself worthy of the honor, she should not receive the degree of M. D., as well as Mr. D. K., or any other person.

Miss Blackwell, it is well understood, studied medicine for three years in the private office of Prof. S. H. Dickson, of New York, a gentleman whose fitness for judging of the proper personal (medical, physical, and moral) qualifications for the study and practice of medicine, no one, it is presumed, will doubt. It is also understood that Prof. D. not only approved, but strongly advised Miss B. to prosecute the study of medicine, and qualify herself for its practice; and we are informed it was chiefly in consequence of his flattering recommendation, that she was permitted to attend the courses of lectures in Geneva College, and admitted to an examination for a degree. We honor the college for its liberality; and we believe the profession will sustain it still more generously for the disinterested bestowal of its honors on the deserving, irrespective of sex or condition.

Even admitting the correctness of D. K.'s remarks in general, with respect to woman's unfitness for engaging in the practice of medicine, it would be strange indeed if exceptions did not occasionally occur. From all we have been able to learn respecting Miss B., she is emphatically an exception. "*Exceptio probat Regulam.*"—*JURUS. Boston Med. and Surg. Jour.*

CHOLERA IN NASHVILLE, TENN.—RELATION TO LIMESTONE.—We have just received a letter from Dr. H. B. Walton, of Nashville, giving some interesting particulars in relation to the appearance of cholera in that city. He states that the pestilence first appeared there about two months since, and that the average mortality from it had been about two a day. "The weather, for the greater part of the time, has been warm and wet. But," he adds, "the point to which I wish particularly to call your attention is, the predilection of the disease for a certain quarter of the city. It has prevailed almost exclusively about a particular locality. At first, this appeared inexplicable; but since reading the remarks of Dr. Jackson on the connection between cholera and limestone regions, I have supposed that the cause was revealed. A large portion of the city of Nashville is supplied with water from the Cumberland; citizens in other parts use water from springs and wells, which, of course, is largely impregnated with carbonate of lime. It is to the latter, with scarcely an exception, that cholera has been confined. Two cases presented themselves, which, at first, I supposed were exceptions to the rule. One was a lady, who resided in that portion of the city where hydrant water is used; the other was a negro man living in the same quarter; but, on inquiry, I learned that the former used water from a spring in the cellar of her dwelling, and that the latter been laboring in the vicinity of a spring from which he obtained all the water he drank.

"A large majority of the more aggravated cases have occurred in a small neighborhood, in the vicinity of a spring more highly charged with lime than any other in the city. Whether it is to the use of this water, or to some other cause, that the disease has prevailed in this locality while the city has been exempt from it, is a question not to be determined without farther observation.—*Western Jour. of Med. and Surg.*

NUTRITIVE PROPERTIES OF BRAN.—M. Millon has communicated to the Academy of Sciences the result of some interesting investigations of his concerning the ligneous matter of wheat, whence it would appear that bran is a very nutritive substance. Though bran doubtless contains from five to six per cent. more ligneous substance than flour, it presents more nitrogenous matter, twice as much fatty matter, and moreover two distinct aromatic principles, one of which possesses the fragrance of honey; and these are both wanting in flour. M. Millon, therefore, thinks that bran and meal ought to be ground over again and mixed with the pure flour, and he has found, by repeated experiments, that this mixture yields a superior kind of bread, and free from the inconveniences of that bread which, in some countries, and particularly in Belgium, is made with coarse meal.—*London Lancet.*

QUININE. By Dr. A. B. Shipman, of Laporte, Ia.—It is curious to hear the opinions of medical men on the *modus operandi* of quinine, and also on its effects on the system, when laboring under other diseases aside from malarious. Some contend that it operates on the poison of malaria, by entering the circulation and neutralizing it by a chemical action; others, that it acts as a sedative; others, as a tonic, and so forth. There is a great difference of opinion *when* to give it, and in what doses. The most enthusiastic advocates for its use, and those who make it a hobby, give it at all times and in all stages, and in all manner of doses, from 10 grains to 60, or even larger ones in some cases. These men contend that when malaria enters the system in sufficient quantities to produce fever, a sufficient quantity of quinine will prevent its attacks, if given in season; and when the attack commences, in whatever stage, cold, hot, or sweating, if given in requisite quantities, it will stop the fever, whether it be of the intermittent or remittent type. They contend that no intermission or remission is necessary for its exhibition; that the hot stage of remittent fever is preferable, on the whole, to any other stage; and whether this reasoning is good and sound, or bad and untenable, as respects the *modus operandi*, one thing is very certain, that the patients treated in this way get well in a most incredibly short time. A man is seized to-day with a chill, and high febrile reaction comes on and continues for a few hours, or, as the case may be, a few days; he sends for a physician, and he prescribes 60 grains of quinine in six equal doses, and if he is very restless he adds one-quarter or one-eighth of a grain of morphine to one of the powders, perhaps the first one; he orders them taken once in four hours, and nothing else. In twenty-four hours the fever is gone. There has been neither emesis or catharsis, but a most profuse sweating has come on a few hours after the first dose; and all the sensible effect besides the subsidence of the fever and the sweating, is that the patient feels as if a swarm of bees had taken his head for a hive, or that it had become a tea kettle with boiling water in it. I have experienced the sound like wind in a distant forest, or like the distant noise of the surf breaking on the sea-shore. In some, a profuse secretion of urine will follow; but whether caused by the medicine or the subsidence of fever, may not be accurately determined. It is true, they get well; and it will appear odd to some, to be told that neither cathartic nor any other medicine is necessary to complete the treatment. Some begin the treatment by a short preparation—a cathartic of calomel or an emetic—and wait for an intermission or a remission, and then give the quinine, and follow its use by a laxative. Others give small doses of 5 or 2 grains often repeated; while the bold, decided ones, give one large dose and let that suffice. Quinine is the remedy in every stage of the fever; but if organic changes have occurred from the continuance of the fever, as gastro-

enteritis, hepatitis, splenitis, meningitis, bronchitis, pneumonitis, or other local disease of a serious character, then we are not to expect a cure by this remedy alone; but still they say give it, by all means, to destroy the primary cause; and treat the other affection as an independent disease. These local difficulties are so apt to come on when a fever is not arrested early, that it is quite a misfortune to neglect calling in aid early.

With regard to the mortality of fever in the West, it is quite inconsiderable, compared with the great numbers who are the subjects of it. Most of those who die with fever are neglected, either from poverty, negligence of nurse, eating some imprudent thing during convalescence, obstinacy in refusing proper diet, or using inert or improper treatment, and all the great number of causes acting on a large scale, over a great extent of country. I am convinced, however, that where one person dies at the West with fever, notwithstanding the poor accommodations that they have, fifty die of fever at the East—that is, out of an equal number of cases. This success is noticed by the people generally, and by the physicians in particular; and hence, many a man educated at the East, and thoroughly, too, in medicine, will apply the principles learned there to the treatment of fever, and fail, and that, too, at a time when he wished to make the most favorable impression in the community where he has settled, viz: the first year of his practice. But if they are not too self-sufficient, and will observe the disease closely, and deign to lay aside their dignified airs, and get down from their high horse, they will soon master what is really no very difficult matter.—*Boston Med. and Surg. Journal.*

NAPHTHA AS AN ANÆSTHETIC.—Prof. Simpson has been latterly experimenting upon the light coal tar naphtha as an anæsthetic. It is as powerful as chloroform, but not so pleasant to inhale, and its only advantage is its cheapness. Prof. Simpson believes that the active anæsthetic constituent is benzole.

ANÆSTHESIA FROM THE LOCAL APPLICATION OF CHLOROFORM.—Mr. Higginson communicated to the Liverpool Medical and Pathological Society, the case of a lady, aged twenty-five years, in labor with her first child; the perineum had long been on the stretch by the head, which was tumefied by the pressure; the pain was great with each uterine contraction, but was referred entirely to the perineum, no pain being apparently felt from the uterine contraction itself.

About half a drachm of chloroform was poured upon a hand-

kerchief in the ordinary manner, but instead of being applied to the mouth, it was held in almost immediate contact with the perineum. The pain immediately ceased, though the uterine contractions continued in full force; and the first intimation the patient had of the progress of the labor was hearing the child cry. Her mind was not at all affected, nor was intellectual consciousness in any degree diminished.

He had observed the same thing, though in a less degree, when the chloroform had been applied to the sacrum in another case.

He had also applied this agent to the os uteri of a patient suffering from very severe dysmenorrhœa, by means of a sponge placed in a curved glass speculum, which was introduced into the vagina. The pain almost immediately abated, and on its return, after some hours, the patient re-applied it herself with similar benefit.

Dr. Watson mentioned some cases confirmatory of its good effects when locally applied. He had painted it over a swelled testicle, with speedy relief to the pain, and had applied it along the course of the spine with a similar result in a case of acute spinal tenderness, which had not been relieved by other treatment. He had also applied it to the surface of a large mammary abscess, prior to opening it, which was afterwards done without suffering to the patient; and also to the vulva of a woman before cauterizing the orifice of the urethra. It had relieved the cramp and collapse in a case of English cholera when laid upon the epigastrium, and had abated the pain almost immediately when painted round the edge of a surface to which potassa fusa had been applied for the purpose of forming an issue.—*Lond. Med. Gaz., Jan., 1849.*

LOCAL ANÆSTHESIA IN NEURALGIA.—Dr. Hays stated, that he had employed the chloroform to produce local anæsthesia with apparently the most happy effects, in a case of neuralgia, occurring in a gentleman fifty years of age, who had been for a long time a sufferer from neuralgia of the foot, in which all the remedies that had been previously employed failed to produce relief. Dr. H. was called to this patient about eight days since, and found him in intense pain, which had deprived him of sleep the whole of the preceding night. Dr. H. directed the affected parts to be enveloped with a pledget of lint, or a few folds of muslin, wet with chloroform, and the whole to be covered with a portion of oiled silk, to prevent evaporation; on the next morning he found him entirely free from pain, which has not since returned. Whether the relief experienced in this case is to be ascribed to the local anæsthesia produced by the chloroform, or is to be considered as

a mere coincidence, Dr. H. does not pretend to decide.—*Trans. Phila. College of Phys.*, Vol. ii., No. vi.

Since this communication was made to the College, the further history of this case has shown that an arrest of the paroxysm is always accomplished by the application of the chloroform; and by the use of the article, several other similar cases have been attended with like results.

BENEFICIAL EFFECTS OF COFFEE IN INFANTILE CHOLERA.—Dr. Pickford states, that from the great importance which now attaches to the treatment of cholera, he feels it to be incumbent upon him to impart to others the experience which recent opportunities have afforded him of the effects of *coffee* in the cholera of infants.

In the case of an infant at the breast, to which he was called late, to whom the usual remedies had been administered unavailingly for four days, the exhibition of coffee was attended with complete success. The incessant vomiting and purging had produced extreme emaciation; the abdomen was distended; the pulse was frequent and small; there was great restlessness, and sleeping with the eyes half-opened; convulsive motions of the eyes when awake. Carbonate of ammonia, with nourishing diet, and external stimulants, having been fruitlessly exhibited, Dr. Pickford determined to have recourse to coffee, which he knew to have been recommended as a stimulating tonic by Dr. Dewees. He began with a small dose, a scruple infused in two ounces of water, with one ounce of syrup, giving a large spoonful every hour. The effect was surprising; the vomiting was arrested; the evacuations became more consistent, improved in color, and less frequent. The amendment progressed so rapidly, that by the tenth day the child was discharged as cured.

The effects were equally good in a little girl, fourteen weeks old, in whom the vomiting was not so severe, but the diarrhoea was quite as copious. In this case, also, the coffee was given, after other means had been tried, and the patient greatly reduced.

Dr. Pickford has since used this remedy in nine children of different ages, from four weeks to two years and a half. The doses have varied from half a scruple to two scruples daily. He has, also, administered it to children laboring under premonitory symptoms, especially where the evacuations have been very light-colored. In some cases a single dose of calomel has preceded its employment. The effect was always favorable, except in one case to which he was called too late, when the child was already sinking.

He has not had any occasion to try the value of coffee in the

diarrhœa of adults, having found calomel and opium of sufficient efficacy.

The benefit of coffee, especially in bilious diarrhœa, has been extolled by Lauzow and Chultze, (*Richter's Arzneimittellehre*, vol. 1.) West, in 1813, found a combination of coffee and opium very useful in the epidemic of that year. Coffee has long been employed by the common people as a remedy (in Germany, we suppose) after excessive indulgence in spirit drinking. It is known to have the property of promoting digestion, and the action of the bowels.

The purgative action of burnt coffee is attributed by Dr. Pickford to its tonic exciting properties. Like some other substances, in small doses it is capable of restraining diarrhœa, while in large doses it acts as a cathartic. The physiological explanation of this opposite effect of the same remedy is probably to be found in the condition of the motor nerves, which, being weakened, are by its moderate stimulus restored to their normal state of excitement, and thereby diarrhœa depending on their paralysis is cured. In this way, also, is explained its aperient action in larger doses on adults, by its over-stimulating these nerves, and so promoting increased movement of the intestines.—*Lond. Med. Gaz.*, Nov. 1848, from *Henle's Zeitschrift*, Vol. v. 11, Part 1.

ON THE EXTERNAL USE OF IODINE IN CROUP.—Dr. Willige speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighborhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three cases, in which, by this means, he succeeded in averting impending death.—*Lond. Med. Gaz.*, Jan., 1848, from *Schmidt's Jahrbucher*, No. 7, 1847.

THE ADVANTAGES OF CHLORIDE OF GOLD AS A CAUSTIC. *By*
M. Chavannes.

MM. Récammier and Legrand signalized the advantages of the chloride of gold as a caustic many years ago—and our author confirms their statements from observations made chiefly in the treat-

ment of lupus and syphilitic tubercles and ulcers. M. Chavannes maintains that the chloride of gold destroys less than the other caustics, and, when the crust separates, cicatrization is found in a forward state of advancement. The cicatrix which remains after the use of this chloride, is said to be less marked than when other caustics are employed. It is prepared thus: Gold leaf one part, hydrochloric acid three parts, nitric acid one part.—*Month. Rel., Feb., from Gaz. Med. de Paris, Dec. 23, 1848.*

THE AMERICAN MEDICAL ASSOCIATION.

TUESDAY, MAY 1.

THE AMERICAN MEDICAL ASSOCIATION met this morning at the Lowell Institute, at 11 o'clock.

Dr. Warren, in behalf of the Massachusetts Medical Society, briefly addressed the delegates.

Dr. A. H. Stephens, of New York, President of the Association, then delivered an address to the members.

A list of delegates present was then read by the Secretary. They numbered about two hundred and fifty.

A committee was then appointed, consisting of one member from each state, to nominate officers for the ensuing year.

AFTERNOON SESSION.

The Association met at half-past three o'clock.

The nominating committee appointed in the morning, reported the names of the following gentlemen as officers of the Association for the ensuing year:

For President—Dr. John C. Warren, of Massachusetts.

For Vice-Presidents—Dr. J. P. Harrison, of Ohio; Dr. H. H. Maguire, of Virginia; Dr. A. Flint, of New York; Dr. R. S. Stewart, of Maryland.

For Secretaries—Dr. A. Stille, of Pennsylvania; Dr. H. I. Bowditch, of Massachusetts.

For Treasurer—Dr. Isaac Hays, of Pennsylvania.

These gentlemen were unanimously elected to the respective offices above named.

A committee was appointed to wait on the President elect, and inform him of his election.

They soon after returned, accompanied by Dr. Warren, who took the chair, after returning thanks for the honor conferred upon him, and addressing a few sensible and pertinent remarks to the delegates.

The reading of the reports of the standing committees was then commenced.

The first report read was from the committee on practical medicine, of which Dr. Condie, of Pennsylvania, is chairman. The reading of this report occupied all the afternoon, and was not finished when the hour for adjournment arrived. It was then voted to suspend the further reading of the report, and refer it to the committee on publication.

WEDNESDAY, MAY 2d.

MORNING SESSION.

The Association met at 10 A. M., pursuant to adjournment—Dr. John C. Warren, of Boston, in the chair. The first business of the session was the reading of the minutes of the Association.

Dr. Bowditch, chairman of the committee, reported a list of delegates to the Association, from which it appeared that upwards of *four hundred* members are now present in the city, representing twenty-two states.

On motion, Dr. J. P. Jewett, of Lowell, was elected a permanent member of the Association by a unanimous vote. This motion involved a brief discussion as to the true interpretation of the article in the constitution which refers to permanent membership.

Reports from standing committees were called for. A motion was made that the reading of reports, in full, be dispensed with, and that the chairman of a committee be permitted to read such portions as he deemed to be more immediately interesting to the convention. Upon this motion, considerable discussion arose. It was contended, on the one hand, that it was disrespectful to a committee, who had carefully elaborated papers in behalf of the convention, not to hear them; also, that, referring reports to the committee on publication, the convention gave their sanction to documents, doctrines, and principles which they might not be willing, on revising their opinion, to approbate. On the other hand it was contended, that the objects for which the convention assembled would be entirely lost, by reading in full every report that the committees had prepared; that even one or two lengthy reports would consume all the time of the sessions; that it was not necessarily disrespectful to a committee to dispense with the reading of a report, because such a course is in accordance with the practice of parliamentary bodies; that the Association did not necessarily become responsible for the doctrines of a report, but that, though they appeared in the volumes of the transactions of the society, yet they stood there as reports only, and the committees alone were responsible for them. The motion was finally withdrawn, when

Dr. Nathan R. Smith, of Maryland, chairman of the committee on surgery, read a lengthy and elaborate report on that subject. A large portion of the report was devoted to a consideration of the great improvements in surgery which the discovery and introduc-

tion of anæsthetic agents had enabled them to adopt. In reference to chloroform, the report says it is the most powerful agent of the kind known, and that care should be taken in administering it to the patient. It has been administered to millions of subjects, and we have but fifteen cases of authenticated deaths supervening from its use. Alarm, therefore, on the subject is needless. Much more cause is there for alarm, much more reason to apprehend a fatal termination in taking an ordinary railroad journey, than in inhaling chloroform at the hands of a judicious and careful practitioner.

It is inadmissible, the report says, to proceed with a surgical operation in dangerous cases, without the use of chloroform, because safety and immunity from pain are secured. It should not be used where there is a disease of the heart; and in inhalation care should be taken that atmospheric air be mixed with the chloroform. Inhalation should stop the moment that insensibility is attained. Prof. Simpson has published his opinion that one hundred lives have been preserved by the use of chloroform where one has been lost by it. He further says, that the mortality where chloroform is used, is much less than in similar cases where it is dispensed with.

In careful hands, chloroform is an invaluable agent. The author of the report has administered it *thirty-four* times to one patient, a young woman, to the extent of complete insensibility, without any unpleasant results. Prof. Mott, of New York, has performed operations which he would not have attempted without the aid of chloroform. Other important matters were introduced which we forbear alluding to. The reading occupied an hour, and was received with the most lively tokens of approbation. It was referred to the committee on publication.

It being understood that the great and general court of Massachusetts would certainly adjourn this day, it was voted that the Association meet on Thursday morning, at 10 o'clock, in the hall of the house of representatives.

The orders of the day were now called up, when it was moved that the orders be suspended to allow the consideration of an amendment to the constitution, the effect of which would be, as stated by Dr. Stevens, of New York, that delegates who are present, and can now only act as visitors, would, under the proposed amendment, be immediately admitted to all the rights and privileges of permanent members.

The Association was thrown into a state of the utmost confusion, by motion piled on motion, and there appeared no way of escape opened. Two or three members were addressing the chair at the same time, until, at length, the worthy president was obliged to rebuke the members, which he mildly did, by saying, "If gentlemen had been as willing to listen, as they were to speak, the difficulties would not have arisen." The constitutional question was

finally referred to a special committee consisting of Dr. Stephens, of New York; Dr. Hood of Philadelphia; Dr. Condie, of Philadelphia; Dr. Arnold, of Georgia; and Dr. Knight, of Connecticut.

This vexatious affair being so happily disposed of, Dr. Chandler R. Gilman, of the College of Physicians and Surgeons, of New York, read a report from the Committee on Obstetrics. This report, like that on Surgery, is largely filled with remarks on the wonderful advantages which Obstetric practice has gained through the introduction of Anæsthetic agents; and it is very cordial in its notice of Dr. Channing, who, the report says—"has made a most invaluable contribution to the literature of Obstetrics in the publication of his work, *"Etherization in Child Birth."* Etherization has now been used in thousands of cases, and in no one instance has the slightest injury resulted to the mother. These results may well be considered wonderful, but particularly so in cases of instrumental labor.

In order to present the question of anæsthesia in child-birth before the Association, in entire fairness, the committee have incorporated into their report the principal objections which those who oppose the use of such agents have urged against them. They, however, give it as their deliberate opinion that the chance of a patient's recovery is greatly increased by etherization, and they say that anæsthetics may not only be given in all cases of labor, but, they say, they may not rightfully be withheld. The report was accepted, and referred to the Committee on Publication.

At half past one o'clock, the Association adjourned, to meet at half past three, P. M.

[The remainder of the proceedings will probably be given in our next. We observe that CINCINNATI has been selected for the next annual meeting of the Association. One of the most interesting features of the proceedings, was the admission, by some of the members, that the Old school profession was quite unpopular, and that an introductory letter, from a fashionable clergyman, was worth more than a diploma from the most learned college. How can they expect to be otherwise than unpopular, when they outrage all the courtesies of life, and shock the sense of justice in the public mind, by their selfish combinations against free investigation, and by their obstinate adherence to a destructive system of practice, in spite of the overwhelming evidence of experience, which is daily accumulating against them?—B.]

Part 3.---Editorial.

HONOR AND VERACITY OF MEDICAL HUNKERISM.

THE *Western Lancet* for April, 1849, contains a tirade of coarse abuse, in which its editors have certainly succeeded well in displaying their own reckless disregard of the truth and determination to take all unfair advantages of their professional opponents.

The letter of Dr. Stevens (with remarks in a similar spirit) is republished, without any reference whatever to the fact that Dr. Beach's appointment as physician of the tenth ward in New York, was publicly made by proper authority, and that a correspondence did take place between himself and Dr. Stevens, as published in our last number. These facts, which were published some time since in a city newspaper, and were known to the editors of the *Lancet*, they have carefully suppressed, thus endeavoring to produce the impression, that the whole statement in reference to Dr. Beach's cholera practice is entirely fictitious. This unwarrantable suppression of the truth must be considered, under the circumstances, as a most dishonorable attempt at deception.

It is with deep regret that we find ourselves compelled to bring such an accusation against the professors of a medical college and editors of a medical journal, but no one, who dispassionately observes the facts, can avoid coming to the conclusion, that the editors of the *Lancet* have, in these matters, discarded every principle of honor, and resolved to achieve by unblushing falsehood what they cannot accomplish by any honest and respectable course.

The evidence of this is found in the fact, that they have repeatedly made false and slanderous attacks upon the Faculty of the Eclectic Medical Institute, and have stubbornly refused to make any correction, or to suffer any correction to be made in their pages, of statements which they know to be calumnious and untrue.

The slanders of Prof. Harrison, which were noticed and refuted in the January number of the *Eclectic Medical Journal*, still stand uncontradicted in the pages of the *Lancet*, and will no doubt con-

time so to stand, until a Power competent to bring the dead to life shall awaken his dormant conscience.

In reference to these slanders, Dr. Lawson, the principal editor of the *Lancet*, repudiated all personal responsibility, because he was not the author of the article. Yet, Dr. L. was no less culpable than Dr. Harrison, and was no less bound to apologize for the slander, since he had himself previously uttered similar slanders, which he has to this day refused to correct, although he knows the falsehood of his statements, and has been strongly urged to do what every honorable man would feel bound to do—to correct his own palpable and notorious mis-statements. The following is the language of Dr. Lawson, in reference to the Eclectic Medical Institute, in his review of Dr. Forbes' celebrated essay on Homœopathy, Allopathy, and Young Physic.

"This 'new Cincinnati school,' we wish Dr. Forbes to understand, advocates a system of botanical practice, excluding all minerals, general and local bleeding; and as a substitute, offers a false system of pathology, and a system of therapeutics more monstrous than that of Brown. This is the reform we are promised."

Although Dr. Lawson knows distinctly that in the above passage he has uttered a malicious falsehood, he will not permit his readers to be undeceived by any correction of that falsehood, from any source, in the pages that he controls. He has not even sufficient sense of shame to feel the necessity of vindicating his profligate course, but pursues his career with the same unblushing effrontery with which an abandoned convict lies to your face, and, when detected in the act, still adheres to the lie, and utters a few more, in the firm conviction that any falsehood, well maintained, will pass for truth with a portion of the public.

Dr. Lawson knows full well that the prejudices of his readers have been artfully excited against the Eclectic school, and that its character, principles, history, &c., have been so carefully concealed from them as to render them liable to imposition upon such a subject: hence the brazen effrontery with which he publishes the slanders of the Columbus Medical Journal, edited by Dr. Butterfield, and adds new falsehoods of his own. The following language, in reference to the Faculty of the Institute, will show his hardihood:

"We are right, then, in saying the *quacks*; for they completely

and perfectly come up to the above definitions. One advertises his *secret nostrums* (and he a *professor*—God save the mark!)”

This allusion, according to Dr. L., is aimed at Dr. Beach. It is possible that when it was penned, it was written in the recklessness of ignorance, neither knowing nor caring whether it was true or false; but he has since been distinctly informed as to its truth, and now persists in the falsehood because it is convenient and answers his purpose. The medicines which bear the name of Dr. Beach, and which are now manufactured by apothecaries, like Dovers' powder, Seidlitz powders, Coxe's hive syrup, Cooke's pills, and other familiar forms of medicine, according to certain well known recipes, have gained a wide celebrity on account of their intrinsic merit, and it is no small honor for Dr. Beach, that he should have been instrumental in introducing to an extensive circulation, medicines of so much value, which have already accomplished more for human welfare than will ever be accomplished by the Faculty of the Ohio Medical College, even if they should live to the age of Methusaleh. To assert that these celebrated medicines were *secret nostrums*, when they were familiarly known to thousands of physicians and apothecaries, as well as to the nonprofessional public—when they are, and have been from their first introduction, as public as any of the officinal preparations of the United States' Dispensatory—indicates either deplorable *ignorance*, or still more deplorable *mendacity*. Whatever the motive, there is no probability that Dr. Lawson will ever retract a falsehood, uttered against his medical opponents, if we may judge from his past conduct.

While our Old school neighbors thus assail us for the open, public, and honorable introduction of important medical compounds, as familiarly known among us as paregoric, or volatile liniment, how happens it that they themselves attempted, *unsuccessfully*, to introduce a secret nostrum? Aye—how happens it that Drs. Jackson & Morton attempted to introduce a secret nostrum—to take out a patent right for the use of *Sulphuric Ether*, giving it a new name, to disguise its nature, and thus convert a well known substance into a secret nostrum. And how happened it that this secret nostrum, this patented *Letheon*, was introduced to the profession by Dr. Warren, (now President of the National Medical Association,) and its use extended throughout the country, until the secret exploded, and the patent expired by its utter incapacity

to be maintained. Verily, the old Hunkers of Medicine should say but little of secret nostrums, when they recollect the history of the Letheon nostrum, introduced by Jackson, Warren &c. How different the career of Dr. Beach, who instead of making nostrums from the resources of his experience, made every thing public, and even sacrificed time and money to obtain possession of useful remedies and recipes, to convert them from secret nostrums into public contributions to medical science, for the benefit of mankind.

The remarks of Dr. Lawson, in reference to the bill for the regulation of the medical attendance upon the Commercial Hospital, contain a great deal of sheer nonsense, which is utterly unworthy of notice. These silly remarks appear to be caused by a petty jealousy, and narrowness of mind, which are truly pitiable. The suggestion that Homœopathy is taught in the Eclectic Medical Institute, appears to Dr. L. utterly incomprehensible. He pronounces Homœopathy 'antagonistical' to Allopathy, and therefore avers that it is really *dishonest* to teach Homœopathy, or to profess that it is taught in the Eclectic Medical Institute. This specimen of malignant silliness, is worthy of notice only as a specimen of the spirit of Hunkerism. Dr. Manley, of New York, a prominent physician among the old Hunkers of that city, once declared publicly in Court, that he regarded Homœopathy as a system of *knavery*. Dr. Lawson, in a similar spirit, pronounces it *dishonest* in Eclectic practitioners to extend a courteous recognition to Homœopathic science. Yet these gentlemen pass unrebuked among their old Hunker associates. How degraded, indeed, does the medical profession appear, when such sentiments are current in our medical schools and periodicals. It is possible that Dr. Manley may be mentally incapable of appreciating the evidence of Homœopathy—it is possible that Dr. Lawson may be incapable of conceiving how any one but an exclusive ultra Homœopath, could recognise the truths which have been proved by Homœopathic experience and investigation, but if these gentlemen are thus intellectually deficient, this fact furnishes an additional evidence of the influence of the moral over the intellectual faculties, and of the contracted range of the intellect, in those of contracted sentiments. Figuratively, as well as literally, the heart affects the head, and smallness of the former tends to produce a certain weakness of the

latter. We have never known a man of bold comprehensive intellect, who had not, also, generous and expanded sentiments.

The quibbling scurrility of Dr. Lawson is assisted by an extract from the Medical Journal of Columbus, which would be considered quite an appropriate article, in the columns of certain weekly newspapers, published in the large cities, for the benefit of the more profligate portion of the population, who delight in fluent and spicy personal abuse. This article, of about seven pages, displays considerable skill in the way of medical demagoguery, and partisan slang, in which Dr. Butterfield appears decidedly more skilful than Dr. Lawson. Dr. B. says: "We know a family, in which one of the 'Eclectic Faculty' was the attending physician, and which lost by death *three* cases of Scarlatina, in succession, out of *three* cases attacked."

The great lack of veracity, which these gentlemen have already shown, in their general statements, and suppressions of the truth, destroys all claim to our confidence. But it is to be observed, that the statement of Dr. B. evidently refers to private practitioners at Columbus, the only place where he could have had any opportunity of observing Eclectic practice, but by using the terms *Eclectic Faculty*, he aims the accusation at the Institute! With reference to the Faculty of the Institute, we have interrogated three of its professors, who have been extensively engaged in practice, as to the results of their practice in Scarlatina. Of these three, one who has for many years been engaged in a heavy practice, stated explicitly, that he had not, in the whole course of his practice, lost but a single case of Scarlatina; another, who has practiced about twenty years, and has been in the midst of the most violent epidemics of this disease, stated the mortality of his practice to have been about five cases in the hundred. Another, who has not been practising for so long a period, stated, that in the treatment of Scarlatina, he had never lost a case. Indeed, any one who will converse with Eclectic practitioners, any where, will find that it is an extremely rare circumstance with them, to lose a patient by Scarlatina. These facts, we hope, will ere long be amply established by the statistics reported to the National Eclectic Medical Association.

B.

THE NATIONAL ECLECTIC MEDICAL CONVENTION has just concluded its second annual session, in Cincinnati. The proceedings, which occupied a day and a half, have been quite interesting. They will be published in our next number. It had been supposed, on account of cholera panic, that the convention would be postponed. Hence, a large number were deterred from being present, who would otherwise have attended. It was therefore deemed advisable to hold another session of the convention, on the first Monday of November next, at the same place.

The treatment of cholera was the subject of many interesting remarks in the convention. The experience of those who have been engaged in treating that disease, in Cincinnati, seems to demonstrate that it is a disease of but little danger, when treated according to the principles of Eclectic practice. Among the large number of cases treated by the Eclectic Faculty, but one death has yet occurred, and that was owing to the neglect of medical treatment until the last stage of the disease had arrived. At the same time, we learn that in the Hospital, where calomel and the lancet are still retained, by legislative sanction, there has been a *fearful mortality!* How long shall this outrage be continued? B.

CINCINNATI MEDICAL INSTITUTE.—What has become of the Cincinnati Medical Institute—the summer school of medicine, at the Ohio Medical College? Last year we had the melancholy duty of recording the death of the *Allopathic summer school*, after a wretched existence of a few weeks. This year we are disposed again to write the usual obituary notice for the poor thing, if we can only find out whether it has actually died. We presume it cannot die without previously being *born*. And as we are not certain whether the hopeful Institute has ever seen the light of day, or commenced its course of lectures, we are not prepared to record its death without some previous evidence of its birth, more convincing than a newspaper advertisement, with a long list of professors, and a fee of \$20 for the whole course. The only explanation of the enigma which occurs at present, is that the school proposed to commence on the first of April—All Fools' Day—the day on which practical jokes and humbugs are much accustomed to explode. B.

DOCTOR TAYLOR.—We observe by the transactions of the Medical Society, of the State of New York, that Dr. STEVENS, (President of the National Medical Association) “proposed to recommend General Zachary Taylor, President of the United States, for the honorary degree of M. D., to the Regents of the University; but a substitute was offered by Dr. Hamilton, which was adopted, after some debate.”

We would respectfully suggest, that instead of the title M. D., the proper title would be D. G. S.: Doctor of Gunpowder Surgery; or D. O. M.: Doctor of Old school Medicine, i. e., killing *secundum artem*.

Seriously, the sycophancy which could think of bestowing, upon a mere *successful soldier*, the title of *doctor of medicine*, because he has been elected to the Presidency of the United States, exhibits plainly the spirit of Old Hunkerism in medicine. We are very sure that no body of Medical Reformers would ever be guilty of such an absurdity. If we should ever be induced to bestow a medical diploma upon any individual, irrespective of his medical knowledge, we would select some one eminent in *saving*, not in *destroying* life—not a Taylor, a Scott, or a Jackson, but a Father Matthew, the Irish apostle of temperance; a Priessnitz, the pioneer of Hydropathy; a Miss Dix, the female Howard of America; or a Horace Wells, the discoverer of anodyne inhalations for the practice of surgery.

B.

PROSCRIPTION REBUKED.—We learn that at a meeting of the graduates of the Ohio Medical College, sometime since, at the old building on Sixth Street, sundry resolutions were adopted, by no means complimentary to the bigoted spirit of the school. It was recommended, that Hospital instruction should be free to pupils of all schools—that a large library should be established and thrown open to the whole medical profession, and that certain improvements (very much needed) should be made in the Faculty of the school. So we have been informed. By the way, it has been expected that Dr. Drake would be placed in the chair of Theory and Practice of Medicine.

B.

THE

ECLECTIC MEDICAL JOURNAL.

Vol. I.]

JUNE, 1849.

[No. 6.

Part 1.---Original Communications.

NATIONAL ECLECTIC MEDICAL CONVENTION.

MAY 15TH, 1849.

THE National Eclectic Medical Convention, met according to adjournment; the minutes of the last meeting were read and accepted. Dr. T. V. Morrow, resigned the office of President of the meeting, upon which Dr. I. J. Avery was unanimously elected, to fill the vacancy. Dr. H. P. Gatchell, and Dr. S. S. Cooke, were elected Vice Presidents, and Dr. J. King and Dr. L. E. Jones as Secretaries.

The Committee of Finance and Publication reported, which report was accepted and the Committee discharged. The Committees on Constitution and By-Laws, and on Medical Statistics were called upon, but were not ready to report.

Resolved, that all those who wish to participate in the doings of this Convention be requested to record their names at the close of this meeting.

Resolved, that any papers which may have been received for this Convention, be now read.

Dr. Buchanan read an address to the Convention, from Dr. P. C. Dolley, on the utility of physical examination in disease.

Dr. A. H. Willis was invited by resolution to address the Convention, but begged to be excused until the next meeting, which was received.

Dr. King delivered a discourse on Life, Health, and Disease, as being the result of electrical action. Upon which some remarks and inquiries were made by Drs. Hill, Morrow, Buchanan, and Powell.

Resolved, that a Committee of three on Publication and Finance be appointed by the chair. Drs. B. L. Hill, L. E. Jones, and J. King were appointed.

Dr. King called the attention of the Convention to "Lyman's Patent Health Preserver," as a valuable means of medication; and on which instrument, Drs. Buchanan and Wombaugh made some favorable remarks.

Resolved, That a committee of six be appointed by the chair, to take the subject of resolutions and making an address or addresses into consideration. Drs. Buchanan, Jones, Wombaugh, Powell, Hill, and Cooke were appointed.

Resolved, That we adjourn to nine o'clock to-morrow morning.

SECOND MEETING.

MAY 16TH, 1849.

The Convention met according to adjournment; minutes read and accepted.

The committee on Constitution and By-Laws reported; the report was accepted, and the Constitution as reported by them, with some slight amendments, adopted. (*See Constitution.*)

Resolved, That the committee on Constitution and By-Laws be instructed to insert as one of the By-Laws, an article, that all those persons who have signed their names as members to the present Convention, be constituted members of the Association under the new Constitution.

Resolved, That the committee on the Constitution and By-Laws continue and report a set of By-Laws for the Association, either at the present meeting or the next annual one.

Resolved, That the members of the Convention, who are present, be constituted members of the National Eclectic Medical Association.

Resolved, That the election of officers to the Association be the first business after the opening of the next meeting.

Resolved, That the President appoint a committee of five to nominate officers for the Association. Drs. Jones, Hill, Wombaugh, Merrill, and Chase, were appointed.

Resolved, That members who have recently had experience in its treatment, be requested to make some remarks on the treatment of the cholera.

Dr. Morrow, in pursuance of the invitation, stated that he had derived the most successful results from the use of emetics largely administered, as the saturated acetous tincture of Lobelia and Sanguinaria, with the spirituous sat. tinct. of Aralia Spinosa &c and to check the discharges and produce an action of the skin, Guaiacum, Cloves, Cinnamon, of each 31 to 1 quart brandy, of which, give 1, 2, 3, or 4 tablespoonfuls, as the case may require, in connection with the neutralizing cordial; together with the usual external means, as hot bricks, hot bags of salt, friction, &c.

Dr. Hill stated that he had found the best results in cholera, from the use of the sat. acetous tinct. of Lobelia and Sanguinaria

and *Ictodes Fœtida*, with a tincture of *Cypripedium*, and *Aralia Spinosa*, also a tea of *Cypripedium*, *Nepeta*, and berries of *Xanthoxylon*, not omitting active external stimulating applications.

Dr. Powell reported that in Memphis, the greatest success was derived from the use of a four grain dose, of equal parts of opium, camphor, kino, and acetate of lead—substituting tannin for the lead after a few doses of the former have been used; he also made some observations concerning the difficulty experienced by a manufacturer of sulphuric acid, not being able to make it during the cold plague, and the last cholera.

Dr. Oliver recommended hot water applied to the abdomen during the cramps—also observed, that if Dr. Powell's relation in reference to sulphuric acid was correct, it would be very useful to inhale an increased proportion of oxygen gas—he prepares it by adding to 1 oz. chlorate potassa, oxide of manganese 1 drachm, apply heat, let the gas pass through a leaden pipe to the receiver.

Dr. Buchanan doubted whether a deficiency of oxygen in the atmosphere could exist, and suggested that the cholera might be owing to electrical action of some kind, as well as the phenomenon mentioned by Dr. Powell.

Resolved, That the Convention adjourn to two o'clock, P. M.

THIRD MEETING.

Minutes read and accepted.

Committee on the nomination of officers reported, which was accepted, and the officers nominated by them unanimously chosen. (*See officers.*)

Committee on resolutions and addressess reported, and recommended a Special Committee to draft a suitable address to the citizens of the United States, and likewise reported the following resolutions, viz:

1. *Resolved*, That we regard it as one of the most important duties of the medical profession to investigate truth from whatever source it may come, and in every proper mode to encourage the fullest and freest investigation by all.

2. *Resolved*. That we regard all combinations to proscribe and degrade any portion of the medical profession, merely on account a difference of opinion in matters of science, as a serious crime against the true interests of the profession, against the welfare of the community, and against the common rights of man.

3. *Resolved*, That it is incumbent upon all medical reformers to regard all members of the profession in a spirit of liberality and courtesy, to abstain from personal and disparaging remarks in reference to differences of doctrine, and to cultivate those amicable relations which admit of co-operation in the pursuit of truth.

4. *Resolved*, That the great struggle of the present day in medical science, is between the spirit of freedom on the one hand,

which is seeking boldly for truth in science,—and the spirit of conservative despotism on the other, which aims to perpetuate opinions by the force of organized combinations, and to discountenance or suppress every attempt at reform, whatever may be its merits or its source.

5. *Resolved*, That we regard all medical reformers who are struggling for the improvement and the freedom of the profession, as engaged in a holy cause, and that we regard it as the duty of all such, whatever may be their differences of opinion upon minor points, to unite in the most cordial manner, as the American colonies united in their struggle for freedom.

6. *Resolved*, That as the confederacy of the patriotic colonies which achieved the freedom of America, resulted in the establishment of a national union of independent States, forming a true republic, so we hope that the confederacy of medical reformers may not only achieve a revolution, but establish in the highest degree of freedom and harmony, the *confederated republic of medical science*.

The report was accepted, and the resolutions unanimously adopted.

Resolved, That the President appoint a committee of five to draft an address to the citizens of the United States, as coming from this Association.

Drs. J. R. Buchanan, J. King, B. L. Hill, R. S. Newton, and L. E. Jones were appointed.

Dr. A. H. Willis addressed the Association on the subject of masked ague, the intimate relation existing between it and the bilious, continued, and other forms of fever, and the treatment which he has found the most successful.

Dr. H. P. Gatchell, addressed the Association on the cause of intermittent and bilious diseases, and called their attention to the examination of temperature as a cause of disease.

Dr. T. V. Morrow addressed the Association on the recent shameful proceedings at Columbus, in relation to the Cincinnati Commercial Hospital bill.

Resolved, That this Association hold an extra meeting, in this Hall, on the first Monday in November, 1849, at 10, A. M.

Resolved, That the regular annual meeting of the National Eclectic Medical Association, be on the third Tuesday in the month of May of each year, at two o'clock, P. M.

Resolved, That Dr. Gatchell be requested to prepare a work on the merits of the Eclectic system of medical practice in contrast with Allopathy, for the use of Eclectic practitioners and all reformers.

Dr. Buchanan read a communication from Dr. W. T. Parker, on the Therapeutic action of Cinchona.

Resolved, That a committee of three be appointed by the Presi-

dent to attend to the immediate preparing and publication of a Manual of Pharmacy, to be recommended to Eclectic practitioners and druggists, by the Faculty of the Cincinnati Eclectic Medical College, and the officers of this Association.

Drs. J. King, E. A. Lodge, and Wm. S. Merrell were appointed.

Resolved, That the members of this Association will furnish all the assistance possible, in order to expedite the publication of the Manual of Pharmacy.

Resolved, That all Eclectic Medical practitioners be requested to forward to the Faculty of the Cincinnati Eclectic Medical Institute, for the columns of the Eclectic Medical Journal, a list of all new remedies, combinations, mode of using, &c., which they may know or have discovered; likewise to give a careful statement of all the symptoms of the disease or diseases in which such agents are used with benefit.

Resolved, That all Eclectic physicians be requested to forward to the various committees of this Association, on their different branches respectively, all cases and information that may be useful and interesting.

Resolved, That all Eclectic physicians be requested to forward to the committee on Medical statistics, the statistics of their practice during the past year, and up to the next meeting in November, 1849.

Resolved, That we adjourn.

T. V. MORROW, M. D., *President*,

J. KING, M. D.,
E. A. LODGE, M. D., } *Secretaries.*

CONSTITUTION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

For the purpose of more rapidly extending the principles of Medical Reform, as set forth in the address of the first National Eclectic Medical Convention, as well as promoting the knowledge and dissemination of all improvements in medical science, and adopting all measures which may be considered necessary to forward the cause of Medical Reform, the members of this Convention adopt the following Constitution.

ARTICLE I.—This society shall be known by the name of the "National Eclectic Medical Association."

ART. II.—This Association shall be governed by the usual parliamentary rules, and shall have the power of adopting such measures, rules, and by-laws as may be deemed necessary and proper.

ART. III.—The officers of this Association shall consist of a

President, two Vice Presidents, two Recording Secretaries, two Corresponding Secretaries, and a Treasurer, who shall perform the usual duties appertaining to their respective offices, and who shall constitute the Executive Committee of the Association, for the general management of its affairs, and for the transaction of all business not delegated to special committees. These officers shall be elected by ballot, annually, at the first regular meeting of the Association.

ART. IV.—There shall also be committees of three, each, on the following branches of Medical Science, viz: on Theory and Practice; on Surgery; on Obstetrics; on Materia Medica, Medical Botany and Pharmacy; on Physiology; on Chemistry; and on Medical Statistics, who shall be appointed annually by the President of this Association, and who shall receive from the members of this Association, and from all friends of Medical Reform, on their respective branches, all interesting cases, discoveries, improvements, suggestions, and other useful matter in relation to Medical Reform, and who shall annually report the same to this Association.

ART. V.—The Association shall meet and hold their meetings annually at such time and place as may be appointed by a majority of the members present at any regular yearly meeting.

ART. VI.—No alteration, amendment, or addition can be made to this Constitution, except by a majority of two thirds of the members present at any regular yearly meeting.

OFFICERS OF THE

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

For 1849-50.

PRESIDENT,

T. V. MORROW, M. D., Cincinnati, Ohio.

VICE PRESIDENTS,

I. J. Avery, M. D., Reading, O.

S. H. Chase, M. D., Cincinnati, O.

RECORDING SECRETARIES,

J. King, M. D., Cincinnati, O.

E. A. Lodge, M. D., do.

CORRESPONDING SECRETARIES,

S. S. Cooke, M. D., Piqua, Miami Co. O.

B. L. Hill, M. D., Cincinnati, O.

TREASURER,

P. R. Wombough, M. D., Cincinnati, O.

COMMITTEES.

ON THEORY AND PRACTICE,

T. V. Morrow, M. D., Cincinnati, O.
 I. J. Avery, M. D., Reading, O.
 J. F. Merrill, M. D., Indianapolis, Ind.

ON SURGERY,

R. S. Newton, M. D., Cincinnati, O.
 B. L. Hill, M. D., do. do.
 Z. Freeman, M. D., do. do.

ON OBSTETRICS,

A. H. Baldridge, M. D., Cincinnati, O.
 A. Brown, M. D., do. do.
 A. H. Willis, M. D., do. do.

ON MATERIA MEDICA, MEDICAL BOTANY AND PHARMACY.

J. King, M. D., Cincinnati, O.
 L. E. Jones, M. D., do. do.
 J. F. Merrill, Indianapolis, Ind.

ON PHYSIOLOGY,

J. R. Buchanan, M. D., Cincinnati, O.
 W. B. Powell, M. D., Memphis, Tenn.
 H. P. Gatchell, M. D., Cincinnati, O.

ON CHEMISTRY,

J. H. Oliver, M. D., Cincinnati, O.
 J. King, M. D., do. do.
 P. C. Dolley, M. D., Elyria, O.

ON MEDICAL STATISTICS,

J. R. Buchanan, M. D., Cincinnati, O.
 J. Borton, M. D., do. do.
 I. Wilson, M. D., do. do.

ON PUBLICATION AND FINANCE,

B. L. Hill, M. D., Cincinnati, O.
 L. E. Jones, M. D., do. do.
 J. King, M. D., do. do.

ON CONSTITUTION AND BY-LAWS,

J. King, M. D.
 B. L. Hill, M. D.
 J. Borton, M. D.

TO DRAFT AN ADDRESS,

J. R. Buchanan, M. D.
 J. King, M. D.
 B. L. Hill, M. D.
 R. S. Newton, M. D.
 L. E. Jones, M. D.

TO PREPARE A MANUAL OF PHARMACY,

J. King, M. D.

E. A. Lodge, M. D.

Wm. S. Merrell.

It was anticipated by the friends of Medical Reform, in consequence of the numerous letters received, signifying the desires and intentions of the writers, that at least two hundred individuals from the various States of the Union would have been present at the Convention this year; but owing to the appearance of the cholera among us, and as we have been informed by letters, from the fears of the friends and relatives of Eclectic physicians, a great number of them kept away. However, with the small number who attended, the business proceeded pleasantly and harmoniously, and one great object was effected in the organization of a National Eclectic Medical Association. In order, however, that those who were prevented from attending this meeting, in consequence of cholera, may have an opportunity of presenting their reports, addresses, &c., it will be seen by the minutes that an extra meeting will be held in this city, on the first Monday in next November, and we invite all our friends to attend, and avail themselves of the opportunity which will thus be afforded to them. The members present at the second Convention were as follows:

| <i>Names.</i> | <i>Residence.</i> | <i>Names.</i> | <i>Residence.</i> |
|------------------|-------------------|-----------------|--------------------|
| T. V. Morrow, | Cincinnati, Ohio. | G. W. Read, | Pennsylvania. |
| Jas. H. Oliver, | do. | A. Kerr, | do. |
| P. K. Wombaugh, | do. | D. P. Wooster, | do. |
| J. A. Gordon, | do. | W. B. Powell, | Memphis, Tenn. |
| S. S. Cooke, | Piqua, O. | R. C. Raymond, | Pennsylvania. |
| L. Hubbell, | Russellville, O. | W. J. Wann, | Alabama. |
| A. W. Poor, | Bryantsville, Ky. | P. N. Main, | Cincinnati, O. |
| Jesse Garretson, | Cincinnati, O. | G. W. Wallace, | do. |
| James Paxton, | Greensboro, Ind. | I. J. Avery, | Reading, O. |
| J. R. Buchanan, | Cincinnati, O. | C. B. Robbins, | |
| R. S. Newton, | do. | E. A. Lodge, | Cincinnati, O. |
| O. E. Newton, | do. | W. S. Merrell, | do. |
| J. King, | do. | A. H. Willis, | Ohio. |
| Jas. G. Hunt, | do. | J. F. Merrill, | Indianapolis, Ind. |
| E. S. Peabody, | Illinois. | Andrew F. Cory, | Indiana. |
| M. O. Wilber, | Ohio. | W. W. Walters, | Covington, Ky. |
| H. M. Robinson, | do. | A. Brown, | Cincinnati, O. |
| S. H. Doughty, | Brown Co. O. | B. F. Hatch, | Massachusetts. |
| H. P. Gatchell, | Cincinnati, O. | George Glick, | Ohio. |
| L. E. Jones, | do. | Joseph Milot, | do. |
| B. L. Hill, | do. | J. C. Bates, | Mississippi. |
| S. H. Chase, | do. | J. F. Baker, | Alabama. |
| A. M. Stayman, | do. | M. Kelly, | Indiana. |

| <i>Names.</i> | <i>Residence.</i> | <i>Names.</i> | <i>Residence.</i> |
|---------------|-------------------|-----------------|-------------------|
| T. J. Wright, | do. | J. H. Stevens, | Ohio. |
| H. P. Norton, | do. | Francis Dody, | Jacksonburg, Ia. |
| O. D. Brooks, | Wisconsin. | Alex. Grier. | |
| H. C. Taylor, | New York. | W. H. Shepherd, | Maryland. |

THERAPEUTIC ACTION OF CINCHONA.

BY W. T. PARKER, M. D.

To the philosopher and the philanthropist, a proper understanding of the laws of nature is an object of the greatest solicitude.

Every physician who loves his profession, the honor of science, and the well being of humanity, is often prompted to inquire into the therapeutic action of his remedies. Here opens a wide field of speculation which has been explored and surveyed into innumerable absurd theories, most of which have lived scarcely as long as their inventors.

A remedial agent of such extraordinary virtues as Cinchona, and one in so common use could not escape a scrutinizing investigation, but heretofore all discussion on this subject has resulted in the establishment of numerous contradictory theories.

How does Cinchona or its active principle Quinine arrest Intermittent fevers?

Perhaps the most generally received opinion on this subject is, that it acts as a tonic, and by this influence, raises the vital powers of the system so as to overcome the morbid influence of the miasmatic poison.

There is (as generally supposed) a *vis medicatrix naturæ*, that is always contending against disease. This renovating power is not always able to guard the constitution against injury, either from exhaustion of this power, or the greater intensity of the debilitating cause.

Those medicines denominated tonics are supposed to raise and support this power. Those who believe the preparations of Cinchona arrest intermittents by their tonic power, suppose, that by giving them, a short time previous to the expected paroxysm, they so raise the vital forces as to overcome the morbid impression.

It follows from this theory, that intermittents and all other fevers are the result of debility. An objection to this view is that those fevers in which the specific action of quinine is most beneficial, are not those in which debility is a prominent symptom.

If its action were chiefly or entirely tonic, we should expect its specific action would bear a constant proportion to the existing debility.

Typhoid and malignant fevers may be occasionally benefitted by its exhibition, but in such cases it is by no means a specific. It is in such fevers as are characterized by regular and well marked intermissions, and where the integrity of the physiological functions is little disturbed, that its action is most clearly manifested.

That it does, however, act to some extent as a tonic, is evidently true, for debilitated and anæmic constitutions are generally supported and strengthened by its administration; yet this tonic power is probably independent of its febrifuge influence.

Another theory antipodal to this is the notion that it acts as a sedative. In accordance with this idea, the paroxysm from its first inception is believed to be a condition of excitement, consequently by establishing sedation in the intermission, the excitement is prevented from rising. Opposed to this theory is the fact already mentioned of its giving strength to worn out and debilitated constitutions, also that it raises the pulse, and increases excitement.

Analogous to this view is that which considers it a narcotic and antispasmodic, suppressing the chill by preventing nervous excitement.

At the accession of a chill, the first change from a state of health is probably nervous excitement or irritation. It is well known that a full dose of opium given at the beginning of a chill will frequently cut it short, yet this is a very uncertain way of curing an ague.

If quinine is a narcotic, it must be a feeble one. If it arrests intermittents by inducing narcotism, we would naturally expect that the more powerful narcotics would prove the most efficient febrifuges, but this is far from being the case.

Again it is supposed that quinine cures fevers by neutralizing the miasmatic poison on which the fever depends, either by combining with it and thus rendering it inert, or by expelling it from the system. An objection to this theory is that the disease is exceedingly liable to return when arrested by this drug without suitable evacuation or other preparation of the system.

This indicates that the poison in such cases lies dormant in some part of the body, while the medicine renders the vital organs insensible to its presence, to again begin its work when this influence is exhausted.

A number of other explanations of the action of this medicine might be given, but there remains but one of importance, and this I conceive to be the true one.

Quinine arrests the progress of fevers by supercession; that is, by establishing an impression on the system that supercedes the action of the morbid agent.

It is a law of the vital economy that two strong impressions of a similar nature cannot exist in the system at the same time. The familiar fact that the virus of measles or small pox are incompatible, is a case in point.

The pathogenetic effect of quinine when given during the apyrexia is a state of excitement similar, almost identical with fever.

The symptoms of cinchonism or the constitutional effect of quinine are a feeling of tension and fulness of the epigastrium, acceleration and increased strength of the pulse, consequently a greater development of animal heat, a slight tremor of the nerves, slight pain in the head, ringing in the ears, and confusion of the intellect. These symptoms are very slight, unless a large portion of the medicine is taken, so slight indeed, that in some cases to be imperceptible. If the medicinal action were as disagreeable as the morbid action, nothing would be gained by the substitution.

In fevers of intermitting and remitting types, at the time of the apyrexia, the febrile action is almost suspended, then is the most appropriate time to set up a contracting influence.

It would follow from this theory that cinchonism, when perfectly established would break down the febrile action at any stage, even during the height of an exacerbation, and this is found to be the case. By administering an overwhelming dose during the fever, the pulse will soften, perspiration start forth, and all the prominent symptoms of fever disappear, while small doses of the same medicine would only increase the distress on account of its tonic and stimulant properties, without producing sufficient febrifuge effect to break down the fever.

This course of practice is one of great value in some of the malignant remittents of our western country. There are many such cases that will run almost without remission from eight to fourteen days, then assume a typhoid type, and terminate fatally if allowed to take their course.

In such cases, it is good practice to give a powerful cholagogue cathartic, and while the system is under its relaxing influence, to administer from ten to thirty grains of quinine, then follow with two grains every hour till the characteristic ringing in the ears is established.

— In this way violent cases of bilious fever may be cut short, which would in all probability have assumed a low form before a sufficient intermission would have been established for its gradual exhibition. In such a case, a medicine which acts solely by its tonic influence could not fail to heighten the sufferings of the patient.

We often exhibit quinine in such fevers without arresting them, but it is probably because we fail to bring the system under its specific influence.

If we attempt to reason on the *modus operandi* of this drug by analogy, we find ourselves in confusion. Those medicines which are most effectual in arresting intermittents, are found to range themselves under various heads in the *Materia Medica*. Even medicines whose properties are supposed to be opposite are found to be equally efficacious.

The fact is, that fevers may be arrested by several different methods; by the fulfilment of different indications.

They may be sometimes cured by tonics, as *Cornus Florida*, *Hydrastis*, *Apocynum*, *Quassia*, *Gentian*, *Lyriodendron*, *Prunus Virginiana*, *Ptelia Trifoliata*, *Cornus Sericea*, *Senega*, *Prussiate of Iron*, and many other medicines, acting by a tonic influence.

These are supposed to act by bracing the system so as to resist the morbid agency of malaria, or whatever may be the cause of these fevers. They are found to be most effectual in anæmic conditions of the constitution, and require to be exhibited at short intervals during the intermission.

Where there is a high æthenic diathesis, they may be arrested by sedatives, administered immediately before the accession of the paroxysm, such as *Digitalis*, *Lycopus Virginicus*, *Scutellaria Lateriflora*, *Hydrocyanic Acid*, *Tartarized Antimony*, *Lobelia*, *Podophyllum*, &c.

The pure stimulants are found to answer a good purpose in such intermittents as are characterized by the greater preponderance of the cold stage; and should be given in time to get their full influence established at the commencement of the chill. Among these may be mentioned *Capsicum*, *Brandy*, *Piperine*, *Ginger*, *Oil of Piper Nigrum*, *Essential Oils*, &c.

In connexion with these may be mentioned the production of perspiration. This effect is generally accelerated by the use of internal stimulants, and is a valuable auxilliary in the treatment of these fevers, as it doubtless assists in eliminating the poison from the system.

Narcotics have been used with partial success in these cases. The principal articles used are *Opium* and *Lupuline*, and other preparations of the hop. They should be given before the accession of the chill, so as to prevent the nervous disturbance which is its precursor. This method of arresting intermittents is exceedingly uncertain. So indeed are all those already mentioned. In cases which have almost expended their force, they act beneficially, but in the severer forms of intermitting, and more especially remitting fevers incident to the West, they are not to be depended on.

It is only on *Cinchona* and its preparations, or some agent acting in a similar manner, that reliance can be placed. The active principles of *Cornus Florida*, *Willow*, *Sulphate of Zinc*, and *Prussiate of Iron* are perhaps the nearest to being substitutes.

We want some agent that will supercede the miasm in its action on the economy, and hold it in abeyance till the natural recuperative powers of the system can gradually expel the poison.

It is proper here to advert to the popular prejudice against this drug. It is supposed to produce rheumatism, stiffness of the joints,

and dropsical effusions. My opinion is that this prejudice is unfounded.

Dropsical effusions are common after a long course of ague, especially if treated by mercury and arsenic, but are not more common after the use of quinine than where other remedies are employed.

As to its producing rheumatism, the idea has probably originated from the effects of mercury, which has usually been given in connexion with it. A mercurial rheumatism exists in nearly all the constitutions in this country that have suffered from the bilious diseases incident to our soil and climate.

Those who have an interest in blinding the eyes of the people to this cheap and convenient but dangerous remedy, have led the people to believe that quinine is the cause of their pains.

It has suffered like the dog Tray, who was unmercifully beaten for merely being found in bad company.

A single practical deduction of much value suggests itself from these reflections; that is, it is very important after the febrile movement is checked, that we should keep up the prophylactic impression by a continued use of the same means, at the same time using every effort to evacuate the poison. For this purpose it is well to use Beach's Restorative Bitters, to which should be added bark, in substance more or less, according to the existing predisposition to the disease.

BIRMINGHAM, O. May 4, 1849.

DR. SAPPINGTON ON QUININE AND CHOLERA.

ARROW ROCK, Saline Co., Mo. March 15, 1849.

Gentlemen :

Palsied as I now am in body and mind, I had hoped I should be a silent spectator, in future, to the passing events of the times, but from some remarks I saw not long since in a "Medical Journal," denouncing quinine as a remedial agent, even in the treatment of ague and fever, and attempting rather to turn it into ridicule, by some delusive astrological calculation of its recurrence with increased violence on the seventh, fourteenth, and twenty-first day after it had been checked, it has to some extent excited my feeble and dormant faculties, and has induced me to mention the character I always entertained of it. The gentleman seems to have forgotten that disease of that type not only more tenaciously obeys periodical laws than any other disease we are acquainted with, that once the concatenated circle becomes fixed and the system completely under its influence, that neither quinine or any other remedial agent that

we are now or probably ever will be acquainted with, notwithstanding it may have the power to arrest the disease, will not continue to impart to the system its wonted tone and healthy action. As further proof of this fact, persons residing in malarious districts, and having fully imbibed the disease, even their removal to the most elevated and healthy region does not generally prevent its recurrence for months, and sometimes the disease annoys them at times for a year or two.

I presume no man that has been, or that now is engaged in the practice of medicine, ever used the Peruvian bark and its preparations as long, to the same extent, or with as strict observations as I have, and I have never suspected that it injured the constitution either directly or indirectly, as many have supposed. I dissented from what is called the orthodox school of medicine, upwards of fifty years ago, principally because I found, or thought I found sudorifics, tonics and stimulants greatly more efficacious than was generally believed. This practice was condemned by the profession as empirical, but the practice sustained me, with growing reputation as long as I was able and willing to practice medicine. I have always been much more a practical than a theoretical physician, the greater part of my time having been spent by the bedside of the sick; and from my observation, I am induced to believe that quinine acts powerfully and favorably upon all of the secreting apparatus, especially upon those of secretion and excretion, and I am of opinion that it is the best alterative, tonic, antiseptic and febrifuge that I have used, or known used, in all stages of febrile disease, from the mildest form of Intermittent, to the most inveterate form of fever—for I consider fever a unit, having its origin and progress in debility, at least from the time the disease first develops itself. When some organs have increased action, others have a corresponding inactivity, hence, that article of medicine or treatment which will most speedily and effectually equalize the circulation, is the most appropriate remedy. Permit me to give other evidence of the salutary effects of quinine in the treatment of fever, to which thousands can testify. When I could ride no longer as a physician, and knowing from experience that the virtues of quinine had never been properly understood and appreciated by the profession, and knowing also that my publication of its virtues to them or to the public would be like singing psalms to dead horses, I determined to distribute it in disguise to the public, in the form of pills and a liquid. I therefore prepared and distributed upwards of two millions of boxes and vials in eight or nine years—each box or vial contained twenty four grains of quinine, one grain being the estimated dose for a grown person, to be taken in all fevers, and in all stages of them, and in no case did I recommend a puke or an active purgative, unless it was in the forming or first stage of the disease. As soon as the salutary effects of this medicine were

known, it sold like sweet cakes to starving men, and such was the demand for it for several years, that I laid in and sold from four to six hundred pounds of quinine per year, or until the publication of my treatise on fevers. And I am of opinion that, from the use of this medicine and the publication of my book, to a considerable extent the shameful abuse of Mercury, the Lancet, and some other pernicious articles have been arrested. Although I am partial to the use of quinine as a remedial agent, I wish by no means to be understood that there may not be many indigenous articles equally good, perhaps better. There is the eupatorium perfoliatum, or the thoroughwort, I know to be a pretty good substitute for quinine. There is another native plant called blackroot, which should be regarded as a substitute; but in my hands I have found nothing to equal quinine as a febrifuge. Opium has always been a favorite article with me, and I think I have done much good in the administration of it, nor do I believe that any bad effects ever resulted from its use in my hands. Mercury is certainly one of the most insidious poisons known, yet, if I was now a practitioner, for the want of a knowledge of a less dangerous and better article, I should have to use it in some few diseases. But as the professors of your school, and practitioners upon that plan confidently assert, and no doubt believe they have more efficacious and less dangerous articles than are generally used, and from the improvement you have made and are making in the physiology of the brain and nervous system, I would earnestly recommend every practitioner and student of medicine to take at least one course of lectures with you. Any individual not mentally and physically in bondage to the prevalent errors in medicine, law, morals, and religion, it appears to me must see the absolute necessity of reformation, and feel morally bound to contribute his part to this great work of renovation, either by mental labor or fiscal means, with a looking forward and upward to a much more liberal, charitable, and enlightened view of things; but let us not denounce or attempt to upset any theory or practice, until we are certain, from experience and observation, that we occupy more safe, rational, and consistent ground. You are at liberty to give this an insertion in your Medical Journal if you think proper.

Yours, very respectfully,

JNO. SAPPINGTON.

N. B. Since writing the above, I notice a more recent publication in your Medical Journal, of some very complimentary and salutary effects of quinine in the treatment of remittent and intermittent fevers, by Dr. J. Davy, Inspector General of Hospital, Barbadoes. I also notice in the same Journal, the treatment of Asiatic Cholera, by Dr. Hawthorne and others, in which I see no material difference from my own, as published to the world in my treatise on fevers in 1844. As you may not have met with that work, or overlooked this portion of it, with this letter I send you a

copy; and as my remarks on Cholera are very short, you can extract all, any part of it, or no part of it, as you may think proper. It is a matter of little consequence with me who gets the credit of starting the treatment on correct principles, so that the community gets the full benefit of it.

J. S.

EXTRACT FROM SAPPINGTON ON FEVERS.—“The general symptoms of Asiatic Cholera are for the most part uniform, that is, there is a sameness in the characteristic features of the disease, consequently the general indications of cure are pretty much the same, unless indeed, as happens in some cases and in some seasons, consecutive fevers supervene; but this never takes place until the cholera symptoms begin to subside.

“There are surely not many subjects upon which misguided education, or sectarian principles, or dogmas are more plainly and injuriously manifested, than in the theory and practice in the disease now under consideration.

“Asiatic cholera is unquestionably a disease from its commencement, and throughout its whole course entirely divested of what is called an inflammatory diathesis. On the contrary there is evidently a want of tonic action, which cannot be misunderstood by any unprejudiced mind, from the symptoms and circumstances attendant on it. The skin is cold, the arterial action extremely feeble, sometimes not even perceptible at the wrists; and to these signs of prostration and relaxation, may be added, life is running from the patient in sluices, by excessive discharges of chyle and serum, and from an inverted action of the absorbents of the stomach and bowels, and by profuse, cold, clammy sweats, from the whole surface of the body. The patient is, at the same time, prostrated by the most painful spasms.

“Yet, strange as it may appear, under all these circumstances, and signs of exhaustion, of a wasting disease, there are physicians to be found—men, too, who claim to be orthodox practitioners,—who advise free bleeding, active puking and purging; while others of high standing, not concurring in the practice of such marked depletion, recommend the sedative influence of cold drinks and ice water. It is recorded of some that they opened the jugular veins and temporal arteries of their patients; while others gave a pound of calomel in the course of forty-eight hours.—[See Eberle, vol. ii., page 558, on spasmodic cholera.] Here 4320 grains of the most insidious poison in the materia medica given to one patient in the course of twenty-four hours.

“We have known several of our western brethren who administered calomel in table-spoonful doses; that is, about six hundred and sixty grains to the dose.

AN ACCOUNT OF THE PERSONAL EXPERIENCE OF THE AUTHOR.

"In the summer of 1833, the first case of cholera occurred in my immediate neighborhood. The disease made its appearance on the opposite side of the Missouri river, in Howard county, eight or ten miles below my residence.

"No sooner was it ascertained that it was cholera, than the people fled to this side of the river, and encamped, panic-struck, as if an all-devouring demon had visited them. Dr. Penn and myself being the only physicians residing in this county at that time, they kept us most of the time with them; and we were, perhaps, as much alarmed as most of them: yet we encouraged them to be of good cheer, and not to be affrighted at what had happened.

"About this time, bowel-complaints were unusually prevalent in this neighborhood. Our neighbors soon took fright, and came to us, hourly, for medicine and advice. Those who had not actual bowel-complaints, imagined they had something that was worse. A general panic and consternation now overspread the land.

"We furnished them with laudanum and essence of peppermint; and, in case of an actual attack of cholera, informed them what to do, until one or the other of us should arrive. We also advised them to be cheerful; to follow their usual employments in moderation; to eat and drink as usual; except to be more sparing in the use of fresh meats, and raw and indigestible vegetables.

"As many of them were almost frightened into real cholera, had we done as some other physicians did—advise them to take to their beds, and commence the use of medicines,—many that were not sick, or who escaped the disease, in all probability would have taken it in reality.

"The first case of cholera that I met with, convinced me, that if the disease was within the reach of medical treatment, it must consist, exclusively, of that class of medicines called restoratives; or such things as would arrest the progress of waste, and promptly recall and sustain the natural tonic action. For this purpose I used large and repeated doses of laudanum; large and repeated draughts of strong, hot toddy; essence of peppermint, camphor, and red-pepper tea.

"I prescribed stimulating frictions to the skin, in preference to warm bathing, and advised the patients to keep their beds. When the stools were frequent, and accompanied with pain, I administered laudanum by injection. I directed a tea-spoonful of laudanum to the gill of starch, or gruel; to be repeated as occasion required.

"I have pointed out, in a summary way, what I conceive to be the indications of cure, and mentioned the remedies that I used to meet these indications with: I will now say something of their doses, and the circumstances under which they should be continued, moderated in their use, or entirely discontinued.

"Cholera, taken in the premonitory stage, is a mild and manageable disease; but requires vigilance and prudence to prevent it from running into confirmed cholera. These symptoms are a mild looseness, with indigestion, and attended with little or no pain; of longer or shorter duration. Commonly preceding an attack from one to three or four days. In this mild form, or stage of the disease, the patient should take from fifteen to twenty drops of laudanum, four or five times a day, to check, and to hold in check, this looseness of the bowels; they should, at the same time, be attentive to diet and to exercise, avoiding all imprudences and excesses.

"But sometimes the attacks come on more violently, without giving any previous notice; so that, in an hour or two, the patient is completely prostrated, and the disease assumes all its characteristic features—such as the rice-water, and the milk-and-water-like discharges, either from stomach and bowels, or both, accompanied with partial or general spasm. In all such cases, I gave from sixty to eighty drops of laudanum, with fifteen or twenty drops of essence of peppermint, in a good portion of strong toddy; or, if the peppermint was not at hand, in its place I used a teaspoonful of the tincture of camphor, or two or three tablespoonfuls of strong, red-pepper tea; sometimes, also, a tea-spoonful of the tincture of kino.

"It should be always borne in mind, that if the dose of medicine is cast up by puking, it should be repeated so soon as the stomach becomes a little settled; because little or no benefit could result from it, unless it is retained.

"It will not be considered an extravagant use of laudanum, or other articles, when it is recollected that a large portion of all the medicines taken run off by the bowels before they have time to act on the general system; and that when the evacuations are checked, that then we suspend the use of the remedies.

"In cases of locked-jaw, and in some other violent spasmodic affections, it is a common practice to give as large, and even much larger doses of laudanum, than I have recommended in cholera. In such cases, too, the medicines are all retained—not thrown off by the bowels—and it is the article mainly relied on to counteract the spasm.

"Laudanum is given in cholera not more with a view to allay the spasm and painful sensations, than to check the inordinate discharges from the stomach and bowels; the ultimate effect of which every medical man must know, however much he may be opposed to the practice of putting a sudden check to such discharges. The external frictions and injections, mentioned above, should be attended to as circumstances may require. With me, the first object is, to arrest the debilitating and exhausting discharges, and, at the same time, to allay pain, and to quiet and compose the general system. These objects accomplished, then much smaller doses of laudanum

should be given; but it should not be entirely discontinued. This treatment should be kept up for two or three days, so as to restrain all action of the bowels. While the quantity of laudanum and kino is lessened, the free use of the toddy should be continued until the patient is considered out of danger.

"So soon as all the violent symptoms have abated, and the system becomes composed, the patient should begin to take some very light diet, well seasoned—taking, however, but little at a time, and gradually increasing the quantity and changing the quality of the food to suit the strength of the patient. They should commence with such articles as tea, coffee, boiled milk, thickened milk, soups, and the like.

"Until the year 1835, I had not seen consecutive fevers succeed cholera. That season the cholera broke out at Arrow Rock, a small town situated on the Missouri river, in Saline county, five miles distant from my residence. In that place and its vicinity, sixteen or eighteen persons took it in its various degrees of intensity; and out of that number only one person died.

"Dr. Price had the management of most of those cases, and I am much pleased to state that his treatment was very similar to that of Dr. Penn and my own, in 1833.

"A few weeks after it appeared at Arrow Rock, it visited two families in my immediate neighborhood; a few scattered cases besides occurred, fifteen of which ran into confirmed cholera; and each case was followed by more or less of consecutive fever. In some instances the cholera symptoms had scarcely ceased when the fever made its appearance. I treated this fever with sulphate of quinine, in grain doses, every two or three hours, until there was a complete crisis, or solution of diseased action—at the same time continuing the toddy and the laudanum as circumstances seemed to require.

"Whether it was from good fortune or good treatment I know not, but my patients all recovered.

"I did not find it necessary to give cathartic medicines after treating my cases with opiates and astringents; for, after the lapse of three or four days, the bowels always took a regular and healthy action of themselves, and without the patient's feeling the slightest fulness or uneasiness of any kind; and should the bowels have failed to take on natural action in due time, I would have preferred the use of mild injections to any cathartic drugs.

"Strange as this practice may appear to many physicians, I am, nevertheless, confirmed in the belief of its correctness, not only from the success attending it in 1835, but also from the results of it in 1833, when Dr. Penn and myself attended 35 cases of regular and well marked cholera. Of this number only two proved fatal, both of which were far advanced in the disease before we saw them.

"The whole number of cases in the two years, that is, the two visitations of 1833 and 1835, were about 80 well marked cases; of this number we lost but three.

"The same year that the cholera raged here it also raged in St. Louis, and in other parts of the State, with its usual fatality—under the common treatment of bleeding, puking, and purging. It was in St. Louis, Palmyra, Boonville, Chariton, and other places in the State, and from the best information that I could obtain, at least three-fourths, if not more of the cases proved fatal. Unless it was owing to the treatment, why should it be so much more fatal in all other sections of the State, and every where else, than it was under the treatment which I here recommend?

"In my treatment of cholera I have never given one grain of calomel, or any other nauseating medicine. If any other mode of treatment has been more successful, I have not yet learned it. I know not from what cause cholera is produced, nor does it matter, in a practical point of view; be it what it may, I am decidedly of opinion that it should be treated with stimulants, opiates and astringents, throughout.

"Consecutive fever is like other fevers, only that it has its beginning under circumstances of greater exhaustion and functional derangement, and must therefore, require, necessarily, the use of tonics and stimulants from the commencement. These remedies have a tendency to correct fever, and to sustain exhausted and sinking nature.

"In conclusion, I will briefly state, that in 1833, the first year that I witnessed any cases of cholera, that as soon as the disease was evidently arrested, and warmth restored to the surface of the body, the patients all recovered more rapidly than in any other disease I had ever witnessed. They seemed to have nothing but extreme debility to overcome; while in 1835, nearly half the cases were followed by consecutive fever, and in some instances the fever appeared at least as dangerous as the cholera itself; and all recovered from the fever rather slowly, though not more so than in other low cases of fever."

NOTES BY THE WAYSIDE.

Messrs. Editors:

You know I am a friend to Reform, Moral, Social, Political, and why not Medical, especially, as in no department of the great movements of life is reform so much needed. Its importance is commensurate with the value of human life. If there is any rule to determine the value of the one, then indeed, can we determine the importance of the other.

I take it for granted that the practice of medicine in the main has been a *failure*, that it has not been based upon the constitution and nature of man, and hence unsuccessful: no doubt that thousands from barbarous and unscientific treatment have been hurried to an untimely grave, who, if *let alone*, or submitted to treatment in harmony with the laws of life, might have enjoyed the pleasures of a long life. I suppose the same obligation which requires us to be right in *one* thing, requires us to be right in *all* things, so far as our perceptions will enable us, and we have the *means* of knowing what the right is.

There is one infallible standard by which we may determine *positively*, the comparative amount of truth held by individuals, as well as parties, and it is as true in medicine as in morals. "By their fruits ye shall know them," is the great, universal standard, by which all, Jews, Infidels, and Christians, profess to be willing to be tested.

Tried by this standard, that class of physicians who make the highest pretensions to knowledge, and "oppose with earnestness" all who differ with them, as "abominable imitations of true science," as passing "spurious, ill-concocted, misshapen, abortive schemes of practice, which, conceived in ignorance or wrong headedness, brought forth in impudence or strong headedness, dry—fed by vanity or light headedness, and distended by the fumes of a fitful, popular breath, are strutting and vaporing in professional apishness, as if truth smiled on their impostures, and science claimed their trickeries and shallow devices, tattered and made stale in the service of quackery." You see I had a glance at Professor Harrison's "Valedictory Address on the Sources and Benefits of Professional Earnestness," and he has succeeded most admirably. Undoubtedly he felt that the times demanded a manifestation, which would embody, with "earnestness," the opposition of the "Profession," to the development of any fact which would lead to a more harmonious and humane system of medication. Especially should the Doctor call to his aid all his powers of Oratory and Rhetoric, as the new truths in medical science have become so thoroughly inhaled by the "popular breath," and so greatly "distended;" and moreover, the people are so infected with "strong headedness," that they are concluding not to follow those whose "wrong headedness" has led them to submit to their "spurious, ill-concocted, misshapen, abortive schemes of Practice."

To be serious, Dr. Harrison's denunciations against those who differ with him, besides revealing a chafed and restless mind, full of party bias, possesses but little importance. I should think it a misfortune, for young men, at this stage of the world's progress, who are preparing themselves for great and good deeds, and who ought to go out into the world imbued with great and generous thoughts and feelings, imparting a warmth, and love, and power to

their intercourse with others, to have received many impressions from such a model. "Medical orthodoxy," like other old errors, is beginning to loose its hold on the affections of the people, and this whole tirade only arises from the felt necessity of "doing something" to check the advance of liberal principles. But it will all avail nothing. Such puff balls as Dr. Harrison's philippics "Delivered to the Graduates of the Medical College of Ohio," will be driven by the "fitful, popular breath" as chaff before the wind, and he will find that whenever he gives vent to such low, vulgar vituperation, that it will recoil upon himself with a severity which he will feel more keenly than those for whom he meant it.

The truth is, that those he ridicules feel as great an amount of pity for him, as he expresses of contempt for them.

Has he lived thus long, and learned no more of the philosophy of man? I know of a case of a young man, who went to the Ohio Medical College to attend lectures, well recommended, and was cordially received; he passed through the session, and near the close, paid his graduation fee, wrote and handed in his thesis, but a few days before the examination, he discovered a marked coldness among the professors, and met with contemptuous treatment from the students, and was finally told by one of the professors, that they could not examine him, or graduate him, as they had learned that before attending lectures he had been practising upon a system they did not approve of. The result was, that the young man, though *qualified*, could not pass an examination. Dr. Harrison seems determined to keep the old iron bedstead in use, though it has proved too short and too narrow for a full grown, well-developed man. I began with an intention to give a comparative view of the Allopathic and Eclectic systems of practice, but will defer it for another article. I am no Doctor, to be one of the "toiling millions" is my destiny, and I must feel a deep interest in all that relieves, exalts, and ennobles humanity.

Yours for Truth and Progress,

OBSERVER.

Part 2.---Selected.

MEDICAL POLITICS IN CINCINNATI.

OUTRAGE.—We desire to call the attention of the Board of Health, the City Council, and citizens in general, to what we consider a most reprehensible act, leaving a simple statement of the facts, without remark, to have what weight they deserve in a Christian community. We cannot trust ourself to explain our feelings, fearing we may say something improper. It is a grave subject, and it seems to us, worthy the attention of the authorities.

It is well known that the City Council, composed of men of all sects in religion, politics, medicine, &c.—when the cholera was approaching Cincinnati—organized a Board of Health, gave them \$1000 out of the city treasury, and a promise of more when needed, for the purpose of carrying out any sanitary measures which might be found necessary, also to provide a temporary refuge for the destitute or illy provided of our own citizens, and of those strangers who are sojourning with us, or might be cast upon our hospitality and Christian benevolence. The Council did not recognize or prescribe any system of medical practice under these arrangements, but as every member of the Board of Health, except two, is an old school, or calomel doctor, we suppose the Board of Health has prescribed one particular medical system, and proscribed all others, for cases coming under their care. Some days ago, the Board of Health rented a house on West Fourth street, for a Cholera Hospital, and provided suitable accommodations for patients, advertising these facts in the newspapers, inviting the use of the charity provided at the public expense, without any reservation or conditions.

On Saturday night last, a workman at Root's Stove Foundry on Pearl street, who sleeps on the premises, was taken with the cholera, and before any one called on Sunday morning, had had about sixty passages, and was rapidly sinking. Mr. Root immediately provided a conveyance, and had the patient carried to the City Hospital, he wanted house room and nursing only, saying he would provide his own physician at his own expense. He was refused admittance, was carried back to the foundry, sent for Dr. Burnham, a Homœopathic physician, who has stayed the progress of the disease, and is gradually restoring the patient.

There is something in this heartless conduct which brings to mind the fires of Smithfield, and the reign of "Bloody Mary"—a spirit, which shows a determination at any cost, at any sacrifice of the lives and reputation of dissentients from certain medical dogmas, to put down what a majority of men believe to be the truth, and are

willing to risk their lives upon. Unless you do as we say, you shall die as a dog in the streets, cut off from the charity provided for you by your public servants out of the general treasury.

We are authorized to refer to Mr. Root, stove dealer, east side of Main street, below Columbia, for the truth of the facts set forth above.

"Can such things overcome us like a summer cloud,
And not excite our special wonder!"—*Daily Times*.

ANOTHER MEDICAL HUMBUG.—We have already shown that the charity of the city, under the dispensation of the "Board of Health," has been refused to one citizen, because he would not swallow a medical dogma, and what the honest conviction of numerous intelligent minds consider highly injurious medicine. For this heterodoxy, the doors of the hospital, which the citizens opened to all, have been closed, and the Board undertake to say who shall and who shall not receive our charity. We learn, also, that this same exclusiveness is practiced at the Commercial Hospital and Lunatic Asylum, a practice which should be reformed without delay, in both institutions.

There is an ordinance of the city requiring physicians to report to the Board of Health, all cases of cholera; failing to do which, they are to be subjected to a penalty, upon conviction before the Mayor. The majority of the Board is composed of Allopathic or old school doctors, who have always declared that those who do not whistle through the same quill with them are *not* physicians, but that they are outside barbarians, quacks, empirics, humbugs, ignoramuses, demagogues, &c. The consequence was, that when the Simon Pures called on all *physicians* to report, a majority of the medical practitioners in the city were *non est*. Oh! say the regulars, eating their own words, you *are* physicians, we *do* recognize you as such, and for not obeying the mandate of the ordinance we'll give you law, emptying your pockets as well as blackening your reputation. Under this very reprehensible state of feeling, suits have been commenced before the Mayor against Drs. Pulte & Ehrman, Dr. Peck, and we don't know how many more, who are known to be good citizens, intelligent, scientific men, and successful practitioners, for taking the words and actions of the majority of the Board of Health, as representing their belief in good faith. It seems, however, the old school *does* recognise the "outsiders" as physicians, subject to the penalties of the law, if not to its protection. This is a curious blow hot and blow cold doctrine, and will hardly go down in this community.

Yesterday, Drs. Pulte and Ehrman were brought up to the bull ring, but the case was postponed, on account of the pre-engagement

of Messrs. Storer & Gwynne, counsel for defendants—so ended the first act of the humbug; but while the actors dance and the piper plays, who do you think, gentle reader, pays the score?

The case stands thus—Council gives \$1000 of the people's money for the purpose of establishing a Cholera Hospital—one is rented, and \$240 of the rent paid in advance. It is opened for citizens and strangers; Christian philanthropy and Christian charity know no distinction of sects in religion or medicine; a general invitation is given. *Hol every one that thirsteth, come ye to the waters. Hol every poor afflicted one, whether of our own household or strangers, come to the refuge from the scourge, that Catholic, Baptist, Presbyterian, Episcopalian, Methodist, Swedenborgian and Infidel—Allopathy, Hydropathic, Homœopathic, Eclectic, and no tic or path has provided—we be all brethren, children of a common FATHER—come and rest, and let the city, as a good Samaritan, minister to your necessities and your disease.* That sounds first rate. A workman in a foundry applies for admission, desires to partake of the city charity, wants house-room, a bed and a nurse—he will place himself under the care of a physician of his own choice, and at his own expense—no, “you can't come in”—he is taken back to his shanty—he is not of the same faith as a majority of the Board of Health. This man was a patient of that class of Doctors who are prosecuted at the *public* expense for not reporting. *Bonus, Melior, Optimus.—Daily Times.*

TO THE CITY COUNCIL AND BOARD OF HEALTH OF CINCINNATI.
—The publication of proper statistics of cholera for the public information is a matter of great importance. The people have a right to know the truth, and the public interest demands that it shall not be suppressed. The object will no doubt be fully attained when the Board of Health has been reorganized so as to render it a suitable medium for the reports of *all classes of the profession.*

But when this desirable object is about to be attained, we find that an attempt is made to suppress the publication of true cholera statistics. It is urged that deaths only should be reported, without the cases. Why should we thus suppress or disguise the truth? Have not the people a right to receive correct information? What can be accomplished by suppressing the number of cases except a partial deception? If the object be to deceive the community, and prevent their knowing anything about the extent of the disease, let the Board of Health be abolished entirely. But, surely, if we undertake to give people correct information, we are bound to *give them honestly the whole truth*, as has been done heretofore in the United States and Europe.

It is urged by Dr. Drake that the publication of the deaths will

not create any alarm, but that the publication of *the cases that did not die*, may have a terrible effect in the way of keeping up a panic. I cannot perceive the force of this argument. It strikes me that the publication of cases successfully, as well as those unsuccessfully treated, would have a very fine influence in allaying the panic, and showing that there is really nothing in the epidemic to create any alarm. Heretofore it has been so common for one half of the persons attacked to die of medical treatment, that the advent of cholera is sure to create a panic. But if we can show, by the publication of all cases, that cholera, if properly treated, is *not a dangerous disease*, the effect will be to allay all fear. There is no excuse, therefore, for deceiving the public by suppressing the full statistics of cholera.

The publication of cases successfully treated enables all to judge of the value of the different methods of practice which have been adopted. This, the people are anxious to ascertain, and it is due to science, to humanity, and to the public welfare, that the results of cholera practice in Cincinnati, should be fully and faithfully recorded and published. The publication of deaths alone, deprives the public of the rich harvest of experience which is now gathering, and leaves the question of the fatality of the disease, and the best method of treatment untouched.

The publication of all the cases, including those successfully treated, can never raise a panic, *except among physicians*, who may be alarmed at the superior success of some system of practice, based, like Eclecticism, upon common sense and extensive experience, or like Homœopathy, upon independent scientific investigation. Yet, as a panic of this character could produce only beneficial results, I cannot perceive any sufficient reason for this extraordinary measure to deceive the people, and to protect the delicate nerves of hunkerism from contact with medical statistics. There have been so many authentic statistics heretofore covered up, disguised and smuggled out of sight of the people, that it is now incumbent upon our city authorities, if they wish to know the truth, to *compel the publication of all the facts*, no matter who may shrink from the record.

JOE. R. BUCHANAN.

[Daily Times.

BOARD OF HEALTH—PROCEEDINGS OF CITY COUNCIL.—Mr. Taft from the Special Committee on the subject of the reorganization of the Board of Health, submitted the following report, which was accepted.

The Select Committee to whom was referred the resolution of inquiry, as to the reorganization of the Board of Health, have had the same under consideration, and respectfully report that the present

members of the Board of Health were elected on the 30th July, A. D. 1847, with the exception of Dr. Dodge, who was elected on the 29th May, 1848, to fill the vacancy caused by the resignation of William Stephenson, and of John P. Foote who was elected on the 5th January, A. D. 1849, in the place of Dr. Muscroft, resigned. The term of their office is one year.

It is consequently incumbent upon the Council to renew the Board of Health by a fresh election. The resolution under which this committee were appointed, imposes upon them a delicate duty. The election of the Board of Health belongs to the Council. But this committee are called upon for an opinion, as to the rule or principle which shall guide the Council in making said election. The resolution suggests the inquiry whether non-professional men shall not be preferred for this service.

A majority of the present Board are members of the medical profession; and the committee would take occasion to say, that they are satisfied that the gentlemen now comprising that Board have discharged the duties of the office with intelligence and fidelity: that they are gentlemen of undoubted skill and capacity for the place; and that by their prompt attention to this branch of the public service, without fee or reward, they are entitled to the gratitude of their fellow citizens. The difficulties which encompass the Board of Health, are greater than is generally supposed.

These difficulties arise not only from the nature of the labors which devolve upon the Board, such as the selection of suitable hospitals for the sick, and making the necessary provisions for their accommodation, and attending to the various complaints against nuisances, but also from the peculiar jealousies which seem to belong to the medical profession. There exists, unhappily, different sects of physicians, between whom there is an impassable gulph fixed, which keeps them forever asunder. The different sects of religion are not so irreconcilable in their opposition to one another as are these opposing schools of the healing art. Their hostility is so extreme as to beget contempt for one another. The Eclectic, in the eyes of the Regular school of physicians, is a *quack*; and the Homœopath, in the eyes of both the Eclectic and the Regular, is an *empiric*, while the Homœopath in turn, looks upon the Allopath as a bigot, irreclaimably joined to his idols. If, with the least of all doses, the Homœopath succeeds in effecting the greatest of cures, the Regulars cry out, like the Pharisees, "Give God the praise;" *these fellows are worse than "sinners,"* they are *Quacks*, and for Quackery there is no "remission."

The committee do not attribute this violent contention and strife among the medical faculty, to any natural bitterness in the minds of the members of that profession. But the physician has no public tribunal before which he can display evidence of his skill and learning, and be justly appreciated. The lawyer appears in public

before a court, and the bystanders, who will sooner or later give him something approaching to his true position. The clergyman, also performs his most important functions in public, and is heard and judged by all men. But the doctor exercises his skill in private, by the bedside, where no witness, competent to form a discriminating judgment of his merits, is present; and where he may gain a great deal more, or a great deal less, credit than he deserves, from causes and influences entirely foreign to his merits as a physician. The consequence is a struggle, not altogether of emulation, in the skill and science of medicine, but also to win to his aid those other causes, and influences, which serve materially to give him credit with the people, and lucrative business. And this struggle, founded as it is upon the great element of self-preservation which belongs alike to all men, is not confined to the individual members of the profession; but displays its power in dividing the profession itself into adverse parties, and perpetuates that division by uncompromising hostility.

The committee are of opinion that the City Council cannot, with propriety, assume to decide between these contending parties, by placing upon the Board of Health the disciples of any one medical faith to the exclusion of all the believers in every other.

The committee are informed that the gentlemen connected with, and representing these different schools of medicine are not without education; are instructed in the anatomy and structure of the human system; and in the nature of the various medicinal agents which have been found to cure disease. They are informed that the practitioners of the Eclectic faith are generally men educated and and graduated in what is termed the regular system of medicine; but who have introduced a variety in their practice which they assert is more successful than that which they had first learned. They have also now a separate school, under a charter granted by Legislative authority, where the science of medicine is taught according to the recent variety of their practice and materia medica. They are not, therefore, without diplomas, professors, lectures, books, precedent and authority; nor is their practice in the city inconsiderable or unsuccessful.

On the other hand, the Homœopathic physicians of our city are generally men of learning and intelligence, and have received medical diplomas from the regular schools, and have borne their part in the opposition to the system upon which they are now practicing. The Homœopathists also, at the present time, have their high places, their schools, professions, books and science, and they too have their diplomas, equally with the Eclectics, or their elder brethren of the regular school. Of the Hydropathic and the Thomsonian, or Botanic branches of the great family of Doctors, the committee are not able to speak; but it is sufficient to say, that they all claim to be governed by science and experience, and all

claim to have made important discoveries in the art of curing human diseases.

One of the three plans, it would seem, must be adopted by the Council. First, they must so organize the Board of Health, that there shall be but one medical opinion among its members; or secondly, they must let every school of medicine be represented in the Board by some one or more of its practitioners; or thirdly, they must let the Board be composed of intelligent, judicious, and public spirited men, *not* of the medical profession.

To each of these alternatives there is some objection. The first, is the course which has been adopted hitherto, and which, although it has resulted in giving the city the gratuitous services of a Board of able and intelligent men, whose disinterested exertions for the public health have laid the city under weighty obligations, has nevertheless, indicated on the part of the City Council, a preference of one school over another in medicine, and has consequently failed to give satisfaction to those who are not preferred, and their numerous and respectable friends.

The objection to the second proposition is, that a Board composed of the professors of different schools of medicine could not act with the harmony necessary to carry out the important objects of its creation. This will be pretty generally conceded, when it is considered what is the nature of the differences existing between these several classes of doctors. Each sect regards the theory and practice of each other sect as not only wrong and injurious, but absolutely absurd; and religiously believes that those who follow it, are either grossly *deluded* or *dishonest*. The pride of professional dignity has also raised up an impassable barrier between them, which bars even *personal intercourse*. With such implicit confidence in the correctness of his own theory, and in his own learning and experience, and such implicit distrust in, and contempt for, the theory, learning and practice of his antagonists, there is no ground on which the doctor of one faith and practice can meet and act with the doctor of another faith and practice. Hence it is more than probable, that the physicians themselves would not choose to serve on a Board composed of medical men belonging to these different and antagonistic schools.

Fortunately, however, the non-medical part of the community think much better of these several classes of doctors than *they* think of one another; and however much they may disparage one another, the world will nevertheless give them all credit for honest and honorable *purposes*; but will judge of their *skill*, and the *truth of their theories*, by the *results of their practice*. Those results will sooner or later make themselves known, in an intelligent community; and the less the government interferes with the judgment of the community on the subject, the more speedily will that judgment become correct.

No follower of a *true theory*, need to fear the largest liberty in matters of this sort; for, if the government does not officiously interpose its influence, those theories, founded in delusion and error, will run themselves out *by their practice*, while those, founded in truth, will as surely sustain themselves, by the same test.

To the third proposition there is one objection also, viz: a want of medical knowledge. If there was any way that could be devised to secure that knowledge in the present members of the Board, and to avoid the insuperable objections above referred to, the committee would recommend it. But they have not been able to discover any plan by which to accomplish so desirable an object. They have, therefore, come to the conclusion, that in future, while there exists, as they believe there does now exist, an earnest disposition in the public mind to encourage free inquiry in medicine, as well as in philosophy, religion, and politics, the city government, and every government, will be wise, to avoid where it can, patronizing one school, or one theory, to the disparagement of any other, and leave to the contending parties, an open and a fair field, in which to win the public confidence and favor, *by best curing those ills which human "flesh is heir to."*

The committee are of opinion also, that a Board of intelligent men will readily obviate all objections on the score of medical knowledge, by calling to their aid professional advisers, whenever it shall be found necessary.

They recommend, therefore, that the new Board of Health be constituted of gentlemen not of the medical profession.

ANDREW GIFFIN,
J. D. TAYLOR,
A. TAFT.

Cincinnati, May 25th, 1849.

The following resignation of the Board of Health was accepted:

CINCINNATI, May 25th, 1849.

To the City Council of the City of Cincinnati:

The undersigned, citizens of Cincinnati, appointed, from time to time, by your honorable body, to constitute a BOARD OF HEALTH, [the members of which, being nominally elected "to serve for one year, and *until their successors shall be appointed*," have usually been allowed to act for terms of two or three years' duration,] would respectfully represent that, from the opinion of the City Solicitor, herewith presented, the legality of their present organization is formally questioned. In view of this state of things, it may be the pleasure of your honorable body to organize a new Board of Health; or, to determine that such a Board is no longer necessary.

In the discharge of the arduous and unpleasant duties imposed on

them, the undersigned had a right to expect a general, and cordial co-operation of their fellow citizens; without which, their best efforts to accomplish the object of their appointment must prove ineffectual. As this expectation has been signally disappointed, they are left to infer that their ability, or judgment, has not been equal to their desire of being useful, and that, however well meant, their acts have not received that public countenance or support so essential to success. Under these circumstances, they feel constrained to retire from a position, the further occupation of which, appears to them at once inconsistent with self-respect, and the hope of any public advantage.

The undersigned, therefore, respectfully tender their resignations of the places assigned them in the Board of Health, and request that in the event of its reorganization, they may not again be called upon to act as members of that body.

We shall avail ourselves of any early opportunity to submit an account of our receipts and expenditures, and respectfully ask that the claims against the City, under the contracts of the Board of Health, may receive the early attention of the Council.

We are, very respectfully, your fellow citizens:

GEO. W. JONES,
PEYTON S. SYMMES,
LANDON C. RIVES, M. D.,
JOHN L. VATTIER, M. D.,
FREDERICK ROELKER, M. D.,
JNO. P. FOOTE,
J. S. DODGE, M. D.

The Council thereupon elected B. Storer, J. D. Taylor, E. D. Mansfield, J. Martin, H. Roedter, L. Fletcher, and Rev. Mr. Jewell, members of the Board of Health.

ETHICS OF THE ECLECTIC SCHOOL.

The foregoing inaccurate statements of the committee of the City Council, induced the Faculty of the Institute to send to that body the following statement of their position, which was read before the Council at their meeting June 1, 1849.

To the President and Members of the City Council of Cincinnati:
CINCINNATI, May 31, 1849.

GENTLEMEN:—In the official proceedings of your honorable body, as recently published, is found a report from a special committee, which describes the condition of the Medical profession in this city, and the parties into which it is divided.

The respectable and authentic source of this document, entitles it to much attention and confidence from the public, and renders it peculiarly important that it should be free from error as to the facts which it embodies for public information.

As one of the parties alluded to in the report, the Faculty of the Eclectic Medical Institute beg leave respectfully to suggest, that a very important error has been made in the description of the relation which they bear to other members of the Medical profession. The committee were doubtless actuated by a strong desire to do justice to all parties, yet appear to have been misled by erroneous information upon one of the most important points in the policy and principles of a medical party.

We do not object to the statements of the committee in general, for we know most of them to be strictly true and impartially just. It is true, as the committee affirm, that the three prominent medical parties of the city are composed of educated and respectable physicians. It is true, also, as the committee affirm, that the old school party have denounced Eclectics and Homœopathists as *quacks*, and that Homœopathy practitioners, have, in consequence, looked upon their old school opponents as *bigots*. But it is not true that the Eclectic party in medicine looks upon Homœopathists as *empirics*, or participates at all in that intolerance which the committee so justly condemn. The great characteristic of Eclecticism, which distinguishes it from other parties, is that we discard all *sectarianism in science*.

We do not denounce our old school opponents as *quacks*, because they adhere to what we deem unscientific methods of treatment. We merely ask that improvements in science shall have a courteous reception and a fair hearing; and that all parties shall be respected equally in the exercise of an independent judgment.

We deplore the divisions, the jealousies, and the party-spirit of the Medical profession; and we lay it down as a fundamental principle, that no physician should ever denounce or injure another for a mere difference of doctrine in matters of science.

Far from denouncing Homœopathy as empiricism, we look upon the science and its practitioners with sentiments of sincere respect. We have lectures upon the subject delivered in the Institute, and have contemplated the establishment of a permanent professorship of Homœopathic science.

We have doctrines that we deem important, and therapeutic and physiological knowledge peculiar to our school; but we deem it our duty to learn all that may be gleaned from either Homœopathic or Allopathic sources, and to extend professional courtesies to gentlemen of all creeds in medicine who do not conspire against the freedom of investigation, and who do not themselves violate the usual courtesies of social life.

We do not acknowledge that we entertain any of those feelings of

irreconcilable hostility against practitioners of other parties, which the committee suppose to be common in the profession of medicine; nor do we feel any aversion to co-operating with intelligent and respectable members of the profession of any creed whatever. On the contrary, it is the express design of the Eclectic party, to suppress every species of medical intolerance, and to forward those great improvements in medical science which have heretofore been discouraged and limited in their utility by the influence of party spirit, intolerance and bigotry. We wish to establish such a degree of medical freedom, that the results of experience may have due weight against old dogmas, and that when one method of treatment proves ten times as successful as another, all may feel free to embrace it at once. We desire the fullest and freest investigation, not only of the cholera practice of this city, but of the results of all medical systems, believing, with the committee, that they should stand or fall, not by authority, but by the results which they produce in saving human life and health.

However freely the prominent members of the old school party may denounce Homœopaths as quacks—as dishonest, deluded or knavish, we should regard it as derogatory to our professional character to affirm that we participate in any such crusade against science, or that we look with contempt upon all beyond the limits of our own professional circle. We therefore deem it important thus to define our position before the authorities of our city, and to rectify the error which has found its way into an official document.

By order of the Faculty,

T. V. MORROW, Dean.

From the Cleveland Herald.

NEWLY DISCOVERED CURE FOR CHOLERA.

Dr. Bird, of Chicago, has discovered a specific cure for cholera. It is simple and cheap, and said to be effective in the more advanced, as well as recent cases. Drs. Herrick and Blaney, Professors of the Chicago Medical College, and four other physicians, are said to be using it with perfect success, and, as far as tested, astonishing results have been experienced, even in the worst stages of collapse.

Simple as are the specifics used in combating this scourge, its efficacy was only arrived at after careful chemical analysis of atmospheric air. The annexed letter will give our readers the minutæ of the discovery. We take it from the Chicago Journal, which paper says that "the excitement caused by the discovery has been heightened by the success it has met with, in cases where almost every citizen has witnessed or experienced its effects, in the premonitory symptoms of the cholera."

Dear Sir:—In compliance with the wishes of my friend, Dr. J. H. Bird, I have made the following brief synopsis of a letter from him, sent to me for publication in the North Western Medical and Surgical Journal, which, together with the few additional remarks which I have made, you will please publish, in order that the medical profession, and the public generally, may have the means of testing, and the benefits to be derived from what is supposed to be a newly discovered remedy for the cholera.

The facts stated in the letter referred to above, are briefly as follows:

About six months since, Dr. Bird and myself were led into a conversation on the effects of atmospheric influences in producing epidemics, from reading an article from a German chemist in one of our periodicals, in which it was contended that influenza depended upon the presence of *ozone*, and that the severity and number of attacks, as shown by chemical analysis, were always in proportion to the amount of this substance in the atmosphere. Taking this statement in connection with the fact that cholera is generally preceded by influenza, as shown by its history, we were led to the conclusion that both diseases might be dependant upon the same influence, modified in degree according to the greater or less quantity of this deleterious agent present in the atmosphere at the time. The next step in the investigation was to determine what agent would counteract the influence, and destroy the deleterious properties of *ozone*. The accurate chemical knowledge of Dr. B. enabled him to suggest at once the well known substance of sulphur, as possessing the property of acting upon it in such a manner as to neutralize its influence.

In searching for facts to support this conclusion, it was found that cholera had never prevailed in the vicinity of sulphur springs, or in situations where this substance abounds; hence the conclusion that sulphur might be, and probably was the antidote for cholera.

In one of our recent Medical Journals, an article appeared describing the manner of detecting *ozone* in the atmosphere, thus supplying the means of determining whether or not it was present at the very time the cholera was beginning to make its appearance amongst us.

Dr. Bird's experiments, as well as those made subsequently by himself, and by Drs. Bird, Blaney and myself, from day to day, since that time, show that *ozone* is present in our atmosphere, and that the amount is in proportion to the severity of the disease from time to time. About a week since, Dr. Bird determined to try the effects of sulphur upon himself and others, troubled as nearly all have been more or less of late, with uneasy sensations, slight pains, &c., in the digestive organs. The result was entirely satisfactory, so much so, that Dr. Bird came immediately to my office, and requested me as a friend to test its efficacy in my practice, but to

say nothing to others in regard to the ingredients used, until facts should justify its public announcement as a discovery. The beneficial effect resulting from its use in my practice, was such as to convince me at once of its utility in the class of cases described above. During the last few days, Drs. Bird, Blaney and myself have continued to use this apparently simple remedy, to the exclusion of nearly all others, in all cases with cholera symptoms. The result has been wonderful. All the premonitory symptoms, such as pain, a sense of fulness, unnatural movements, slight diarrhoea, &c., have uniformly yielded at once to a single dose of three to four grains of sulphur.

In cases where either cramps, diarrhoea, or vomiting have been present, and in fact where all these symptoms have existed in conjunction, the use of sulphur, in the above named doses every three or four hours, has had the effect to ameliorate the patient's condition, at once, and when used in a few hours, to dissipate entirely choleric symptoms.

So far as its efficacy has been tested in the worst stages of collapse, most satisfactory results have been obtained. In two or three cases of the kind, the effect of the remedy has been to bring back pulse to the wrist, restore warmth to the surface, and stop the profuse diarrhoea and vomiting. In truth, the results obtained so far, have been such as to convince all of us, who have administered it, and witnessed its effects, that if any remedy deserves the appellation, this is the specific for cholera.

It having been determined to make this public statement, it is expected in return that no hasty conclusions will be made, either for or against what appears to be a proposition to accomplish much by very simple means.

Although the results, so far as obtained, in a short time, and by a few individuals, seem to justify our conclusions, it is hoped that physicians will continue to depend on what they consider the most efficient practice, in bad cases of cholera, until they shall have tested the matter themselves, and formed their own conclusions; and also, that whatever may be the confidence of individuals in this or any other remedies, they will not depend upon their own judgment in any case, even of slight symptoms, whenever it is possible to consult their physicians.

It is suggested by Dr. Bird, that a combination of powdered charcoal, one part to four of sulphur, has seemed to make the remedy more efficient.

W. B. HERRICK,

Ed. N. W. Med. and Surg. Jour.

A medical friend in this city, to whom we submitted the letter of Dr. Herrick, has favored us with the following translation of an article on Ozone, from *Heul's Zeitschrift*, vol. 7, part 1.

OZONE is formed in the air by the decomposition of its water through disturbances of its electrical equilibrium; hence the peculiar

pungent sulphurous and phosphoric odor. The nature and composition as yet remains uncertain. Sulphuric and probably also telluric and selenic acids, and phosphoric acid, destroy it. A very small proportion of the vapors of ether or alcohol, or of olefiant gas will also prevent its development.

Its best test is iodide of potassium, which will detect its presence in infinitely small quantities, in the air. A piece of paper moistened with a mixture of starch, and solution of iodide of potassium forms an *ozonometer* far exceeding in delicacy the most accurate galvanometer or most sensitive nose. The smallest quantity of free *Ozone*, (even only in the proportion of a hundred thousandth) when neither galvanometer nor eudiometer shows any change in the air, will be rendered manifest by the discoloration produced by the free iodine.

As the presence of *Ozone* in the air is due to its electrical decomposition, it is necessarily influenced by its electrical tension.

If the prevalence of influenza and cholera be owing to *Ozone*, the vapors of sulphur, or sulphurous gases, must be protective against it. This is confirmed by, while it explains the immunity of, those engaged in, or leaving near sulphur-works.—*Cin. Gazette*.

The Eclectic practitioners of this city have little need of the sulphur remedy, as they have already demonstrated that their resources are ample. Nevertheless, in accordance with our principles, the new remedy will be fairly tested, and it may be remarked that partial trials already present favorable results. Justice, however, requires us to state, that an Eclectic practitioner of this city is entitled to the credit of discovering the value of sulphur prior to Dr. Bird's publication. Dr. J. King, in accordance with his views of the disease, has prescribed a combination of sulphur, charcoal, and soda, with success. His name is familiar to our readers.

B.

Part 3.---Editorial.

LECTURE ON THE PRACTICAL MANAGEMENT OF SPASMODIC CHOLERA, *Delivered to the class of the Eclectic Medical Institute, by T. V. Morrow, M. D.*

Agreeably to promise, I will now proceed to detail some of the most interesting facts, which have come under my notice during the month which is now about closing, which have been gathered in a very extensive experience in the treatment of spasmodic cholera.

As a professor in a liberal, progressive Medical College, it will be my duty, as well as my pride and pleasure, at all times, to communicate to you and others, who may resort hither for the completion of their medical education, all the information which may come into my possession touching the treatment of all the various diseases incident to humanity; more especially the successful plans of management which have enabled us to encounter the ravages of that terrific scourge of the human family, which has been doing its work of death among our fellow citizens, for the last four weeks, with so signal a degree of success.

Without attempting anything like a detailed and accurate statement in reference to the history, causes, nature, and character of the disease in question, I will only attempt to give you an outline of the treatment I have found most useful in the various stages, and under the different circumstances of its attack.

It might be proper to premise by saying that, so far as it has been noticed in this city, since it has commenced prevailing as an epidemic, it has not exhibited that uniformity in the character of its symptoms which has been ascribed to it in many other places.

It is true that a very large majority of the cases were marked by diarrhoea, nausea and vomiting, and a general prostration of strength, as among the early symptoms present. But some of them were not ushered in by this train of symptoms at all. One of the very worst cases which came under my notice, had neither diarrhoea, nausea nor vomiting as early symptoms of his attack. Nor was he affected with diarrhoea at any period of his attack whatever, but the first

indications which he noticed, were a slight spasmodic twitch in the *gastronemii* muscles, and very soon thereafter a violent prostration of strength, with much oppression of the heart and region about the stomach, with strong spasms of the thoracic and abdominal muscles; insomuch as it became very difficult for him to breathe at all, and the circulation was suddenly and violently arrested in its force, and a very alarming condition was speedily produced.

Other cases commenced with violent and very uncontrollable vomiting and purging, without much, if any, disposition to spasms at any period of the attack, and thus passed on to a speedy prostration of the vital energies of the system.

Again there were others which were characterized by the most profuse diarrhoeal discharges, with speedy and alarming exhaustion of strength, one or two of such cases actually passing into the collapsed stage, without either vomiting or spasms.

Such were a few of the various modes in which this disease assailed its victims, as it came under my own observation. Many other attacks commenced with symptoms still different, and pursued a course, in many respects, after their own fashion.

No symptom, so far as I had an opportunity of making observations, was more uniformly present than that peculiar prostration of the vital energies, which is so eminently characteristic of spasmodic cholera. I do not remember to have seen a single instance in which this symptom was not present to a greater or less extent, and exercised more or less influence on the general course of the disease; it seemed to exist even independent of the exhausting influence of profuse evacuation, for it was not unfrequently observed to be the very first intimation that the patient had of his attack.

Connected with the prostration spoken of were all the peculiar evidences of a languid, labored, and oppressed circulation, the pulse in very many cases appeared to be slower than common, with an extremely languid, dull, and heavy expression of the countenance.

The treatment pursued in each individual case, was regulated by the condition of the patient at the time of being called. In a very large majority of the cases that came under my notice, the patients were affected with diarrhoea, great prostration of strength, nausea, and vomiting, with slight spasms. In the early periods of such cases, the patient was directed to get in bed, if he or she had not

already done so, and was directed to take freely of the neutralizing cordial preparation, composed of equal parts of Rhubarb Root, pulverized Saleratus, and Peppermint plant, powdered, one pint of boiling water being added to half an ounce of this compound. After simmering it for half an hour, it was well sweetened with white sugar, and strained, and when nearly cold, two or three table spoonsful of good French Brandy were added, and the patient was directed to take this warm, every fifteen or twenty minutes, in doses of two table spoonsful, in connection with a preparation, made by adding one ounce each of pulverized Cinnamon, Cloves, and gum Guaiacum, to one quart of good French Brandy, in doses of from two tea spoonsful to a table spoonful every twenty minutes, to an adult, placing immediately around the body of the patient, hot bottles of water, hot bricks, or stones, and covering the patient well in bed with a suitable quantity of warm clothing. This course will soon produce a warm, copious, perspiration, which should be continued for six or eight hours at least, and if the case is a severe one, a moderate moisture of the skin should be kept up for a longer period.

This course usually puts an effectual quietus on the nausea, vomiting, and diarrhoea.

This plan of management is nearly positively certain of success if properly carried out in every case, in the earlier stages of its progress, and as a general rule, there is but little difficulty in carrying it into the desired extent of operation, in the fulfilment of the great indications for which it is intended.

In those cases, however, which were marked by strong spasms and violent vomiting and purging, from the commencement, and which had not already passed into the stage of collapse, or if this train of symptoms was present at the time of seeing the patient, whether the attack commenced with them or not, I usually commenced the treatment with an emetic of the following compound: Take of the saturated acetous tincture of *Sanguinaria Canadensis*, of *Lobelia Inflata*, tinctured in the same manner, in vinegar, and spirituous tincture of the *Aralia Spinosa*, (Southern Prickly Ash,) equal parts, and give it in doses of from one to two table spoonsful or more, mixed in a little warm water, or hot tea, sweetened, every ten minutes till it vomits the patient freely five or six times. This, in all cases, seemed to exert a powerful controlling influence over

the subsequent course of the symptoms of the numerous cases in which it was used. Perspiration was much more readily induced, and continued without the necessity of using a course of measures so efficient as those first indicated, or rather the same, less vigorously applied.

A preparation composed of equal parts of the oils of *Peppermint*, *Cloves*, *Anise* and *Cajeput* with a quantity of alcohol, equal to one half or a little more than one half of this mixture of the oils, to cut them, and allow them to mix intimately, was found to possess a high degree of value in the treatment of severe cases of cholera. This I understand was a favorite remedy in the treatment of this disease in 1832, and was extensively used by the late Dr. Anthony Hunn, a celebrated Medical Reformer, of Kentucky, and is still known by the name of "Hunn's Life Drops," in some parts of the country. In several very severe cases, this compound manifested great controlling powers, in doses of from one tea spoonful to a table spoonful every 15 or 20 minutes, mixed with a half a glass full of hot brandy sling. In one case in which the patient was in violent spasms, in all the flexor muscles of the body, with the thighs drawn up against the abdomen, and the legs against the thighs, the neck and head forward on the breast, with a violent state of contraction of the abdominal muscles, two tea spoonsful of this compound were given with apparently but little effect, but this was followed in ten minutes by a table spoonful, which soon effected the desired relaxation, and relieved the patient. He described the influence as very powerful, and penetrating even to the extremities of his toes and fingers. This powerfully concentrated medical compound manifested very superior powers in those cases in which the patient was rapidly approaching the state of collapse, or even in the earlier periods of that stage, accompanied at the same time with obstinate nausea and vomiting, as well as profuse rice water discharges from the bowels. In several cases, after the relief of the spasms, nausea, and vomiting, an obstinate and moderately profuse diarrhoea still continued, one half to a tea spoonful of this preparation was given with complete success.

There were several cases of this complaint, in which, after vomiting, cramps and pains were all relieved, the patient was annoyed with a frequent desire to have a discharge, but could only pass a little slimy mucus, similar to the discharges in dysentery. From ten to

fifteen drops were given every hour, with almost invariable success in cases of this kind.

In one or two of the cases of collapse which were treated by me, I found the sudorific tincture a most invaluable medicine, given in doses of one tea spoonful every fifteen or twenty minutes, in a little hot catnip or peppermint tea. It quieted the deep seated nausea and distress, and restored the lost circulation with singular energy and promptitude.

The application of blankets over the whole body as hot as could be handled after dipping them in boiling hot water, was found to exert a most beneficial influence. The rule adopted in reference to their use, was to wring them partially dry after immersing them in the water, and then apply them by wrapping them around the patient's entire body, leaving the head and neck free, and covering him over with dry bed clothing, and allow them to remain usually fifteen or twenty minutes, when they should be taken off, and new hot blankets applied as at first. Reaction and a copious perspiration generally took place in the course of an hour or two after commencing these applications, especially when aided by the use of proper internal stimulants, antispasmodics and sudorifics.

The extract of the *plantago cordata* also manifested powers of no inconsiderable value, when given in the form of pills of two grains or more at a dose, and repeated in the course of an hour, in common cases not marked with symptoms of unusual severity, for the purpose of quieting the nausea and vomiting, and arresting the diarrhoea. The results which have been consequent on the course of practice above indicated, have been highly satisfactory and encouraging.

Since the commencement of this month up to the present time, myself and Dr. Hunt have treated about one hundred and fifteen or twenty cases of cholera, and about eighty or ninety cases of cholerine, making in all about two hundred cases, with the loss of but one single patient, a gentleman who was previously in a state of considerable debility, from the influence of dyspepsia and hepatic torpor, and who had been for several days under the influence of the disease, and who, at the time of our being called, was in a hopeless state of collapse. In addition to this, two other Eclectic practitioners, Drs. Borton and Hill, have reported already sixty four cases of spasmodic cholera, and sixty five cases of cholerine, treated in

their practice in this city, without the loss of a single patient, making a grand total of 329 patients, with the loss of only one!!!

This great result has thus proudly vindicated the Eclectic Reformed practice, and proved incontestibly that Eclectics have just reason to deny all claims to superior success, let them come from whatever source they may, in the mighty conflict with this fell destroyer of the human family.

Here, it must be confessed, are as strong men in the ranks of the different plans of practice as are to be found in any portion of the United States, or perhaps on the face of the globe; and here, for the month now about to close, has been fought a memorable battle with one of the most dreadful scourges that has ever afflicted humanity, in which the advocates of the various systems of medical practice, have had ample opportunity of displaying their skill, and showing the strength of their respective plans of practice. And here, too, the unconquerable, and ever progressive spirit of Medical Eclecticism has nobly sustained itself, with results which are equal, if not indeed, superior to those that can be brought forward from any other quarter.

And, gentlemen, it is perhaps fortunate for the great and benevolent enterprise of Eclectic Medical Reform, at this eventful period of inquiry into the merits and demerits of the various systems of medical practice, that they have all been compelled to pass the ordeal of public scrutiny, in combatting the ravages of a great and fearful epidemic, on the same common platform of equality of privilege, where their fruits could be carefully scanned by an intelligent, discriminating, and impartial public. From such a searching ordeal of public trial, the high minded and honorable advocates of Eclecticism in medicine will never shrink. Confident that they occupy an impregnable position, they will gladly avail themselves of all and every opportunity that may be presented, of entering the peaceful lists of an honorable competition, for the palm of supremacy in the successful treatment of every form of human malady.

THE BEGINNING OF THE END.

The orthodoxy of the medical profession, blind to the teachings of experience, continue as heretofore, to array themselves against freedom and reform. The influence of such men as Dr. Manley of New York, Dr. Harrison, of Cincinnati, and others of a similar stamp, is unchecked by any champion of liberalism in the Old School ranks. At the late meeting of the National Medical Association in Boston, Dr. Harrison was made first Vice President, and as chairman of the committee on medical literalism, had full scope to enforce his notions in reference to what he calls empiricism. A committee to attend to the recommendations of his report was appointed, consisting of Drs. Harrison, Horner and Hays, the two latter of Philadelphia. From this we may easily draw the inference, that the policy of the Association in reference to every thing liberal, will be determined by Dr. H., and the ground already assumed will be strenuously maintained. Not only will the effort be made to exclude from medical colleges all students who may have studied with an independent practitioner, according to the present policy of the association, but still more restrictive measures will probably be adopted, to draw the most impassable line of separation between those who do, and those who do not bow to the old fashioned dogmas of medicine.

That such will be the course generally of the National Medical Association, and its satellite state societies, we are fully authorized to infer, from the temper and disposition heretofore exhibited. In the pamphlet recently issued by the Ohio State Medical Society, containing their charter and proceedings, with an address to the physicians of Ohio, we find the following passage in the address, urging the support of the State Medical society:

Second, it will exert great influence. It has become very nearly, if not quite, a well settled fact that the profession must regulate itself. Hercules will not help us, and we must put our own shoulders to the wheel. We all know that there ought to be a well marked and easily seen line of demarcation between the regular and the irregular practitioners—the physicians and the quacks. It is time, we humbly conceive, that this line should be more distinctly and more tightly drawn. How can it be done? In no way, we believe, so effectually as through the machinery of a State Society, in whose character and acts all shall have confidence. Let the honest and honorable physicians throughout the State unite

their efforts and their influence—let the irregular, the dishonest and the dishonorable practitioners be excluded, and the profession and society at large would be immensely benefitted. The profession has ample power to regulate itself, if such power can be concentrated and made available.

It is sufficiently obvious from this passage, in connexion with the wholesale denunciations which have heretofore proceeded from the same pen, that all who do not fraternize with the Medical Society and National Medical Association, are to be denounced and punished as “dishonest” and “dishonorable” “quacks,” and that so far as the Old Hunker organizations are concerned, the old school practitioners will be committed to the position, that all who deviate from the old faith, in consequence of an increase of knowledge, are so dishonest and dishonorable a class as to require the combined energies of the profession to put them down. So let it be! If the blind lead the blind, it is easy to anticipate the results. Seeing that the old school associations are fully committed against every thing liberal, we need not be surprised to learn that the State Medical Society, at their meeting on the 5th of June, adopted resolutions in favor of the continuance of the present exclusive policy at the Commercial Hospital, in Cincinnati. B.

CHOLERA IN CINCINNATI—TRIUMPH OF LIBERAL PRINCIPLES.

During great epidemics, the skill of the able physician becomes conspicuous before the public eye, and the value of medical systems is subjected to the decisive test of experience. In cholera heretofore, the Eclectic practice has achieved some of its most signal triumphs, and during the present visitation of the disease now raging in this city, (June 7,) the merits of the Eclectic Reform have been brought home to the knowledge of thousands.

The comparative values of the Eclectic and the Old School practice, have been brought to the test of facts and figures, and the statistics in this instance at least, have not been suppressed or concealed.

Hence an impression has been made upon the public mind here, the influence of which will be felt throughout the West, and will accelerate materially the progress of the great medical revolution now going on.

Upon the arrival of cholera in Cincinnati, as an epidemic, *all physicians* were required by the Board of Health, to report to them the cases of cholera occurring in their practice, and the deaths arising from that disease. The majority of the Board, however, consisted of that class of proscriptive Old Hunkers, who do not recognize as physicians any who rebel against their own circumscribed dogmas. Under these circumstances, the greater portion of those whom they thus insulted, felt themselves under no obligation as physicians, to report to those who did not recognize them as such, and hence did not report to the Board. The objects of the Board being thus defeated by their bigotry, they endeavored to enforce their authority by a prosecution against those who failed to report. Dr. Pulte, Dr. Bauer, Dr. Price, Prof. Hill, and a few others were summoned to the Mayor's office to be fined for their contumacy, if the city solicitor, with the assistance of another lawyer, could find enough of law to authorize the infliction of a penalty. On coming to trial, however, the Board failed to make out their case to the satisfaction of the Mayor, and the city solicitor, having candidly acknowledged that the Board had no legal power, as then constituted, the whole affair ended in smoke, with a general rejoicing over the defeat of the Hunkers.

The City Council next took the matter in hand, and seeing that the Board had no legal existence, as their term of office had expired, proceeded to organize a new Board on liberal principles, leaving out entirely the *physicians*, and nominating *gentlemen* of liberal views, not opposed to reform or improvement in medicine, but disposed to do justice to all parties. The new Board dropped the old incumbents, Dr. Muscroft, health officer, and Dr. Johnson, physician to the city cholera hospital, in place of whom they appointed Dr. S. Hanbury Smith, health officer, (a gentleman of highly reputable attainments and courteous deportment,) and Dr. J. Henry Jordan, (a graduate of the Eclectic Medical Institute,) physician to the Hospital. It is somewhat doubted whether Drs. Johnson and Muscroft resigned, or were dismissed. We believe Dr. Muscroft desired the honor of having resigned with proper dignity, while Dr. Johnson claims the honor of having been turned out by the Board to make room for Dr. Jordan. We believe the plain truth is, that as these gentlemen derived their appointments from the old Board, which had no legal authority, they were not

recognized as officers by the new Board, and having no further use for their services, they elected others in their places, thus giving them the Irish hint to take their departure, without waiting for any resignations or apologies.

Certainly such a change was necessary, to get rid of the offensive relics of the old Board, and the abominable waste of human life which occurred under their administration. It appears that nearly two-thirds of the cases of cholera taken to the city cholera Hospital, actually died! the number of cases under the old regime being 24, and the number of deaths 14, in addition to which, two were sent to the Commercial Hospital—thus eight were cured out of 24. To put an end to this shocking mortality, the Board wisely selected a graduate of the Eclectic school, Dr. Jordan; but no sooner was this appointment made, than the most dishonorable attempts were made by the Old Hunkers to impose upon the public credulity, and discredit the Eclectic practice by malicious calumnies. Prof. Harrison and his clique, (as we have been credibly informed,) on the morning of the day on which Dr. Jordan was invited to take possession, commenced denouncing the awful mortality at the city cholera hospital, under his management, propagating stories which were evidently preconcerted fabrications. Apparently to make good these calumnies, and secure a sufficient mortality at the Hospital, the novel and unprincipled expedient was adopted, of sending to the Hospital, patients whom physicians had treated and virtually lost, who, when on the very verge of death, were sent to the cholera Hospital to die, in order to increase the apparent mortality. Among others, a patient was brought in, deeply narcotized by opium, who fell off in a few minutes, into a comatose condition. The following editorial article from the Times, exposes justly these miserable frauds:

CAN IT BE TRUE?—We hear frequent reports that since Dr. Jordan, the Eclectic Physician, has had charge of the City Hospital, nearly every case brought in has departed this life, and a *cheerful*, triumphant flourish generally accompanying the announcement!

Under the old school, in the City Hospital, fourteen cases were lost out of twenty-three, in cool weather, and when the disease was comparatively mild. Yesterday, the report was five cases and four deaths, and it is well known the weather is very warm, and the disease has increased in malignity. How is this? Against these facts we will place the other side of the story. Yesterday, there were five cases and four deaths, as we have said, at the City Hos-

pital, the four deaths were as follows: *two* of the patients went to, and were refused admittance to the Commercial Hospital *by the Trustees*, and sent without authority to the City Hospital, and died in less than thirty minutes after their arrival in a dying condition—two, sick near Pendleton's, were attended by calomel Doctors, and given up about 9 o'clock, A. M., after which, a priest was engaged with them in administering "extreme unction." After these old school physicians had given their patients up and pronounced them dying—then a further delay for priestly offices—these Doctors, it is said, ordered them, without any authority, to be taken to the City Hospital, where they died almost immediately.

Now, judgment is asked of the public against Dr. Jordan and the Eclectics, for not curing these dying men who sank under Allopathic treatment, because they were purposely sent to the City Hospital *to die!* Had they been refused admittance, the cry of inhumanity would have been raised. Dr. Jordan only took charge of the Hospital yesterday. From what we can learn, every sort of unfairness and scheming will be resorted to by the old school faculty to increase the *apparent* mortality under the treatment of their professional competitors. Will the public sanction or countenance such a course? we do not believe they will—we know they will not.

The Daily Globe of the 11th, alludes to this matter in the following terms:

THE NEW PHYSICIANS.—From what we learn from an assistant Physician under the new *regime* at the Hospital, as well as from the common impression with those who are likely to be conversant with the facts, a disposition seems to be shown on the part of some physicians to throw odium upon the Eclectic practice at the City Hospital, by casting upon their hands incurable cases of Cholera, arising under the old school practice. It seems almost incredible that in the good city of Cincinnati, amongst respectable practitioners, there could be found a single individual who would so demean himself and degrade the profession, as to throw a sick man or woman, made hopeless from mistake of his own, or from necessity, into a Hospital *to die*, in order to inflict a falsehood, a libel, upon another school of practice. It is so stated, and the community will withhold its contempt only until the charge is clearly substantiated.

By examination of the records of the Hospital, and the statements of its attendants, we learn as above stated, that the mortality, when under care of Dr. Johnson as attending, and Dr. Drake as consulting physician, was nearly two-thirds of all the cases. Since the occupancy of Dr. Jordan, (from the 6th to the 11th of June,) there have been four cases brought into the Hospital, *in articulo mortis*, who, as they were evidently dying, were allowed to die undisturbed by

medical interference, and all died within a period not exceeding one hour or an hour and a half from their arrival. Eighteen other cases have been treated at the Hospital, and every one who was not collapsed and pulseless on his arrival, or had not been deeply narcotized by opium, has been saved. Of the eighteen, there have been six deaths, as follows: two had been treated by an old school physician until, in the opinion of a medical and clerical attendant, they were upon the verge of death—they were then sent to the cholera hospital *to die*. One had been treated by a mercurial practitioner, and sent to the hospital badly salivated, in a blue collapse, cold, pulseless, and almost speechless; one was brought in deeply narcotized, and died in a comatose condition, from opiates administered before his admission; the remaining two were cold, collapsed, and entirely pulseless upon their arrival. Thus it appears, that excluding the cases which died under old school treatment, Dr. J. has really had but fourteen cases to treat, of which he has saved twelve, and lost two that were pulseless and collapsed before they were received. The difference thus appears to be that the Eclectic physician saves *twelve cases out of fourteen*, while the old school physician saves eight or ten out of twenty-four. What else could be expected, when we find the prescriptions of the old school attendant consisting chiefly of calomel, acetate of lead, morphine and opium, with occasional use of camphor and quinine, but with no efficient external means.

B.

MISCONCEPTION.—It frequently happens that Eclectic physicians, in speaking of the treatment of various diseases, take it for granted that the reader understands the peculiarities of Eclectic practice, and hence neglect to specify explicitly, their approbation or disapprobation of methods to which they refer. A careless or prejudiced reader might easily draw very erroneous inferences from such remarks, and make the writer responsible for sentiments widely differing from those which he really entertains. Of this, an example occurs in our present number, which requires notice. Dr. Parker, in his essay on quinine, refers to the use of various articles by medical men, in the treatment of intermittents, such as Digitalis, Hydrocyanic acid, Tartarized Antimony, Sulphate of Zinc, Mercury, Arsenic, &c., without expressing fully, his views as to the propriety of each; hence any one not knowing that Dr. P., as an Eclectic practitioner, prescribes none of those articles, might suppose that he approved of their use in such cases.

B.

THE

ECLECTIC MEDICAL JOURNAL.

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[No. 7]

Part 1.---Original Communications.

MILK SICKNESS.

BY R. F. BARKLEY, M. D.

To the Editors of the Eclectic Medical Journal:

GENTLEMEN:—I will not trouble your readers with a long preface to my remarks, but will proceed at once, and shall confine myself to observations made by the sick bed side. I think a disease bearing the above name, and so little understood, demands an occasional notice from the practitioner. As the disease occurs in northern Kentucky, its progress is marked by three distinct stages, which I shall denominate, 1st, forming stage, 2d, the stage of excitement, 3d, the stage of collapse or depression.

Symptoms of the first stage—a general uneasiness and lassitude, general soreness of the flesh, occasional pains in the extremities, indisposition to corporeal exertion, appetite but slightly affected, and food taken into the stomach causes a slight feeling of nausea and other disagreeable sensations, which are soon followed by an agreeable feeling of animation, resembling, in some degree, the operation of a diffusive stimulant taken in small quantities, taste slightly metallic, bowels and tongue but little affected, pulse somewhat excited, but in other respects not differing from health. This stage usually lasts from three days to as many weeks, and is often so gradual in its approach as scarcely to demand attention.

Second stage—This stage is generally ushered in with nausea and vomiting; the substance at first thrown up is nothing more than what is swallowed, but finally becomes mixed with yellow and green bile, the tongue is inclined to be dry and covered with a white fur. A peculiar burning sensation is now felt in the epigastric region, and along the course of the œsophagus. There is an une-

qual distribution of the animal temperature, pulse slightly accelerated, full, strong, regular and hard, bowels obstinately costive, urine scanty and high colored, eyes red, with dilated pupils, and drowsiness. The breath has a peculiar and indescribable odor, peculiar to this disease. There is slight pain in the head, the general soreness is increased, the paroxysms of vomiting return frequently, and with increased violence, and are readily renewed on the slightest exertion, thirst urgent, appetite gone, disturbed sleep, &c. This stage lasts from two to five days, rarely beyond the fifth day, and is followed by the third stage.

Third stage.—This stage is marked by unusual depression of the vital and physical energies, pulse depressed, slow and somewhat irregular, inclined to be soft. The tongue is dry, and covered around the edges with a white fur, and dark brown in the center, eyes red and watery, with dilated pupils, a kind of vacant expression of countenance, mind wandering and sometimes delirious, breathing heavy and laborious, bowels obstinately costive, urine sometimes suppressed. The breath is almost insupportable, the vomiting is not so frequent as in the second stage, but the nausea is almost insupportable; the matter thrown up resembles coffee grounds suspended in a green glairy fluid. There are cholic pains in the stomach and bowels, and finally a constant low murmuring, deep seated coma, &c.

DIAGNOSIS.—I believe there is no disease for which this might be mistaken but a variety of autumnal remittents, yet the absence of the peculiar odor in remittents will enable the physician to form a correct diagnosis, together with attention to the prevailing disease in the neighborhood.

PROGNOSIS.—Always to be regarded as highly dangerous; as a general rule, the more easily the bowels are acted upon, the more tractable will be the disease.

CAUSE.—Although diversity of opinion exists as to the substance that produces this disease, a majority of the profession who are familiar with the disease, agree that it is of mineral origin, though some are found who still contend for its vegetable origin, and some that it has its origin in a disease affecting the cow, horse, or sheep. My own observations led me to adopt the theory of its mineral origin. In the fall of 1843-4, the disease prevailed to some extent within the bounds of my practice, to many cases of which I was called. In visiting one of these, I learned that he had been engaged in making shingles, with two other persons, on a small branch rather noted for the milk sickness, and that himself and one other had used water out of a certain spring, which the third person refused to use, because he had had an attack of the milk sickness two or three years before, and thought he obtained it from this spring. The consequence was that the first two were attacked, one very violently, the other slightly with the disease, whilst the third person escaped its attack.

On learning these facts, I repaired to the place, and procured some of the water, and submitted it to a careful analysis, but could detect none of the known minerals except carbonate of lime; but other springs in the immediate vicinity contained sulphate of iron, chloride of sodium, sulphur, and some traces of copper, in the form of a sulphate. But while on this subject, I will relate an occurrence which was told to me by a man of standing and veracity. He informed me that in 1836, he was visited by a friend from a distance, during a deep snow that fell while his friend was with him, they watered his horse from a spring seldom used, and that they gave him no other water for seven days; the consequence was, the horse on the fifteenth day died of trembles, (as it is termed.)

I shall now dismiss this subject, (with the request that some of my brother M. D.'s will give us their observations, &c.,) and proceed to the most important part of my communication, viz: the treatment.

TREATMENT.—Emetics are of primary importance in the treatment of this disease. Their beneficial effects are confined to the the first and second stages. They serve to empty the stomach of any irritating contents, as well as to allay its irritability, and allay the general excitement. Lobelia and ipecac in combination are to be preferred to all others.

PURGATIVES.—On these mainly depend our hopes. The ordinary purgatives are of little or no advantage in the treatment, after the disease has become established. Our attention must be directed to the more stimulating and powerful cathartics. Of these, croton oil, gamboge, extract of butternut, and colocynth are to be preferred; a favorite prescription with me is croton oil, 20 drops, gamboge 40 grains, rhubarb 80 grains, mix and form mass with mucilage, and divide into 40 pills; dose, 1 to 10, to be given every 1, 2, 3, or 4 hours, according to the case; or sometimes I commence with one pill every hour until three doses are taken, and then double the dose, give two hours apart, if these do not operate in six or eight hours, I still increase the dose. If the gamboge is not convenient, or you should prefer it, (which I frequently would,) use the extract of butternut, in double the quantity. The occasional exhibition of some alkaline substance will greatly assist the purgatives in their operation. They serve to neutralize any acid the stomach might contain, and to allay its irritability, the neutralizing physic or calcined magnesia I have found to answer a good purpose.

Stimulating injections are to be employed, to assist the operation of the purgatives. The common anti-bilious physic is an excellent purgative after the bowels have once been acted on. Laxatives, (after the violence of the disease has somewhat abated, and you have made a good impression on the bowels,) are useful. Of these, the neutralizing physic answers a good purpose, so does a combination of rhubarb and sulphate of potassa $\bar{a}\bar{a}$, dose from 20 to 30

grains; if you wish to make it purgative, add a few grains of rhubarb to each dose. If not, diminish the rhubarb and increase the sulphate. The common anti-dispeptic pills are also useful.

The horizontal posture and quietness should be strictly and rigidly enjoined.

Blisters, or large mustard plasters, spread over the abdomen must not be neglected, but should be early and freely applied, and continued as long as any beneficial results can be discovered from their use, and in the third stage, applied to the ankles, wrists, and inside of the thighs.

As a palliative, and to allay the irritability of the stomach, I have often given diluted alcohol, (whiskey,) with good effect, in doses of one-half to one tea spoonful every five or six hours; it acts a local stimulus to the stomach. In this case it must not be given to such an extent as to produce a diffusible stimulating effect. Its operation must be carefully watched.

DIAPHORETICS.—I have seldom found much advantage from their use in this disease, and I scarcely ever use them now when treating it.

The diet, during the violence of the disease, should consist, for the most part, of soups and gruel, in small quantities, but as convalescence advances, a more generous and nourishing diet should be allowed. Care should be taken not to load the stomach at any time with too much of any substance.

P. S. I had thought of giving your readers a short sketch of the effects of calomel in this disease, (several cases of my neighboring M. D.'s I had an opportunity of noticing and examining while they had them under its influence, and although they lost three-fifths of their patients, they still persist in its use,) but as it is now one o'clock at night, I will do it at some future time.

PHYTOLACCA DECANDRA IN SYPHILIS.

Messrs. Editors :

If the following remarks on the use of the *Phytolacca Decandra* in Syphilis, from the pen of Richard Clark are "none the worse for being twice told," you may give them a place in the *Eclectic Journal*.

I find them in the March No. of the *American Intelligencer* for 1839. Make such disposition of them as you please.—L. C. D.

"*Dear Sir :*—I take the liberty to communicate to you some remarks on the employment of the *Phytolacca Decandra* in the treatment of Syphilis. Seeing that the alterative properties of this article of the materia medica are very lightly spoken of by writers, I was not inclined to repose much confidence in the statements of

others, respecting its virtues as a remedy in the disease above alluded to. Wood and Bache, in their U. S. Dispensary, observe 'that in small doses it—the *Phytolacca*—acts as an alterative, and has been highly recommended in chronic rheumatism.' The Eclectic Dispensary seems to regard it pretty much in the same light. Tognio and Durand, of your city, in their edition of Edward's and Vavasseur's manual of materia medica say, 'in the form of decoction, tincture or extract, it has obtained some reputation in the treatment of rheumatic affections, and especially in syphilitic rheumatism, or in cases of scrofula.' From the manner in which this article is mentioned, I do not think it sufficiently recommended to warrant physicians in using it. But from statements recently made to me by gentlemen of respectability and standing in society, who have had ample opportunities to test its remedial virtues on their own persons, I was induced to pay some attention to it, and to watch its effects more narrowly in those cases that came under my observation, and I have no hesitation in saying that it is the most safe and speedily efficacious remedy I have ever met with in the treatment of Syphilis. In many cases that have resisted the usual methods, whether on the mercurial or the non-mercurial plan, the *Phytolacca* has succeeded in eradicating all traces of the disease, without any perceivable bad consequences. So far as my observation and experience extends, I am not aware of a single case in numbers that have been treated with this remedy, in which secondary symptoms have supervened; indeed I am firmly persuaded that when the remedy is resorted to in the incipiency of the disease, no secondary symptoms will occur. If this fact can be established, of which I have no doubt, the use of the *Phytolacca* is certainly greatly preferable to that of mercury, so much in vogue, and to which may be referred the very symptoms of which we are so apprehensive, and from which such serious consequences result.

The mode of preparing it, adopted by those who have experienced benefit from its employment, is this: Take of the root about one peck, to which add one gallon of water, and boil down to one half. The decoction is then put aside till it cools, and of this a wine-glass full is taken. It might be supposed that the quantity taken would induce emesis, but in no instance have I learned that this was the case. The patients state that it 'effects them all over, producing a tingling sensation in the hands and feet, which soon wears off, leaving the system in rather a languid condition, more agreeable than otherwise.' My own experience in the use of this remedy is necessarily limited, from my location in an inland town; as far, however, as it has gone, I think it merits consideration. From your position as attending physician in an establishment so well adapted for the reception of the afflicted as the Philadelphia Hospital, (Blockley) you have it in your power to give the *Phytolacca* a fair and ample trial. I sincerely hope that these imperfect

remarks may induce you to investigate its claims, and that you will communicate the results at your leisure. In the interim, I will procure a history of the cases that have occurred in my neighborhood, in which this remedy has been used, and transmit it at the earliest opportunity for your inspection.

Very respectfully your obt. servant,

RICHARD CLARK, M. D.

To Professor Dunglison.

PNEUMONIA—ITS TREATMENT.

If, in the whole range of diseases to which the human organism is subject, there be *one* which *seems* to present the indications of treatment most likely to be fulfilled by the use of Antimony, Calomel, and the Lancet, that one is Pneumonia. The old school doctor declares, "take these three remedies from me and I am powerless, I am 'Sampson shorn of his locks,' I am weak like another man. In all other diseases take these things from me, but not in this—here they are my all."

This is really true. Meet the old school here upon their chosen ground—attack them in their strong hold—storm their Gibraltar—rout them "horse, foot, and dragoons" upon this field—and the whole is ours. If we can show that these remedies are not only useless but positively injurious in that disease, where they are claimed to be indispensable, I think we can have no hesitation in discarding them in all other cases. Here the whole amount of blood which the system contains, is being largely and constantly brought in direct contact with the irritated and inflamed organ, permeating its tissues, adding, as is claimed, fuel to the already intense fire which is consuming its vital energies. Here the pro-lancet physician "bleeds upon his conscience," as if the blood of his patient would surely ooze from his cadaverous body, and remain forever as spots upon his own skirts, if he did not snatch him from certain, impending death by drawing his blood, and scattering it to the winds of heaven—as if he were culpable if his first act were not to depress the vital energies already struggling fearfully against the inroads of disease. Here too, the "*currus triumphalis antimonii*" has "ample room and verge enough" to exhibit itself in all its glory. Its sedative, antiphlogistic, its diaphoretic, its expectorant powers may be brought into full exercise, and show their astonishing effects in arresting this formidable disease. Calomel, also, with its capability of regulating the liver, with its property of favoring absorption of the exuded lymph, with its alterative or allopathic property of changing the vital actions, is here imperatively demanded by the old theory. Accordingly, if you wish to recall the beauties of this worthy trio of heroic miscalled remedies, go witness

the treatment of a case of acute pneumonia. First, you shall see the wretched, luckless wight, who becomes the hopeless victim of this murderous practice, panting for breath, yet he is bled "ad deliquum," which means until he cannot breathe at all, but falls, lifeless to the earth. Next you shall see him purged with calomel, next nauseated with antimony, then that he may drink to the very dregs the cup of physical suffering, his anguish is increased by blisters, and tartar emetic sores, and foul putrid ulcers. If he has a constitution of ten-fold brass, he may for ten or twelve days endure the tortures of this worse than inquisitorial cruelty, and then crawl from his bed, the ghost of his former self, and for a few months or years stalk abroad, the marks of the rack being borne upon every limb, the subtle poison incorporated within every bone, and nerve, and muscle, until he sinks out of the sight of men, another of the untold number of the victims of an erroneous and pernicious theory of medicine. Every cure, so called, is a monument of disgrace—the pale countenance—the hurried respiration—the tottering gait—the ruined constitution—not alone the result of disease, but the effect of pernicious treatment—these all call upon the philanthropist to banish a course of practice whose victims are innumerable. But it may be said that this is only dealing in general denunciation, that the treatment I have imperfectly sketched is the best that can be resorted to, that none but ignorant quacks, illiterate charlatans oppose the use of these remedies. Not so. The witnesses whom I mean to call forth to prove the existence of a better plan, are from your own ranks, and from your *front* ranks too. I speak not without the book. I mean to propose a system better than the old one, a system verified by five years experience in one of the largest hospitals in the world, a system in which leeching, cupping, blistering, salivating, nauseating are unknown—the treatment of Dr. Skoda, of the general Hospital of Vienna, with a few modifications.

When first called to a patient laboring under pneumonia, let his whole surface be sponged with an alkaline solution, and then a thick and warm cloth be laid over the chest. If there be much difficulty of breathing, with a secretion of thick and tough mucus, give an emetic of alum, or if preferred, lobelia and bloodroot, with or without ipecacuanha. For general treatment, give a drachm of liquorice extract, and 20 grains of nitre, dissolved in half a pint of water, all to be given in the course of 24 hours; by this treatment you will reduce the plasticity of the blood, and prevent the formation of lymph; if pain and irritation be present, give a little hyosciamus extract, and keep the extremities warm. Repeat this treatment whenever the symptoms require it, keep the temperature of the room about 60 or 65; keep the bowels soluble by giving a single grain of Podophyllin every day or every alternate day; let the diet be light, and the air pure as may be. This is a course of treatment

simple in itself, but vastly more effectual than the old *heroic* plan of *killing the patient, that the disease can have nothing to work upon*. This is the treatment in the main, pursued in thousands of cases in the Vienna hospital during the past five years, not by an "impudent charlatan," but by an enlightened physician, who has seen and felt the evils of the old system—carried out in a populous city, under the very eye of the government, under the inspection of the physicians of that town, famous for its medical learning, and yet triumphantly sustained for five years, and now *firmly* established.

Pneumonia, then, can be cured by the simplest means, without ruining the constitution. Mercury, antimony, and the lancet are not *essential* here, where they are said to be *best adapted—hence they are worse than useless in other cases*. It is impossible to escape this conclusion, and I beg to direct the attention of the magnates of the Ohio Medical College to this fact.

Yours truly,

P. S., M. D.

N. Y. April 21, 1849.

PROGRESS OF REFORM.

An Eclectic practitioner at Miltonville, Ohio, writes as follows:

"I met with violent opposition at first, having the proverb to overcome, that a prophet is not without honor save in his own country; I had seven Old School M. D.'s within four miles of me, who gave me various titles, such as the celebrated Steam Doctor, Root Doctor, &c. I did not retaliate, but took a straight forward course, and as fire in dry stubble, I found that my practice increased rapidly, and the power of the reform remedies has wrought a reformation in the community, that it will require a strong power to remove therefrom. My practice has now spread over the greater part of Butler county, and I have had frequent calls to Montgomery, Preble and Warren counties, to meet other physicians in consultation, &c., many of which I could not attend to in consequence of my business at home. I treated 592 cases which I took charge of, besides many more for whom I prescribed, from June 1st, 1847, to June 1st, 1848, and I lost but six cases out of that number, three of whom were given up by the Old School before I was called, but to satisfy the patient, I gave them medicine, informing them or the friends of the sick that I could not cure them.

I have been so much hurried during the last year, that I have neglected to keep a correct account of the cases treated, but can say that the practice is increasing.

The following I have found to be the best anti-spasmodic that I have ever used:

| | |
|--|-----|
| R Saturated Tincture of Lobelia Inflata, | 34, |
| Sulphuric Ether, | 31, |
| Tincture of Opium, | 3½; |

Mix, shake well; with this I have succeeded in a few hours, in subduing spasm of seven days continuation, after two physicians had used all their skill in vain. Not a muscle of the female was free from spasm, she had not slept for seven days more than one hour; by giving half a tablespoonful doses every half hour, in a few hours the female vomited four times, after which she slept seven hours, and had no more spasm. I had a case a short time since, a female aged 20, who had violent spasms, attended with frightful screaming; the friends were much alarmed, she had no knowledge of any thing, did not recognize her friends; after the spasm left her, she would not take medicine. Spasms occurred every five minutes, three men held her, and I gave her a table spoonful of the above anti-spasmodic, and in twenty-five minutes gave another dose; in ten minutes she became relaxed and vomited, after which she had her proper senses, and an occasional dose of the drops, and mild tonics soon restored her. I have used it in many cases, and never knew it to fail."

CURE FOR BURNS.

A correspondent in Kentucky sends us a recipe for the treatment of burns, which is no doubt valuable. The excellent effects of lime and linseed oil have been well ascertained. The present prescription is worthy of attention :

"In your first number you requested those having any valuable information, to present it through your journal. We have an application here for burns and scalds, that I have never seen published in any work. I have tried it, and seen it tried, and never known it to fail. It is dry slacked lime, mixed with an equal part of lard, spread on a cloth, and laid over the part. It acts like a charm; relieves pain, and subdues inflammation. A servant girl of mine this winter, got her feet and legs badly scalded by a pot of boiling water tilting over on them. The skin came off of one of them with the stocking. We applied the lime and lard immediately. It relieved the pain directly; we every day took the old plaster off and put a new one on, and in a couple weeks it was entirely well. A child near here scalded one hand in hot coffee, the old school remedies were applied by one of the craft, it inflamed and got worse, and the child died.

H. E."

REMEDY FOR DIARRHŒA.

I propose calling the attention of the medical profession to the use of the *Xanthoxylon Fraxineum*, in the treatment of the different forms of Diarrhœa, and especially in the treatment of epidemic cholera. I have used it with astonishing success for two years, and at my instance, Dr. King and others have used it with equal success.

R Pulv. Bac. Xanthox. Fraxineum, lb. iss.

Diluted Alcohol, cong. ss.

Digest in sand bath 24 hours, press off and filter. Dose from 3ss to 3j, repeated every half hour, and when the disease is accompanied by severe tenesmus, give 3j with sudorific tincture, (Beach's formula) 3iss, in mucilage of ulmus; repeat after every evacuation.

P. K. WOMBAUGH.

We are much gratified to hear of Dr. Wombough's success with the *Xanthoxylon*. We have been of late strongly impressed with a sense of its value, and disposed to give it a fair trial alone, in cases of diarrhœa and cholera. Prof. Hill has used it successfully as we learn, and now the testimony of Dr. Wombough, who, it seems, has been some two years testing its value, satisfies us that we may rely upon it with confidence.

B.

PHILOSOPHY OF NATURE.

We find in the London "Spirit of the Times," of June 2d, brought over by the steamer *America*, a long and highly commendatory notice of a work by one of our fellow citizens, "The General Principles of the Philosophy of Nature," by J. B. Stallo, now occupying the chair of Chemistry, Pharmacy, and Medical Jurisprudence, in the Cincinnati Eclectic Medical College. The editor supposes that the work will soon be re-printed in England.

—*Cin. Gazette*.

Part 2.---Selected.

THE AMERICAN MEDICAL ASSOCIATION.

(Continued.)

AFTERNOON SESSION.

Meeting called to order by the President, Dr. John C. Warren. The first business in order was the report of the committee on Medical Literature, which was read by Dr. John P. Harrison, of the Medico-Chirurgical Society of Cincinnati. The gentleman remarked, in the outset, that he should probably claim the attention of the Association one hour. The field allotted to the committee, he remarked, was "wide and fertile, but they had endeavored to explore the field with the care and patience which its importance demands." In considering the subject, the committee had regarded the division which the Association had marked out for them, to wit:

First—The general character of medical periodical literature in the United States.

Second—A consideration of the most important and prominent articles that are thus brought to our notice.

Third—Original or native American medical publications.

Fourth—Medical compilations and compends of American writers.

Fifth—American reprints of foreign periodical medical works.

Sixth—All such measures as may be deemed advisable for encouraging and maintaining a medical literature of our own.

The report stated that there are twenty original or native medical publications, and four foreign periodicals. Of these, five are quarterlies; six are published bi-monthly; six monthly, one three times a year—the transactions of the Philadelphia Society; and one weekly, the Boston Medical and Surgical Journal.

On the subject of *Empiricism*, the report was very strong and determined. It was regarded as a giant evil, and called upon the eminent in the profession to come forward boldly to the work of ridding the public from the deplorable woes arising from their use. "We are told, that truth is great and must prevail, but truth should not be deserted by her friends, and they ought not to look on calmly, and see her trodden under foot by her enemies."

The largest medical library in the country, is that of the Philadelphia Hospital. It was commenced in 1762, by the donation of a book from a Mr. Fothergill, of London, who shortly afterwards made another donation of books, six cases of anatomical specimens, and a skeleton and foetus. The library now contains upwards of

ten thousand volumes. There are other libraries in Universities and Colleges, containing, some, seven thousand, three thousand, and two thousand volumes. The catalogue of medical works in the library of Harvard College, numbers one thousand seven hundred and sixty-nine volumes; that of the medical department of Harvard University, Boston, twelve hundred volumes. The libraries of some of the most eminent Boston physicians, contain upwards of five thousand volumes. The report was very lengthy, occupying in its reading one hour and forty-five minutes. It was accepted, and referred to the committee of publication.

On motion of the Chairman of the Committee, it was

Resolved, That a Committee of three be appointed by the President of the Association, to report upon the recommendations contained in the document just read. The following gentlemen were appointed on this Committee: Dr. Harrison, of Ohio, Prof. Horner, of Philadelphia, and Dr. Hays, of Philadelphia.

On motion of Dr. Wood, it was

Resolved, That the subject of an international copy-right law be referred to the Committee just raised, with instructions to report to the Association.

Dr. Wood, in urging his motion, remarked that it was essential to the medical literature of the country, that an international copy-right law be established. He claimed it for our writers, who now receive no encouragement. They must produce a better book, a great deal better book than the English writer can produce, or they cannot find a bookseller who will pay them for their work. He claimed it too on the ground of justice to English writers, who were despoiled of the labor of their heads and hands by the cupidity of our book-sellers.

Prof. Horner proposed a reconsideration of the last vote, to enable him to offer the following resolution:

Resolved, That the subject of memorializing Congress on the subject of an international copy-right, be referred to a Special Committee, to report before the adjournment of the Association.

Great confusion beginning to ensue, Prof. Horner judiciously withdrew his motion. At 1-4 before six o'clock the Association adjourned.

THURSDAY, MAY 3.

The Association convened in the Representatives Hall, pursuant to adjournment, Dr. John C. Warren, presiding.

In consequence of a notice that had been posted, which had excluded all but members and delegates from a seat upon the floor, it was necessary to pass a special vote admitting the professors of Harvard University, who were, otherwise, excluded.

Dr. Warren announced to the Association, that through the kindness of the House of Representatives, they were now assembled in that spacious and convenient hall. "It is," said he, "filled with

the inspiration of legislative labor, and within the walls thus impregnated, we may, haply, be enabled to accomplish more fully the objects of our Association, and when our deliberations shall have been brought to a close, we shall become so well acquainted as never to forget each other."

The minutes of the preceding day were read by the Clerk, and the names of new delegates were announced by Dr. Bowditch, when, on motion of Dr. Hays, of Philadelphia, Dr. Agassiz was unanimously, and by acclamation elected a permanent member of the Association.

The Nominating Committee reported the names of gentlemen to fill the Standing Committees, which report was accepted, and the nominations confirmed.

Dr. Stevens, of New York, offered the following resolution:

Resolved, First, that a committee of seven be appointed to consider the subject of forensic medicine; second, a similar committee on indigenous botany and materia medica; and third, a committee on hygiene, the committees to be nominated by the general nominating committee.

Pending the question, Dr. Bell, of the McLean Asylum, offered the following amendment:

"That the consideration of that part of forensic medicine touching lunacy in all its relations, be referred to a special committee of three members."

Numerous motions and cross motions, with short nervous speeches, some to the point, and some to no point at all, troubled the tympanum of the President, until the amendment was almost unanimously rejected. The original resolution was now adopted by a very large vote, when the regular order of proceedings was permitted.

Dr. F. Campbell Stewart, of New York, chairman of the committee on medical education, being absent, the report was read by Dr. M. L. Taft, of the New York Academy of Medicine. This report, like others that preceded it, was very lengthy; and, though the reader omitted large portions of it, he occupied upwards of one hour. Like the others, too, it was elaborately drawn up, and indicated much learning and labor on the part of its author. The report concluded with a long series of resolutions, and recommended a committee of seven to take the matters contemplated in the resolutions under consideration.

Dr. John Ware, from the Medical department of Harvard College, presented a paper, as part of the report of the Committee on Education, from a Committee of the Faculty who were appointed to take into consideration some of the recommendations of the Medical Association with regard to Medical lectures, particularly in reference to extending courses of lectures beyond the established period of four months. The purport of the paper was

that the Faculty were constrained to differ from the views of the Association in regard to the prime importance of lectures, and also in their view no profitable object could be gained by extending the term of lectures beyond a period of four months. Lectures are a subordinate and subsidiary part of a medical education. The great object in view from them is to learn the student how to study for himself. The paper did not undervalue the importance of medical lectures—far from it. Information was communicated through these sources which would not be acquired in any other way, but it was desirable that they should take their proper place in the education of students. It regarded the establishment of private Medical Schools in our cities as of very great importance.

The report was accepted, and its further consideration made the order of the day for half past three o'clock, P. M.

The nominating committee made further reports as follows: For Committee on Forensic Medicine, Dr. Stevens, of N. Y., chairman, Drs. Bell, Earle, Rockwell, Robt. Watts, Bond and Knight. On indigenous Botany and Materia Medica, Dr. Ives, of Ct., chairman, and Drs. Corbin, Frost, Davis, Lenoir, Cochrane and Hanson. Committee on Hygiene, Dr. Smith, of N. Y., chairman, Drs. Gardner, Jarvis, Cook, of Va., Holmes, Emerson, Symonds and Ives.

After some attempts to charge the nominating committee to report a "Standing Committee on unfinished business," the regular business of the Association was proceeded in, which was the report on Hygiene, by Dr. Winne, of Baltimore, Md. It was offered by Dr. Parrish, the author being absent. A motion was made that the reading be dispensed with, and that it be referred at once to the Committee of Publication. This motion excited considerable remark, and was not well received. It was not deemed respectful to the Committee thus summarily to dispose of the document. One gentleman would agree to vote for the motion, provided Dr. Parrish would give his word of honor that the report was not worth reading. This sally excited much laughter. The gentleman continued, that he did not like this process of excision upon their own members, especially, without the aid of chloroform [renewed laughter.] The Association ordered the reading by a very large vote. The only object in offering the motion was to save time. The reading of the report was interrupted by the Nominating Committee, who reported that CINCINNATI be the appointed city for the next annual meeting of the Association.

This report was unanimously adopted, and the following named gentlemen were constituted a Committee of Arrangements: Drs. Drake, Dodge, Judkins, Wood, Riley, Lawson, Richards and Strader, of Cincinnati.

The report on Hygiene was again commenced, and listened to with great interest and attention. Dr. Samuel Jackson, of the

Philadelphia College of Physicians, read a paper as part of the report on Hygiene, on the influence of tea and coffee on the animal economy of individuals under puberty, and its influence upon the laboring classes. Dr. Curtis also read a paper, being part of the report, having particular reference to the Hygiene of Massachusetts and the city of Boston. Before the reading was finished, the Association adjourned to 3 1-2 o'clock.

AFTERNOON SESSION.

Meeting called to order by Dr. John C. Warren, President of the Association. The first business in order being the conclusion of the report on Hygiene, Dr. Curtis, from that Committee, resumed the reading of his highly interesting report; but as its details were mostly local, the further reading was dispensed with.

Dr. Davis, from the Committee on Indigenous Botany, stated that a report had been drawn up with great care and labor upon this subject. He did not propose to read the report, but wished to call attention to the importance of the subject which they had been charged with. A deplorable ignorance and most unworthy carelessness prevails throughout the country in reference to indigenous Botany. Out of *one thousand* plants reputed to possess valuable medicinal properties, only one hundred and fifty are even slightly known. Out of two hundred and eighty indigenous and naturalized plants mentioned in a recent celebrated work on botany, of one hundred and fifty we are simply told that they are useful in certain cases, or that they are said to have been used by the Indians as remedial agents thus and so. The fact is, very little is known as to the real properties of the articles mentioned in the *materia medica*. The report was referred to the Publication Committee.

At 4 o'clock, the Association resolved itself into a Committee of the Whole, to consider the resolutions and recommendations appended to the report of the Committee on Medical Education. Dr. Jonathan Knight, of the Medical School of Yale College, was called to the chair.

The ten minutes rule was adopted.

The first resolution was as follows:

Resolved, That the attention of Medical Colleges be again directed to the resolution of the Committee on Preliminary Education adopted by the Medical Convention of 1847, and that they be advised to require from students that they shall in all cases produce certificates of preliminary education.

Dr. Harrison, of Ohio, moved an amendment to the resolution by striking out the latter clause, on the ground that it was impracticable, and colleges were not in a condition to enforce it.

Dr. Stevens, of New York, thought that the objection was of no weight, and trusted that the amendment would not prevail.

Dr. John C. Warren, of Boston, followed upon the same side.

Dr. ———, of Philadelphia, remarked that all men agreed upon the importance of a preliminary education, but he quite agreed with Dr. Harrison, that at the present time it would be impossible for Medical Schools to exact certificates. But this resolution was not compulsory, but advisory, and for one, as a teacher in a Medical College, he was willing to be advised. He hoped that the resolutions as reported would pass.

Dr. Davis said that the resolution under discussion was but a reiteration of resolutions that were adopted one year ago. During the past year, the New York State Society had recommended to County Societies to create preliminary boards of examination, and they have done so. He thought this example ought to be followed, and would be followed by every Society in the country. The question was taken on the amendment, which was lost. The original resolution was passed.

The second resolution was then taken up:

Resolved, That the several State and County Societies, as well as all voluntary Medical Associations throughout the country be advised and requested to adopt the plan proposed by the Medical Society of the State of New York, at its last annual meeting, for ensuring due attention to the subject of preliminary education.

Dr. Davis, of New York, explained that the plan of the New York State Society was, that every County Society should appoint a board for preliminary examinations of students, with a view that they should be required to produce certificates from such boards before they could be received as medical students in the office of any private medical practitioner.

The resolution was objected to by Dr. Warren, of Boston, because it applies to the whole country, and it is altogether impracticable.

A gentleman, whose name we could not learn, offered the following as an amendment:

Resolved, That as students are generally introduced to the profession by private preceptors, it is recommended that no student be received by them unless they come up to the standard of preliminary education prescribed by this Association.

Upon this amendment an animated discussion arose. From the fact that the chairman neglected to announce the names of speakers, we are unable to give them. One gentleman remarked that he had rather have a certificate of professional ability signed by a fashionable clergyman, than a diploma backed up by the faculty of the most eminent college in the land. A miserable quack introduced by a clergyman would be shown into the best parlors, while the physician is permitted to tread his rugged path alone. Dr. Warren in alluding to this remark, said he could not conceal his astonishment to hear the remark in that assembly, that the medical profession is unpopular. It had always been his opinion that the medical

profession stands higher, and is more popular than any profession that ever existed, that does now exist, or that *ever will exist*.

The question being upon the amendment, it was adopted by a large vote.

Resolved, That this Association do not sanction or recognize "College clinics" as *substitutes* for Hospital clinical instruction: and the Medical Colleges be again advised to insist in all instances where it is practicable, on the regular attendance of their pupils during a period of at least six months, upon the treatment of patients in a properly conducted Hospital, or other suitable institution devoted to the reception and care of the sick.

The resolution was adopted.

4. *Resolved*, That it would conduce both to the convenience and advantage of students if the subjects taught in the Colleges were divided into two series; the one of which should be studied during the first year's attendance on lectures; and the other during the second session. And that examinations should be substituted at the close of the first course of lectures on the subjects taught during that course: certificates of which should be required prior to the final examination. Rejected.

5. *Resolved*, That it is the deliberate opinion of this Association that the plan of examining students for medical degrees in private, and before one professor only at a time, is highly defective, and should be at once discontinued. Laid upon the table.

6. *Resolved*, That examinations for medical degrees should be practical, and that it is desirable as far as practicable, that they should be conducted in writing as well as *viva voce*. Laid on the table.

7. *Resolved*, That in view of the importance of a due knowledge of practical pharmacy, the medical schools be advised to require from candidates for the degrees, that they should produce satisfactory evidence of their having been engaged in compounding medicines and putting up prescriptions, either under the direction of their private preceptors, or in the shop of a recognized and qualified apothecary. Laid upon the table.

In regard to examining boards and licenses :

8. *Resolved*, That the interests both of the public and the medical profession would be promoted by the establishment of boards of examiners in each of the States of the Union, to examine candidates for licenses to engage in the active practice of medicine and surgery. Laid upon the table by a vote of 69 to 54.

9. *Resolved*, That the standard of requirements established by the examining boards of the several States should be uniform, and that the examinations should, as far as practicable, be conducted in a similar manner. Laid upon the table.

10. *Resolved*, That the examiners should, in all instances satisfy

themselves that candidates are familiar with the elementary branches of general knowledge. Laid upon the table.

11. *Resolved*, That for the purpose of carrying out the objects contemplated in the foregoing resolutions, a special committee of seven members be appointed to prepare a memorial and form of law, in reference to the subject of the establishment of boards of medical examiners, to be submitted to this Association at its next annual meeting. Indefinitely postponed.

The committee of the whole having thus considered the resolutions submitted to them by the report on medical education, arose and reported to the association, and their action was confirmed.

On motion of Dr. Stephens, of New York, it was voted that the whole subject matter of medical education, together with the resolutions which have been passed, and those which have been laid upon the table, be referred to a special committee of three members, with instructions to report to-morrow morning. The chair appointed Dr. Stevens, of N. Y., Dr. Wood, of Philadelphia, and Dr. Knight, of Conn., as the committee. Adjourned to ten o'clock to-morrow.

(To be continued.)

“LEGITIMATE MEDICINE.”

“*Legitimate medicine*” is a term invented in Europe a few years ago by allopaths, and monopolized by the allopathic school in this country, as expressive of itself. It seems to be employed on the same principle as quack medicine merchants label their nostrums: as “Pulmonary Liniment,” “Pulmonary Embrocation,” “Pain Extractor,” “Hunters Red Drop,” “Venus Pills,” &c., &c.

“*Legitimate medicine*” is therefore a label for allopathic physicians; pasted on them by Medical Journals, and the American Medical Association, to let the people know where genuine medicine, or real medicine may be obtained.

The New York Academy of Medicine is a fair specimen of “legitimate medicine.” It not only has the label pasted on it as a body by Medical Journals, but it has gone further, and placed its members in the New York Directory, and in the daily newspapers with the labels upon their backs. As all associations, and all persons have a right to select their own names, and as allopaths appear to have pretty generally agreed to change theirs, we have no objection that these should be known and distinguished hereafter, throughout all creation as “legitimate medicine.” What is in a name?—A good deal. Shrewd fellows those *legitimists*.

[*N. Y. Jour. of Hom.*

Homœopathic Department.

HOMŒOPATHY AND ECLECTICISM.

At a convention of Homœopathic physicians, of Northern Ohio, held in Cleveland, June 26th, to deliberate upon the duty of selecting a man to fill the chair of "Principles and Practice of Homœopathy" in the Eclectic Medical Institute, at Cincinnati, so liberally tendered to them by the Professors of that Institution, John Wheeler was called to the chair, and Dr. B. W. Richmond chosen Secretary.

Prof. B. L. Hill, of Cincinnati, was present, and invited to act as a member of the convention. Dr. Hill gave a history of medical reform in this country, which resulted in the establishment of the Eclectic Medical Institute; and in behalf of the Trustees and Faculty of said Institute, tendered a "full, free, and equal" professorship to the Homœopathists of this country and of the West.

Drs. Williams and Richmond explained the object of the meeting, it being called to select a man to represent Homœopathy in the Eclectic Medical Institute, Cincinnati; it having been called on short notice and at an early day, to select a man in time to permit the chair and Professor to be regularly announced in the annual circular of said Institute. It was

Resolved, That the friends of Homœopathy present in this convention, return their cordial thanks to friends of medical reform in Cincinnati, for their large hearted liberality in extending to them the offer of a professorship of Homœopathy in the Eclectic Medical Institute.

Resolved, That this convention accept of the offer of a chair of Homœopathy in the Eclectic Medical Institute, and proceed at once to select a man to fill said chair.

Resolved, That this convention unanimously recommend Dr. Storm Rosa, of Painesville, Ohio, for professor of the "Principles and Practice of Homœopathy," in the Eclectic Medical Institute, at Cincinnati.

Resolved, That this convention cordially invite all students of Homœopathy in the West, to attend the lectures of the Eclectic Medical Institute, Cincinnati.

Resolved, That Dr. Wheeler, Dr. Richmond, Dr. Shepard, Dr. Williams, and Dr. Plympton be a committee to issue a circular to the Homœopathic physicians of the West, on the subject of this professorship in the Eclectic Medical Institute, at Cincinnati.

Dr. Hill, in behalf of the Eclectic Medical Institute, offered a portion of the pages of the Eclectic Medical Journal, published at

Cincinnati, and invited the convention to select a man as editor of the Homœopathic Department of said Journal:

Whereupon it was

Resolved, That Dr. David Shepard, of Bainbridge, Geauga Co. Ohio, act as Editor of the Homœopathic Department of the Eclectic Medical Journal, and that all Homœopathic physicians are invited to correspond with him, and furnish him with facts and communications for said Journal, and sustain it by pecuniary aid.

Resolved, That the above proceedings be published in the Eclectic Journal, and all the Homœopathic journals of the United States.

JOHN WHEELER, M. D., *Pres.*

B. W. RICHMOND, M. D., *Sec.*

TO THE HOMŒOPATHIC PHYSICIANS OF THE UNITED STATES.

GENTLEMEN:—We address you this circular, by order of a convention, convened at Cleveland, June 26th, to take into consideration the appointment of a Professor to fill the chair of the principles and practice of Homœopathy, in the Eclectic Medical Institute at Cincinnati.

The occasion of the calling of that convention was the following resolutions from the Faculty of the Eclectic Medical Institute:

At a meeting of the Faculty of the Eclectic Medical Institute, it was unanimously

Resolved, That in order to enlarge the circle of instruction in medical science, we deem it desirable to establish a Professorship of the principles and practice of *Homœopathy* in the Eclectic Medical Institute.

Resolved, That we invite the Homœopathic physicians of the United States, and of the west especially, to unite in recommending and nominating a Professor to fill the chair of Homœopathy in the Eclectic Medical Institute.

Signed, T. V. MORROW, M. D. Dean.

CINCINNATI, June 9, 1849.

The above convention, after taking as wide a range for consultation among the brethren as was possible, and still designate a Professor in time for the announcement of the chair in the annual circular of the Institute, resolved as follows: (*See proceedings of convention.*)

The Eclectic Medical Institute has been in existence but a few years, and already convenes a large and respectable class at its annual session. It was named "Eclectic," "choosing whatever is solid and good," that at any time, whatever great truth might be

found lying in their pathway, up the hill of science, it might be gathered up and incorporated into their glorious creed of "progress," "truth," "investigation."

In selecting Homœopathy as *one of the great truths* to be taught in their liberal system, we feel that they have "chosen a solid and substantial good," and its introduction was originally contemplated by the leading minds engaged in founding the school.

While the Allopathic schools throughout our land have steadily refused to teach or investigate our doctrines, and hurling their anathemas at our system as a "lie," a "humbug," a "deception," to practice which was branded as a crime, Dr. Buchanan, without our aid or advice, volunteered to present our system regularly to his class. Though not an advocate of the system, he has at all times, so far as practicable, correctly represented our doctrines to the classes convened in the Institute, giving our facts and statistics, and urging his class to investigate a system, sustained by such respectable testimony.

During the last winter, Dr. B. addressed our State Legislature on the subject of medical reform; and the propriety of admitting Eclectic and Homœopathic to practice in the Commercial Hospital at Cincinnati, now exclusively occupied by the Allopaths. During his speech, in a bold and fearless manner, he presented our system, and a mass of statistics, as proofs of its success, to the body before whom he was speaking. Profs. Hill and Morrow, and others, so far as known to us, have always recognized our system as worthy of investigation, and expressed a strong desire for some time past, that a regular chair to teach our principles should be established in the school. This committee have it in their power to assure you, that the professors now at the head of the school, are men of sound hearts, clear heads, and minds fearless in the investigation of truth, and second to no faculty in the country in point of talent, capability, or untiring industry.

Before it was known that a Professor would be chosen by the Homœopaths, to present their doctrines to the school, Dr. Gatchell, a decided Homœopathist, a man of commanding talents, and recently chosen Professor of Anatomy in the school, volunteered and gave a popular course of lectures during the spring term, to the class, and announced his intention of regularly presenting Homœopathy to the class, until a man should be chosen to fill that important chair. You will perceive by this short statement of facts, that it was not optional with us whether we would have our system taught in the Eclectic Medical Institute; for our friends, seeing us without a platform from which to proclaim our doctrines, volunteered to teach them for us, and with a nobleness of heart worthy of emulation, asked us to choose our man, and with or without our patronage, he should stand on an equal footing with the other Professors in the Institution. It was desirable to announce the chair

in the annual circular, and but a few weeks were to elapse before it must be issued; we counselled together, and by great exertion convened a respectable convention, both for numbers and talents, and that body, without a dissenting wish or voice, selected Dr. Rosa as their choice for professor.

Of Dr. Rosa, we feel bound to say to our brethren, that the interests of Homœopathy cannot suffer in his hands. He is one of the oldest physicians on the Western Reserve, and has enjoyed an extended practice for thirty years, among the "regulars" in our art, and after a rigid examination of Homœopathy, volunteered as a pioneer in the glorious cause, and among his old friends, and amid his old enemies, Homœopathy has achieved a signal triumph. He is intimately acquainted with the whole range of Homœopathic literature, and has always been esteemed a man of integrity, and highly intelligent in his profession.

He accepts the responsible post selected for him by his friends, with diffidence, but confiding in his assurances to make all honorable exertion to honor the trust reposed in him, we feel doubly sure that his selection will meet with a hearty response from his brethren, and assure him that he carries with him into that college, their best wishes and undivided support. This committee have deemed it their duty to say thus much respecting the college, the Professorship, and the man selected. We beg leave to make an apology in justification of our course, and to answer some objections that will undoubtedly be raised. "*Amalgamation*" will be the first spectre presented to the imagination of our brethren. If we knew distinctly what they mean by this term, we should know better what to answer—we suppose however, that they mean our consenting to teach our doctrines to, and in connection with a class of men who are opposed honestly to us.* Have we not from the first of this medical controversy, denounced the old school for refusing to *investigate* our doctrines, and barring the doors of their colleges against all attempts on our part, to present our notions of medicine to their students? We have always demanded investigation, and when a popular college of large hearted and liberal reformers, open their doors to us, and say take your post, teach your doctrines, we will hear, investigate, study, test and decide for the right, shall we the brave champions of the best system of medicine ever presented to poor humanity, shrink back and cry out "*amalgamation*," we will not reason with you; we will not teach you our system, or hear yours; you will play some trick upon us—we "*go for the independent school*," where we shall not be troubled with quibblers and traitors. Now it seems to this committee that such conduct savors of cowardice, and is in a small way imitating the old school. If

*This expression we understand was used through inadvertency and haste. It should have been "who honestly differ with us." The Eclectic Faculty, so far from being *opposed* to Homœopathy, are its decided friends.—B.

200 Eclectic students consent, for the love of truth, to hear all our arguments, and test honestly our system, have not 50 Homœopathic students backbone enough to hear Eclectic doctrines, and investigate its facts? If Homœopathy thus shrinks from the investigation it has always demanded, then is she poor indeed, and needs not "amalgamation" to ruin it—it is already dead. But, says the objector, these "Eclectics," when once having heard our system taught, will scatter abroad among the people, and while practicing "essential Thomsonianism," will assure the people that they know all about Homœopathy, and know it to be a "humbug," and thus do our cause much harm. If lying would have killed Homœopathy, we should long since have had our requiem sung; "error is safe while truth is free," and besides we ask the objector what assurance will "Eclecticism" have, that we, after hearing their doctrines, will not go out among the people and assure them we know all about it, and that it is nothing but catnip—pepper—podo-phylum and mustard—and good for nothing—and do them as much harm as Alexander the coppersmith once did a reformer.

It seems to us that in this affair, we are on an equal footing, and considering the great *superiority* claimed by us for *Homœopathy over all other systems*, we shall, by our *better* success in *treating diseases*, soon be able to correct any false impression made by the bad account given of us by any unlucky "Eclectic." "Eclecticism" is not "Thomsonianism," and the results of their practice in all severe forms of disease, show conclusively that it is far superior to Calomel and the Lancet.

Thompson, and the labors of Dr. Beach, have done much to liberalize public sentiment, and break down the barriers which the law had thrown around the old school. For ten years the Legislature of New York was plied with petitions to abolish the odious restrictions on the practice of medicine, and not until it was proclaimed that one fourth part of the people of the Empire State employed the reform practice, could those laws be touched; that number of people wielded too many votes to be longer disregarded, and the laws were repealed. If, then, the Homœopathic physicians of this country can boast that the mass of their practitioners are graduates of the "Old Schools"—they owe much to the labors of the Eclectics in shaking the confidence of the public in the "regulars," and paving the way for an easier introduction of Homœopathy; and though we trace our paternity to the "*scientific schools*" of the land—we have another consolation in the indecent haste with which the "regulars" outstripped their less "learned" rivals, the Eclectics, in the loss of patients, as we know that those patients were more *scientifically* killed, and died in a more *orthodox* way. We shall not be degraded then, by a union with the Eclectics; if we are "more learned," we should be more *liberal*. But, says another, I go for a Professorship in an "orthodox school,"

say at Ann Arbor, Michigan. That University of learning is, we understand, under the management of men in favor of Allopathy—and you might as well knock at the gates of paradise, garbed in Satan's robes, and expect entrance, as to ask at present for a Homœopathic professorship in an orthodox college. When the regulars open their doors for the propagation of our doctrines, we have the men, and will render a reason just and adequate for our medical faith. Till then we must take care of our interests, and propagate the truth as best we may.

But, say many, the Homœopathic college at Philadelphia should be sustained—and until it is, I go against all new colleges or Professorships. Very well. We feel a deep interest in the welfare of that school, and know that the friends at the east have the men, the money, and the students to sustain it. By co-operation and unity it will be sustained—but if sectional strife, or the lack of wise counsel works a failure for the enterprise, we of the west shall not be chargeable with the responsibility. The large mass of our students in the west are young men, who *work* their own way, and will ultimately make strong and practical men; but they have neither time nor money to spend in attending lectures at so great a distance, and at so great an expense as would be incurred at Philadelphia. Besides, the West is an Empire of itself, and the Homœopathists of the west cannot depend on the east to furnish their students with medical instruction. Self-reliance is characteristic of our people—and with us to *will* is to *execute*—and the time will soon arrive when we shall send to the east for nothing but our *fashions* and our *oysters*. A project is already on foot to found a Homœopathic Medical College at Cleveland, and it will no doubt prove successful. We ask our eastern friends not to stop to repine at us—but to rally their hosts in the east, organize and make their school an honor to our glorious principles. What have Homœopathists done in this country worthy of their cause? Nothing—literally nothing—while the common enemy is entrenching himself in his strong holds, the land is dotted with their schools; the masses believe in their doctrines; and we must either convert them or displace their system, by furnishing the people with a better one.

The west is rapidly filling up with Homœopathists, and on every hand, we have calls for more practitioners. Homœopathists must make it a path of duty to seek out worthy and enterprising young men, and engage them in the profession; and in ten years, we can sentinel every city and village in the North. The cholera in Europe gave Homœopathy a firm and progressing hold upon the people—near forty Medical Colleges have, at this hour, Homœopathic Professors—and shall we halt and shrink back at the thought of a single Professorship in our wide spread Republic. We trust not. Theology, in this country, has been stripped of its mysticisms, and made comprehensible by the mass of the people. Law

has been divested of its technicalities, and rapidly, justice is taking the place of legal tricks. Science has roused herself; the dumb speak; the blind see; thought, astride of lightning, is riding full tilt across the continent; old dynasties are disappearing—old parties breaking up—the ocean is invaded, and the earth robbed of her long hidden secrets—and, amid all this progress and confusion, are the lucky hits, shrewd guesses, and scientific blunders of our old and decaying system of medicine to remain undisturbed?

Is she to enjoy an exclusive exemption from criticism and reform, and hang a flaming sword across the portals of her temples and forbid us to enter? It is vain—her hopes shall perish—she is already in a state of revolution. Forbes, with his single arm, has shaken the whole system in Europe, and its old dogmas are being displaced by Homœopathy. Eclecticism is thinning her ranks rapidly in this country. Homœopathy is daily gaining converts from its numbers, and Hydropathy and Orthopathy are fast teaching the people a better and more glorious road to health. In conclusion, then, we would say to our brethren, we have a mighty work to perform, and let us address ourselves to the task, and fear not that we shall meet a failure. No timid hand guides our counsels—we are right, we are determined, and we shall triumph. We ask you, one and all, to lend us your strong hands and earnest hearts, in carrying forward this much needed reform, till our labors are crowned with success.

Besides the professorship, the faculty of the Institute have offered us an equal chance to propagate our doctrines, through the pages of the Eclectic Medical Journal. It is a monthly periodical, of 50 pages got up in good style, and has now about 1500 subscribers, and with a few hundred additional subscribers, can be made a substantial medium through which our friends of the west can communicate with each other. It is published at \$2 a year, and is richly worth the price. Dr. Shepard is a strong man, of large experience, and if health permits, he will lend a strong arm in propagating the truth. Another editor from our brethren farther west, will be associated with him, if it is deemed advisable.

We meet again, July the 12th, at Cleveland, when we hope to meet a larger number of our brethren to counsel us on the expediency of a new college at that place.

B. W. RICHMOND, M. D.
JOHN WHEELER, M. D.
DAVID SHEPARD, M. D.
C. D. WILLIAMS, M. D.
A. PLYMPTON, M. D.

Chardon, July 1, 1849.

Part 3.---Editorial.

STATISTICS OF CHOLERA PRACTICE.

The mortality of cholera during the month of June, was much greater than in May. Drs. Morrow and Hunt report 180 cases of cholera, and 75 of cholerine, with seven deaths, of which five were in a state of collapse when called, or passed into collapse within half an hour. Drs. R. S. and O. E. Newton report 102 cases of cholera, with four deaths; of twelve cases of collapse, nine were cured. These gentlemen have been confined by sickness a large portion of the time since the epidemic has been here. Dr. P. K. Wombaugh reports 42 cases of cholera, and twenty-five of cholerine; four were in the collapsed stage when called, and died; two who disobeyed directions, died. Dr. J. Borton reports 135 cases of cholera, and one death. Dr. J. Wilson reports 62 cases of cholera and two deaths. Dr. T. J. Wright reports 34 cases of cholera with one death. Dr. Wright was also called to three hopeless cases, for which he did not assume any responsibility. Drs. King and Main report 43 cases of cholerine, 41 cases of cholera, and seven deaths, of which six were in a collapsed stage when first seen. Dr. D. P. Stille reports 13 cases of cholera, 10 of cholerine, and one death. Dr. A. Brown reports 55 cases of cholera and two deaths. These altogether make an aggregate of 664 cases of cholera, and 29 deaths, which added to the report of May, (330 cases and five deaths,) makes an aggregate of 994 cases, and 34 deaths, (or if we include the two cases lost by disobeying directions, 36 deaths.) This makes an average mortality for May and June, of three and four-tenths per cent., or if we include the two cases in which the practice was not properly carried out, 3.62 per cent. Owing to haste, these figures were published incorrectly in the circular, (page 326.) In the pamphlet edition, Dr. Brown's cases were not included, as his report had not then been received.

It is much to be regretted that a full and fair record of the whole cholera practice of Cincinnati, cannot be obtained. The Old School practitioners dare not report their awful catalogue of death. The contrast was so glaring, that they generally refused to report,

and the Board of Health was compelled to substitute reports of deaths for the reports of cases. Fortunately the reports of the month of May, when the epidemic was in its mildest form, have been preserved. These reports show a loss of *twenty-six per cent.* or more than *SEVEN TIMES* as great a mortality in the mildest form of the epidemic, as the Eclectic practice exhibits during the most malignant period. So great was the difference of mortality between the months of May and June, we are compelled to believe that if the former exhibited an Allopathic mortality of 26 per cent., the latter must at least have risen to fifty per cent. Indeed, the Western Lancet admits (in the July number,) that of the cases of true cholera, with rice-water discharges, "*at least one half of the cases in this city, as everywhere else, proved fatal.*"

It is almost incredible, yet it is an undeniable fact, a sad and shameful fact, that the Ohio Medical College, and its supporters of the Old Hunker party, still pursue this practice, which proves fatal to one half of the patients in cholera, and still war against the practice, which under their eyes, has saved 96 per cent. of cholera cases. Instead of profiting by the results of Eclectic practice, they conceal the facts, slander the physicians and labor as of old, to stifle the truth—but labor in vain. Are such men honest? Are they entitled to personal respect, as honorable men? We do not design in these remarks, to include the whole Allopathic medical profession of the city, but we must say that we have little confidence in the professional candor of those who sympathize with medical Hunkerism.

The statistics of Homœopathic practice, which we hoped to present in this number, have not yet been collected sufficiently to justify publication. Enough however, has been ascertained, to show that the mortality is remarkably small, and that it will probably not differ very materially from that of the Eclectic reports. The following statement from the Homœopaths of St. Louis is offered as a fair illustration of the merits of the Homœopathic system. Our friends who are unacquainted with Homœopathy, may rest assured that it is no delusion, nor is it a mere system of *placebos*, to tickle the fancy of the patient. The success of Homœopathy in cholera, is an unquestionable *fact*, whatever may be said of *theories*. We regret that our Homœopathic matter has been excluded from the present number of the Journal by other documents; in our next number we expect to re-publish Dr. Joslin's

lecture on the Homœopathic treatment of cholera. The following is from the St. Louis Union of the 20th.

"Supposing at this time the public would wish to know to what extent Homœopathy has been introduced in the treatment of the cholera in this city, and with what result—as the science has been bitterly opposed, and some may still doubt—all such may have the name, residence, age and personal standing, of every one composing the following aggregate, viz: Number treated by three Homœopathic doctors to July 13, 1867; number died 51; still under treatment number not positive; entire number cured 1470; loss per cent 3½.

In view of the fearful mortality of the past two months, and the different feature presented above, we would respectfully ask the city authorities and the citizens, to designate any of the ward hospitals to be exclusively under the charge of Homœopathic physicians, on condition that the reports be published daily or weekly, as the citizens may point out.

All we ask, is, that the reports of the two schools come before the citizens publicly and legitimately, as to enable the world to know that there is no special cause of alarm in the existence of cholera in any city; when it is met by a scientific and truly specific mode of treatment."

TO ECLECTIC PRACTITIONERS.

In Cincinnati, the *prestige* of Old School medicine is gone forever, and the friends of Eclecticism have only to do their duty now, and take possession of the field which lies before them. If they do their duty, Cincinnati will in ten years be essentially an Eclectic city, and as Cincinnati goes, so goes the West and South.

Let our friends then bear in mind, that the time for decisive action has arrived—we have made a breach in the enemy's strong hold, which can never be repaired. *Now is the time* to march in and take possession. The Eclectic practitioners of the city are thronged with patients; twenty more good Eclectic physicians are needed, and would soon find active employment. Men of good education and good address, adapted to a city life, should not waste their energies in a village or country practice, when a great city lies before them, in which their labors will produce ten-fold greater effect upon the progress of the great cause. We hope that all who possess the requisite qualifications for a city practice, will take this matter into serious consideration, and lend us their aid in the great struggle now so nobly progressing. We are not over sanguine in these anticipations; we speak of matters of common notoriety. Even the Western Lancet, the organ of the Ohio Medical College, admits the change, exclaiming in bitterness of spirit, that Cincinnati is the very "*Elysium of quacks*"—meaning by quacks, all who have much better success than the superannuated Old School profession. B.

NEW SCHOOL AT MEMPHIS.—A medical college, guided by Eclectic principles, will commence operations this fall, at Memphis, under an ample charter obtained by Dr. Powell. Drs. Powell, Newton, King, Hulce and Dr. Z. Freeman, (graduate of the E. M. Institute,) are members of the Faculty. J. M. Sanders, an able chemist, will be the chemical professor. We regret that we have not space to do justice to the well known merits of the Faculty. They have our best wishes for success. B.

ECLECTIC MEDICAL INSTITUTE.

FIFTH ANNUAL CIRCULAR.

CINCINNATI, June 16th, 1849.

The BOARD of TRUSTEES have the pleasure of announcing the continued prosperity of the Eclectic Medical Institute, the classes of which for the sessions of 1848-9 amounted to 191.

The steadily increasing reputation of the Faculty, and of the Eclectic system of practice, authorize the anticipation of a noble career of usefulness for this pioneer school of liberal principles.

Important changes have been made, by enlarging the instructions of the Institute in reference to HOMŒOPATHIC MEDICINE, (in accordance with the liberal spirit of Eclecticism,) and by the appointment of Professors H. P. GATCHELL and J. B. STALLO, to supply the vacancies arising from the resignation of Professors J. H. OLIVER and A. H. BALDRIDGE.

DR. H. P. GATCHELL, the new Professor of Anatomy, is a gentleman of learning, whose thorough education, vigorous and philosophical intellect, and high reputation as a clear, fluent and eloquent lecturer, give ample assurance that he will contribute much to the resources and attractions of the Institute.

Prof. J. B. STALLO, formerly professor in St. Xavier College of Cincinnati, and St. John's College of New York, is not only a profound chemist and zealous cultivator of the natural sciences, but a gentleman of remarkable attainments in literature and philosophy, of high reputation as an author; experienced, fluent and impressive as a teacher, and well fitted to inspire a love of science.

We congratulate the friends of Eclecticism upon the amount of talent, learning, original research and practical skill now concentrated in the Institute. The names of MORROW, BUCHANAN, HILL, JONES, STALLO, GATCHELL and Emeritus Professor BEACH indicate an amount of *useful practical knowledge*, and profound original research, not surpassed in any medical institution of our country.

The value of the Eclectic or American system of practice, has recently been thoroughly tested in the treatment of cholera, and its success has been almost incredibly great. The value of the Homœopathic has also, been subjected to a similar ordeal, and has presented results of wonderful success. The ample opportunity of instruction in each of these methods of practice, is a peculiar feature of this school.

Heretofore, the indefatigable professors of the Institute have given two courses of instruction annually, thus furnishing to their students unusual facilities for thorough scholarship. Hereafter it has been deemed unnecessary to continue this arduous labor—the spring session will be discontinued, and the winter session alone will be maintained. Those who wish the benefit of a course of instruction in the summer will be enabled to attain the object in an Eclectic College which has been established in Rochester, New York, where in addition to other means of instruction, unusual facilities for the study of botany will be furnished by a large botanic garden.

The sessions of the Eclectic Medical Institute will hereafter commence on the first Monday of November, and terminate on the fifteenth of March. A gratuitous preliminary course consisting of two or more lectures daily will be delivered during the month of October. The Faculty of the Institute will be organized as follows; (See page 14.)

No permanent appointment has yet been made for the chair of Homœopathic Medicine, as it was thought preferable to postpone the choice until the members of the Homœopathic Medical Profession of the United States should have time to designate in their convention (shortly to be held) the Physician whom they consider most eligible for this position.

CALVIN FLETCHER, Pres't.

ISRAEL WILSON, Sec'y.

CINCINNATI, July 13, 1849.

The Board of Trustees have the pleasure of announcing that the Hon. STORM ROSA M. D. of Painesville, O., has been unanimously recommended by the Homœopathic convention (held at Cleveland June 26) for the Homœopathic Professorship in the Eclectic Medical Institute. In accordance with this recommendation, Dr. Rosa has been elected to fill the Professorship of the Principles and Practice of Homœopathy.

In announcing this appointment, the Board would congratulate both the friends of the school and the friends of Homœopathy, upon the judicious choice of Dr. Rosa—a gentleman so highly esteemed by the Homœopathic profession, possessing an extensive knowledge of both Homœopathic and Allopathic medicine, and a mind matured by thirty years experience in Allopathic and Homœopathic practice. Dr. Rosa it is believed will prove a clear, judicious and practical teacher, imbued with the liberal progressive spirit of the Eclectic school, and desirous not of exciting idle and angry discussions of abstract theories, but of filling the mind with useful knowledge. Thus it is believed the Homœopathic professorship will prove not a source of confusion or dissension; but a valuable coadjutor in the cause of liberalism and medical reform.

CALVIN FLETCHER, Pres't.

I. WILSON, Sec'y.

CIRCULAR ADDRESS

OF THE

FACULTY OF THE ECLECTIC MEDICAL INSTITUTE,

TO THE MEDICAL PROFESSION OF THE UNITED STATES.

The Faculty of the Eclectic Medical Institute, respectfully request the candid attention of the medical profession and the public to a statement of their position and of the present relations among the cultivators of medical science. Upon several important subjects there are marked differences between the members of the medical profession, which require a careful and dispassionate investigation, if we would avoid delusion and act from enlightened principle, instead of becoming the passive tools of party spirit. In our profession, a cautious criticism upon fashionable theories, a careful testing of their truth by practice and experiment, and at the same time a diligent search for additional knowledge by experimental enquiry and observation, constitute the noblest employments of a professional life. It has been by such labors that the great men of our profession have won their titles to immortality. It has ever been by such labors that the honorable men whose names survive from generation to generation have been distinguished from the crowd of mere routinists, the lovers of pelf and votaries of authority and fashion whose names are speedily lost in oblivion, however distinguished their positions during life. It is true that they who are thus honorably occupied may often be assailed and opposed by their contemporaries as rash innovators or deluded pretenders. But succeeding generations delight to honor those, who, like Harvey and Jenner, disregard the authorities of the schools to follow the higher authority of Nature.

Influenced by such considerations, and observing in the past history of science that nearly all great improvements have met with hostility on their first introduction; observing too, that in the medical profession there has generally been some predominant set of notions or opinions, which, while in fashion were sustained with all the intolerance of party spirit; we have deemed it a matter of vital importance to disavow all such intolerance, and to put an end forever to the false idea that any college or body of medical men is capable of presenting an infallible standard of medical faith and practice. No matter how numerous, how unanimous, or how respectable the bodies by whom such a standard is prescribed, we regard the attempt to enforce upon all minds conformity to any such standard, as no less odious and absurd than the attempt of an established church to enforce one uniform religious faith, regardless of the rights of dissenters from that faith.

The declaration that the opinions and practice adopted by the great majority of the profession from their teachers, are to be regarded as *regular*, and that all which differs therefrom materially, no matter how extensive the learning, or how great the practical success upon which it may be based, should be regarded as *quackery*, and condemned as dishonorable, we regard as one of the grossest outrages which could be perpetrated.

against truth and justice; and one which has had a most disastrous effect upon the progress of medical science.

Systems of doctrine and practice thus enforced by one generation are condemned by the next. A continual change is gradually taking place in reference to those doctrines which men would vainly attempt to establish by authority; and our only hope of advancing medicine to the rank of an exact science, lies in encouraging this gradual change, by which erroneous opinions are superseded and the results of more accurate scientific research introduced in their place.

With these views the Faculty of the Eclectic Medical Institute earnestly desire to give a new character to the practice of medicine; the philosophy of medical science, and the general spirit of the profession. We wish to render the practice more safe and successful, the philosophy more true and profound, and the general spirit of the profession more liberal and progressive. We are authorized to anticipate success in such an effort, because the general spirit of the age tends in the direction of our movement; because the medical profession which is continually, though slowly progressive, is advancing in the direction of our movement; because we rely upon the power of truth, and because our past labors have already been productive of important results.

The leading doctrine of the Eclectic Medical Profession, to sustain which this Institute has been established is, that the investigation and the practice of medicine should be entirely free and untrammelled—that no central body—no association, combination or conspiracy should have the power to prescribe a certain *standard of faith, or medical creed*, which shall be received by all, and forced upon every member of the profession by threats of professional disgrace and ruin. We claim for ourselves, and extend to all, this liberty of investigation and action. We recognize every enlightened, educated and honest physician, as standing upon the same platform of professional respectability, and enjoying the same rights, no matter what doctrines he may advocate in medicine, or what system of practice he may deem it his duty to adopt.

The colleges and medical societies of the United States through the National Medical Association, repudiate these liberal principles and evince a determination to degrade and trample upon all who do not adopt a certain medical creed and vow allegiance to the *authorities* of the profession. An extensive combination exists, to deny all character as physicians to those who entertain different sentiments, and are too independent to sacrifice their honest convictions—to exclude them from all social and professional intercourse, to assail them with opprobrious epithets, and to exclude their students from admission to medical colleges. [One of the resolutions of the National Medical Association, was that no student should be admitted into a medical college whose certificate of studies came from a physician who was not *regular* in his practice, or in other words did not maintain allegiance to the prescribed rules of faith and practice.] A large portion of the medical profession have never sanctioned these proscriptive arrangements, but entertain more liberal sentiments and take no part in the establishment of the system of intolerance. The colleges and the leaders of the medical profession are the authors of the system.

Our American Medical Colleges—American in little else than name

and location, have introduced from Europe a system of medicine fraught with serious evils, and attended by a great mortality in many diseases, which are more successfully treated by a rational practice.

In addition to the European system of medical practice, they have introduced the European system of professional organization, and the false ideas of etiquette, and ethics arising from the aristocratic and powerful organization of the profession under despotic and oligarchical governments. Attempts have been made in the various states to organize the profession by law, and give to certain societies and cliques absolute control over the profession, depriving the people of the right of choosing their own professional assistance, and concentrating in a few hands the power of licensing or prohibiting every practitioner—thus effectually enslaving the profession, aiming to crush by fine and imprisonment, those whose mental independence renders them in any way obnoxious. Thus has the medical profession in this free country, lingered far in the rear of the general progress of society, and endeavored to enforce by legal penalties, uniformity of opinion in matters of science. These laws have however, been generally repealed, or essentially modified; the rights of man have been vindicated, and the attempts of medical societies to procure a re-enactment have been defeated by overwhelming majorities; still the attempt is continued by means of combinations, societies and collegiate rules to enforce this despotism of opinion, which the civil power has refused to assist in enforcing.

The dignity, usefulness and truth of the collegiate systems of medicine are strenuously inculcated upon students, while all that lies beyond the prescribed circle is concealed, misrepresented or assailed in terms of opprobrium and disgust. Medical societies are organized upon exclusive principles—a line is drawn between the orthodox and the dissenters, and all who are beyond the line of strict conformity, are denounced with reckless violence, as charlatans, quacks, empirics, knaves and systematic impostors.

They who are thus assailed for free investigation are meanwhile calmly pursuing their professional labors, adding fact to fact; enlarging vastly the resources of the healing art, and securing still stronger claims to the gratitude of posterity as reformers of medical science.

The time has arrived for the Medical profession to determine which spirit shall control its destiny—that of the free and fearless enquirers who gather truth from all sources; who prefer the authority of nature to the authority of transient schools, and who are habitually in the possession of knowledge in advance of their contemporaries—or on the other hand the spirit of those who indulge in learned pedantry, who dictate with corporate insolence a standard of opinion for others, and who maintain in the medical profession the same narrow, stolid and illiberal principles which have been designated as Hunkerism when observed in politics.

This is the vital question, in reference to which the Eclectic Medical profession of America take a decided stand, and in reference to which they hope that in due season the entire medical profession of the country will unite with them in maintaining the principles of liberality and freedom.

No rightly balanced and unprejudiced mind, can approve of the savage denunciations of medical bigots, against those who are guilty, merely of differing in opinion from their accusers.

The Homœopathic physicians of Europe, and the Eclectic physicians of America, have often been denounced in language so coarse as to be degrading to its authors, who have generally been prominent members of old school medical societies and colleges. But in all cases the fact has been studiously concealed, that the parties thus denounced are in many respects the superiors of their assailants!

The Homœopathic physicians of Europe are men of learning; upwards of thirty of their number are Medical professors in the Universities, and more than sixty occupy positions of high distinction under their respective governments. At least three thousand physicians in Europe, and more than one thousand in America, practice upon the principles of Homœopathy, who are generally men well educated in the Allopathic schools of medicine, and who have adopted Homœopathy against their previous prejudices, in consequence of witnessing its superior results in the treatment of disease. The Allopathic physician who denounces this large body of learned and distinguished men as knaves and quacks, proves in so doing, that he is himself grossly ignorant of the whole subject, or utterly profligate in his assertions. It is probable that they who utter such denunciations are not aware that nearly thirty hospitals in Europe have been under the control of Homœopathic practitioners, and that when Homœopathy has thus been tested on a large scale, under the superintendence of the different governments, the results of treatment in the Homœopathic hospitals, have been twice as successful as in the Allopathic hospitals, in which, for so long a period the most distinguished professors have controlled the treatment. The average mortality in all classes of cases in the Homœopathic institutions, amounted to four or five deaths to the hundred cases that were treated, while the average mortality of the Allopathic hospitals of Europe, was ten or eleven deaths to the hundred cases of disease. In the special enumeration of different diseases, and in the results of private practice, as reported by a great number of competent, discriminating observers, the contrast is even more marked.

It would seem to all fair reasoners, that the Homœopathic practitioners who have contributed so much important knowledge to the treasury of medical science, and who, so far as we can ascertain by documentary evidence, have, in their sphere, greatly diminished the mortality from diseases under medical treatment, were entitled to high honor from the medical profession, as well as the gratitude of mankind. It would be supposed that the wonderful and ingenious researches of Hahnemann and his followers, would have excited a lively curiosity to become acquainted with their details. But on the contrary, we find all this knowledge carefully excluded from the usual course of medical study, and the learned men to whom the world is so much indebted, seldom even named or mentioned only in terms of derision or insult.

While Allopathic physicians thus wilfully blind themselves and their followers to the light, Homœopathy steadily increases in its triumphs. The most distinguished political and literary characters espouse its cause. Even the governments look upon it with favor, and not only sustain Homœopathic professors, hospital physicians, and army surgeons, but in Prussia, a Homœopathic physician has been placed upon the Board of Examiners, and we may presume that the time is not far distant, when the

medical man, who is *entirely ignorant* of Homœopathy, will be regarded as very defective in medical science and literature.

A similar course of denunciation has been pursued in reference to Eclectic Medical Reformers in America, whose character and principles have been uniformly misrepresented. The Eclectic Medical Reformers of the United States, number, it is believed, more than two thousand practitioners.* A large proportion of these are graduates of medical schools devoted to reform; while the others are principally converts from the old school system of practice. One or more colleges have been systematically engaged in teaching the principles of the reformed system of practice for the last twenty years, and several have recently been established. The Eclectic Medical Institute, established in Cincinnati in 1845, exhibits by its records during the first four years, a larger number of matriculated students than any other medical school west of the mountains, during a similar period from its first establishment.

But however encouraging the success of our schools, and the cordial appreciation of our principles by the more intelligent portion of our fellow citizens, our surer reliance is upon their intrinsic truth and usefulness.

Eclectic Medical Reformers start from the common platform of professional knowledge, with a declaration of dissatisfaction with the usual results of the healing art; of certainty that a true therapeutic science may yet be discovered, and of the imperative duty of all practitioners to investigate all successful systems of practice, and avail themselves of every successful agency which has been or can be discovered.

Viewing the present resources of the healing art, they appear sadly limited and imperfect. All substances in nature, whether mineral or vegetable, act upon the human constitution, and possess powers capable of being used for the benefit of man. Yet instead of exploring the vegetable and mineral kingdoms, to make all substances tributary to human health, only about four hundred are mentioned in our standard text books as official remedies; and of these but a small portion are familiarly known and habitually used by the medical profession. A large majority of the official articles are unknown in common practice. More than two thirds of all the prescriptions according to the old school practice, are supplied by ten or twelve favorite drugs; and most of these favorite drugs, so extensively used, are unfortunately not those which are most capable of sustaining or restoring a state of health, but rather those which are most potent, concentrated and convenient, but at the same time dangerous in their use, and often permanently deleterious to the constitution, no matter how prudent the practitioner who uses them. Amongst the worst cases of chronic disease that we find, are those which have been produced by the excessive administration of poisonous drugs. Yet this style of practice is imperatively urged upon students in our colleges. Calomel, in teaspoonful doses has been boldly recommended in the most prominent medical colleges of the West; and calomel alone or in combination has been recommended in every form of disease, virtually presenting it as a *panacea*. We are not aware that the whole history of medicine presents any greater or more pernicious delusion than this. Even the most enterprising practitioner, who would aim to avail himself properly of all valuable official

*Three thousand is the number estimated by some of our most experienced friends.

articles, would find many of them so imperfectly known and described, as to give him no idea of their proper use. Such are the miserably meagre resources of practical medicine, while thousands on thousands of important medicines are utterly unknown to man, while every plant that grows possesses valuable properties, and yet no systematic effort is in progress to enlarge our medical resources.

Eclectic Medical Reform aims therefore, to enlarge and improve the most important portion of practical medicine—our *Materia Medica*—especially in exploring our indigenous medical botany, so shamefully neglected heretofore. The Eclectic *Materia Medica* is therefore peculiarly rich in the knowledge of the value of many remedies, either unknown or imperfectly understood by Old School authors. Not less than thirty among the most valuable articles of the *Materia Medica* which are either incorrectly described, or entirely excluded from the official list by Old School authorities, occupy a prominent place in the Eclectic practice, and manifest daily their curative energies. So great a change has thus been made by new remedies, new applications of old ones, new compounds, and new principles of treatment, that four fifths of the prescriptions of Eclectic practitioners, in every variety of diseases, are entirely different from those which are usually made by those who follow the European or Old School American Colleges.

It may be said, therefore, that the Eclectic system of medicine has wrought a decided revolution, and presents an essentially new system of practice, which may be justly styled the American system, as it has arisen from the labors of American physicians, and stands opposed in its details, to the European system, which has been transplanted to this country, and which occupies our colleges with all its pedantic learning, its meagre resources, and its bigoted intolerance.

In the Eclectic Medical Institute, not only are the resources of the *Materia Medica* as usually taught, laid before the student, but the new medicines, and combinations of the Eclectic practice are fully presented, and the comparative value of different agents made known, so as to show why the majority of the prescriptions which are still in vogue with the colleges, are laid aside as obsolete, and substituted by better and more efficient, as well as safer agents. The Eclectic student is thus made acquainted with new school as well as old school practice, and not tied down by his education to any limited routine.

The attention given to our indigenous medical botany, and preference for botanic remedies which characterizes the Eclectic school, are regarded with aversion and contempt by many of their opponents. Certain profligate partizans have occasionally varied their assaults by applying the terms "quacks," "steamers," "Thomsonians," &c., to the Eclectic practitioners, and by stating that they repudiate all medicines which are not botanic. Such assertions and epithets are notoriously false.

It is true Eclectic practitioners are conscious of the merits of "steamers," "Thomsonians," and *ultra-herbalists*, and hence do not make war upon that class of practitioners. They are aware that Thomson had a far better knowledge of certain botanic remedies than the old school faculty, and they have no silly professional vanity to hinder their using any good remedy because it may have been used by men unlearned in science. They will not close their eyes to any truth.

Strictly speaking, there are scarcely any intelligent physicians who can properly be called *Thomsonians* or *steamers*. Amateur doctors, men of very limited education, may be found to whom such terms apply; but those who commence a botanic practice, if they obtain any proper medical education, enlarge their resources far beyond the limited circle of Thomsonism, and soon become essentially Eclectic in their general course.

The peculiarities of the Eclectic practice are too numerous to be learned, except by a thorough course of study. These peculiarities have arisen from the gradual adoption of one improvement after another, until the whole system of practice has been essentially changed, and all those measures which are calculated to impair the vital powers, have been substituted by more successful methods. It is a cardinal principal of the Eclectic system, that no medical treatment should be allowed which permanently impairs or injures the vital powers, that no such treatment is, in any case, necessary or proper, and that in the choice of remedies, we should prefer those which are safest, and calculated to act most nearly in accordance with the laws of health.

Hence, we reject, *in toto*, the most pernicious features of old school practice. Not that we consider them entirely useless; but because they are so far inferior in their results to the measures upon which we rely. The habitual, internal use of certain intensely poisonous metals, as mercury, antimony, arsenic, lead, copper, &c., we consider a gross violation of the dictates of medical philosophy and experience—an egregious delusion which has brought millions to a premature grave, and which, at the present time, maintains an immense amount of human suffering among the living. This delusion has arisen from a profound ignorance of the true characters of a number of important medicines, and an indifference to the enormous evils now arising from the mercurial practice. It is not known in the Colleges that our vegetable *materia medica* furnishes far better agents for all the purposes of the healing art, than these destructive metals, and that every purpose for which it is supposed that mercury is necessary, can be accomplished better without than with its agency. The fancied necessity of mercury, for the sake of its power over the liver, is well known, by all Eclectic practitioners to be a gross delusion; without the use of a particle of mercury and without its dangerous morbid consequences, they produce much more efficient cholagogue and alterative action than mercurial remedies can maintain. The medical profession are aware of the dreadful evils of a mercurial practice, and would gladly get rid of the two-edged weapon which cuts alternately the disease and the patient, if they were informed by the colleges and authors, upon whom they rely, of the powers of other and better cholagogues.

So far from this being done, the colleges profess (no doubt sincerely) to be ignorant of any substitutes for mercury, and insist upon its use with so much earnestness, that the administration of mercury has become a criterion of medical respectability—the very shibboleth of medical societies, and with the herd of quacks, who practice by routine, without either mental ability, or professional knowledge, almost all their medical skill concentrates into the mere art of giving calomel. Even with the most enlightened and distinguished members of the medical profession, the best efforts of the physician are often attended by sad mortality. Under

the treatment of the Allopathic physicians of Europe, as recorded in hospitals, on an average, more than one-tenth of all the patients die. Under the treatment of the Faculty of the Ohio Medical College, in the Commercial Hospital of Cincinnati, during the year 1848, more than one sixth of all the patients died, according to their own report.

In the Eclectic practice, so far as statistics have yet been obtained, it is believed that the average mortality of all classes of cases does not exceed two per cent.

In the treatment of cholera, we have the comparative statistics, afforded by the reports of cholera practice, in New York and in Cincinnati. In the latter city, we observe that nine Eclectic physicians, during the month of May, treated 330 cases of cholera, and upwards of 200 of choleroïd disease of a milder form, with the loss of but five patients, while the cholera reports of other physicians to the Board of Health, exhibit, during the same month, 432 cases of cholera and 116 deaths!

In the month of June, the disease having reached its maximum intensity, and many of the cases being reached by the physicians only in the collapsed stage, the mortality was necessarily greater. Hence the reports of Eclectic physicians in Cincinnati, present an aggregate for the two months, of 1094 cases of cholera, and a large number of choleroïd diseases not fully reported, which were treated with entire success in all but 36 cases, which proved fatal. In making up this aggregate of deaths, we have included a number of cases in which the physicians' directions were disregarded, or in which he was called in too late to have any reasonable hope. Even thus, the aggregate mortality appears to have been less than four per cent. (being 3.28.) while the mortality of cholera patients under Old School treatment, has been from 40 to 60 per cent. throughout Europe.*

Notwithstanding this striking and almost incredible contrast, (a ratio of more than 10 to 1.) a proscriptive and illiberal course was pursued by the opponents of Eclecticism. This, however, entirely failed to accomplish its object, as the City Cholera Hospital, originally under the care of Old School practitioners, was placed in the hands of Eclectic physicians, by the Board of Health; and the wisdom of the change was shown by the fact that, since this change, although the disease has greatly increased in severity and fatality, the ratio of mortality, in the Cholera Hospital, has been but about one-half as great as previously. While the disease was in a milder form, but the mercurial treatment was in vogue—while calomel, opium, and the acetate of lead were regarded as the prominent medicines, the mortality was in the ratio of seven out of twelve; but since that period, under the Eclectic or non mercurial treatment, the mortality has been less than three in twelve of the cholera patients who underwent the Eclectic treatment. This, too, during a period when the pestilence raged highest, and the average number of deaths in Cincinnati was over 1000 a week.

That the average mortality from all diseases, under the orthodox mercurial treatment, is twice as great as under the Eclectic treatment, is the opinion of all who have made a comparative trial, or carefully observed their results; and it has been the earnest desire of Eclectic practitioners to subject the two systems of practice to a rigid comparative trial, under similar circumstances, in some public Institution.

*As the mortality of the Old school cholera practice in Cincinnati, was 26 per cent. in May, it must have been at least 60 per cent. in June, when the ratio of mortality was more than doubled with all physicians.

Under these circumstances, we are justified in making a solemn appeal to all young men aspiring to the medical profession, and asking whether they are willing to sanction the proscriptive bigotry and Hunkerism,—which exist in a portion of the profession,—whether they are willing to join in the conspiracy against free investigation—whether they are willing to be established in that narrow and imperfect system of practice which has everywhere been proved vastly inferior, in its results, to the modern improvements of Eclecticism and Homœopathy—in short, whether they can conscientiously go forth to practice medicine in accordance with the dicta of teachers who, in a Cincinnati Hospital, lose more than one-sixth of all their patients—who, in European Hospitals, lose from a tenth to a ninth; and who, all over the world, lose from one-third to two-thirds of their patients in cholera? Can you sanction this disastrous system of medical error and bigotry, or will you take the stand of an American free-man in behalf of Eclectic liberality, and connect yourself with that system of practice which constitutes one of the greatest benefactions America has yet conferred upon the world—a system of practice which saves ninety-six or ninety-seven cholera patients out of a hundred, and which looks upon that practitioner as utterly unworthy of his high vocation and a position in the Eclectic ranks, whose practice is attended by as great a mortality as is common in Allopathic practice.

This high stand can be maintained only by valuable professional knowledge. That knowledge enables Eclectic practitioners not only to dispense with mercurial medicines, but to lay aside the pernicious practice of *blood-letting*, as a clumsy, barbarous, and destructive method of effecting objects which may be better accomplished without the lancet. That very efficient substitutes for mercury and the lancet exist, or that they have been used with triumphant success throughout this country, in all its various climates and classes of diseases for many years, is not known or taught in our old medical colleges,—nor will this fact be recognized, until a more liberal spirit shall be introduced than prevails at present.

In the practice of Surgery, as well as in other departments, the remarkable improvements and superior results of Eclectic medicine, in comparison with all that has been accomplished by the highest skill of Europe, challenges professional scrutiny. It is not in the use of the knife, nor in mechanical dexterity, that any peculiar merit is claimed; but in the preservation of life and limb—in the substitution of scientific constitutional treatment for the reckless use of the knife, lies the principal glory of Eclectic Surgery. For further illustration we can only refer to the many thousand, who have been benefited by Eclectic Surgical practice. In the obstetrical department—especially in the treatment of the diseases of females, the reform has been no less decisive and important than in general practice. But as the limits of this address do not admit of specifications, we can only invite a candid scrutiny, and refer to the decisive opinions entertained by all who have made themselves fully acquainted with Eclectic medicine, after studying the resources of old school practice.

In physiology and medical philosophy, the instructions of the Institute are essentially different from those of any other school in Europe or America. This is the only school in which the facts of Phrenology and Animal Magnetism have been properly recognized and explained as a por-

tion of medical science. It is the only school in which the functions of the brain, as a physiological organ, have been taught.

To a member of this Faculty belongs the honor of discovering the proper method of exploring the functions of the brain, determining its mental and physiological powers, and the relations which it bears to all parts of the human body. By this discovery the highest problems of psychology and physiology which have ever engaged the attention of man, are made accessible to rigid experimental enquiry and scientific demonstration. This discovery (the essential truth of which has been recognized in Europe as well as America,) not only lays the foundation for a grand system of philosophy in which all sciences relating to man find their appropriate place, but explains the philosophical laws of his constitution in reference to its internal sympathies,—the influence of medicines and food, the causes and nature of diseases and contagion, the principles of therapeutics and the entire philosophy of medicine.

The medical philosophy of the Institute being thus based upon a knowledge of the mainsprings of the human constitution, (the much neglected nervous system) is essentially different from that taught in other schools. It recognizes fully the relations which all methods of treatment bear to the laws of life and health, and hence appreciates liberally the merits alike of Homœopathy, Allopathy, Hydropathy, and all peculiar medical theories. In short our medical philosophy is not a system of sectarian dogmatism, but a guiding, inspiring and progressive influence. Incessant progress, is our rule of life, and he who does not continually make such progress by independent observation is unworthy of the name of an Eclectic.

Nor would that Institution be worthy of the name of Eclectic, which would hesitate to avail itself of knowledge derived from any source which may be useful to man. Conscious of the importance and value of the researches and experience of Homœopathic physicians, who have pursued the great labor of medical reform by another mode distinct from our own, we have recognized the claims and recommended the study of Homœopathy as a valuable portion of professional knowledge. Having determined to establish at a suitable opportunity a course of Homœopathic instruction for the benefit of our students, we have been gratified to observe at the same time among the Homœopathic medical profession a concerted movement for the purpose of securing a suitable opportunity of instruction for Homœopathic medical students, in which they might at least be safe from the insults of Allopathic bigotry, by attending a Homœopathic college or a college of liberal principles.

Having resolved to establish a Homœopathic chair in the Institute, it was deemed desirable to select for that chair some one whose learning, experience and general reputation as a Homœopathic physician would give the best assurance of a satisfactory development of Homœopathic science. For this purpose it was deemed best to tender the privilege of nominating a suitable professor, to the convention of Homœopathic physicians which was about to meet in the city of Cleveland. The convention appreciating highly the liberal spirit which prompted the offer, deliberated upon the subject and unanimously recommended Dr. STORM ROSA of Painesville, Ohio, for the Homœopathic Professorship of the Institute. This nomination, highly acceptable to all parties, was confirmed by the

Trustees of the Institute, who have elected Dr. Rosa to the professorship, for which he was recommended.

Thus are we enabled to present for the first time in the history of medicine, a school truly liberal, independent, and free from sectarian influence; and overlooking not the narrow boundaries of some dogmatic and ephemeral theory, but the whole horizon of medical science—including alike the researches of the standard authorities from Hippocrates to Velpeau; the ingenious and wonderful discoveries of Hahnemann and his followers, and the extensive knowledge of botanic medicines, of safe and successful methods of practice, and of the true principles of physiology, which belong to Eclectic Medical Reformers of America.

Graduates of this Institution, whether designing to occupy the range of Eclecticism, or to give their attention exclusively to Homœopathic practice will enjoy an unusually extensive familiarity with all the resources of the healing art, and hence, will occupy now that advanced position to which the whole profession will in time attain, when party jealousies shall have perished, and when the varied contributions of the 19th century to practice medicine and medical philosophy are all received and arranged in their proper place, and taught in all respectable medical schools.

As the pioneer teacher of the American or liberal system of medicine, the Institute is appropriately located in the most central portion of our Republic. Cincinnati is evidently destined to be either the largest city or one of the few largest cities on the continent—from the rate of its growth we may calculate that ere the close of the present century, Cincinnati will be to America, as London and Paris are to Europe, and the medical authority of Cincinnati will be proportionally influential throughout the world. With an eye to such a future—to the ascendancy of the American republic—the American spirit, and the American system of medicine, the Institute has been established, and we invite all who cherish the glory of our country—all whose sympathies are with the future in its progress, rather than the Past in its darkness, to participate in our enterprise, and share the glory of American Medical Reform.

NOTE.

STATISTICS OF THE CINCINNATI CHOLERA HOSPITAL.—(established by the Board of Health, under authority of the city council.) Dr. J. H. JORDAN, Resident Physician.—From the 6th of June up to the 27th of July, total number of admissions 226—total number of deaths 83, of these, twenty were in articulo mortis when brought in, and died generally in less than an hour; five died of narcotism from opiates taken previous to admission; three died of delirium tremens, and thirteen of other diseases, as fevers, arachnitis, inflammation of the brain &c., making a total of 41, which being subtracted leaves 184 cholera patients, of whom 42 died, and 142 were cured. Of those cured, seventeen were in pulseless collapse when admitted, and many others were in a partial collapse. The number of deaths, therefore, amounts to twenty-two and fourfifths per cent of the number of cases—or less than three in twelve. At the same time, the number of cases in the cholera hospital, treated by Drs. Johnson and Drake before they were dismissed, and by Dr. Raymond in the Pearl street branch, has amounted to 61, of whom (37,) more than threefifths died. The total number of deaths, compared to the admissions being under the Eclectic treatment 36 per cent, under old school treatment 60 per cent.

In the Commercial Hospital if the facts are not suppressed by the Faculty, it is probable the cholera treatment will exhibit a still worse result.

CATALOGUE
OF THE
ECLECTIC MEDICAL INSTITUTE.
WINTER SESSION, 1848-9.

| <i>Students.</i> | <i>Preceptors.</i> | <i>State.</i> |
|------------------------------|----------------------------|---------------|
| Thomas F. Morgan, M. D., | Drs. Judd and Rathbun, | Ohio. |
| Martin T. Perrine, | | " |
| Joel Dalby, | Prof. Morrow, | " |
| Thomas H. Walters, | Dr. N. S. Sampsel, | " |
| Paul Wilberforce Sampsel, | E. W. Baldridge, M. D., | " |
| James Milot, | Dr. B. Hubbell, | " |
| Thomas Robinson, | A. W. Allen, M. D., | " |
| Lewis Behymer, | | " |
| Jacob Smizer, | | " |
| George Washington Dickey, | N. Abbott, M. D., | " |
| Joseph Frazell Hance, | Prof. Hill, | " |
| Charles William Arnold, | Wm. Doane, M. D., | " |
| Matthew Alexander Kelly, | A. Eckart, M. D., | " |
| Joshua Emmons, | | " |
| George Monroe Dickey, | P. Beeman, M. D., | " |
| J. A. Doran, | Dr. B. Chatterton, | " |
| Horatio Milton Chatterton, | Dr. B. Hubbell, | " |
| Benjamin Franklin White, | Drs. Teegarden & Bleecker, | " |
| George Glick, | J. Davis, M. D., | " |
| Benjamin Franklin Radcliffe, | do. | " |
| Jephtha Davis, jr., | S. Fellers, M. D., | " |
| Henry Judy, | J. McCook, M. D., | " |
| Jesse Garretson. | Practitioner, | " |
| Benjamin Chatterton, | | " |
| John Darby, | A. Bauer, M. D., | " |
| Anthony Bauer, | B. F. Johnson, M. D., | " |
| George Black, | S. H. Witham, M. D., | " |
| Wm. Webster, | Dr. Halstead, | " |
| George W. Hurst, | D. H. Austin, M. D., | " |
| Edward Walker, | S. S. Cook, M. D., | " |
| Richard Winans, | | " |
| Samuel F. Conklin, | Prof. Jones, | " |
| Edward McKenzie, | J. M. Corey, M. D., | " |
| David Lathrop, | Z. Wakefield, M. D. | " |
| Abraham Rhorer Houser, | | " |
| Edwin A. Lodge, | | " |
| Thomas Donaldson, | | " |
| Alfred Shepherd, | Prof. Morrow, | " |
| Wm. W. Adams, | Dr. Thomas, | " |

| <i>Students.</i> | <i>Preceptors.</i> | <i>State.</i> |
|---------------------------|----------------------------|---------------|
| David Abel Austin, | Dr. J. W. Scroggs, | Ohio. |
| William Owens, | | " |
| Samuel H. Witham, | Practitioner, | " |
| Lemuel Kemball Rosa, | S. Rosa, M. D., | " |
| James George Hunt, | Prof. Morrow, | " |
| James S. Bangs, | | " |
| O. B. Keetch, | Prof. Hill, | " |
| David C. Challen, | | " |
| Stephen H. Osborn, | Prof. Hill, | " |
| Edward Meyer, | do. | " |
| Harris Putnam Norton, | | " |
| S. H. Chase, M. D., | | " |
| Robert S. Finley, | J. N. Anderson, M. D., | " |
| James W. Routh, | | " |
| Caleb H. Jones, | | " |
| Orrin E. Newton, | R. S. Newton, M. D., | " |
| Abraham Myers Stayman, | | " |
| Francis Pringle Mitchell, | | " |
| James Thomas Elsworth, | I. J. Avery, M. D., | " |
| Wm. H. Jones, | | " |
| A. Brown, | | " |
| Franklin Talbott, | G. W. Wallace, M. D., | " |
| J. W. Prowell, | | " |
| Elias Ylee, | | " |
| James Adams, | | " |
| Edward Nevers, | | " |
| Alexander Grier, | Dr. B. Hubbell, | " |
| G. Hill, M. D., | Practitioner, | " |
| T. J. Wright, | Prof. Beach, | " |
| Bowen C. Howell, | Jas. S. Anthon, M. D., | Indiana. |
| Jason Holloway, | Practitioner, | " |
| Erasmus S. Dodd, | do. | " |
| Asa Kilbourne Plank, | A. Teegarden, M. D., | " |
| Charles H. Spinning, | | " |
| Enos James Martin, | Practitioner, | " |
| Philander Loomis, | Drs. Loomis and Taylor, | " |
| Wm. L. Phillips, | Dr. Benedict, | " |
| J. Henry Jordan, M. D., | | " |
| Joseph Higbee Watkins, | Dr. Needham, | " |
| John S. M. Hawkins, | S. H. Chase, M. D., | " |
| Leonard Lane Blowers, | | " |
| Augustus C. Overton, | S. A. Foss, M. D., | Kentucky. |
| John James Stites, | Dr. B. Blythe, | " |
| Elzaphan R. Roe, | J. King, M. D., | " |
| George H. Hutchings, | J. H. Hulce, M. D., | " |
| Robert Armstrong, | F. A. Rice, M. D., | " |
| James B. Allensworth, | Drs. Hatchett and Collins, | " |
| Benj. F. Smith, | Prof. J. R. Paddock, | " |
| G. G. Moore, | | |

| <i>Students.</i> | <i>Preceptors.</i> | <i>State.</i> |
|--------------------------|----------------------------|----------------------|
| Wilson J. Howard, | | Kentucky. |
| Jacob Stewart, | Dr. Fundenburg, | Penn. |
| Renselaer C. Raymond, | J. Spencer, M. D., | " |
| Daniel Farr Morey, | S. Bronson, M. D., | " |
| Thomas M. Cobb, | | N. Y. |
| Jared Hyde Tilden, | Z. Freeman, M. D., | " |
| J. R. Bush, M. D., | | " |
| Justus Blinn Jones, | H. Bennett, M. D., | " |
| Alvin Shattuck, | Prof. Hill, | " |
| William W. Hadley, | Practitioner, | " |
| Horace C. Taylor, | Prof. Hill, | " |
| Horace W. Thompson, | | " |
| Arman Pindell Kellogg, | Prof. Hill, | " |
| James Pitts, | Dr. L. A. Ward, | " |
| David P. Stille, | E. Darwin, M. D., | " |
| Orrin Davis, M. D. | | " |
| Amos Hildreth, | Dr. Z. Wakefield, | Illinois. |
| Joseph Short, | | " |
| Thomas Plumb, | | " |
| David A. McCord, | Practitioner, | " |
| Wm. Jackson Trumbo, | J. Borton, M. D., | " |
| Nelson Simons, | C. L. Webster, M. D., | " |
| J. M. Young, M. D., | | " |
| Odna Daly Brooks, | Dr. R. D. Waldo, | Wisconsin. |
| Nelson Allen, | | " |
| Daniel Porter Wooster, | Dr. Teegarden, | " |
| Wm. Jefferson Wann, | F. W. Sykes, M. D., | Ala. |
| Charles Carlos Brown, | J. S. Anderson, M. D., | " |
| John Franklin Baker, | W. P. Hutchins, M. D., | " |
| N. M. McClelland, M. D., | | Missouri. |
| William Holman Lowrey, | Dr. R. S. Grissard, | " |
| Theodore Roberts, | W. Boothe, M. D., | Conn. |
| Jesse Monroe Birdsong, | J. C. Wall, M. D., | Texas. |
| Nicholas L. Northington, | Dr. D. Worthington, | Tenn. |
| William Henry Shepherd, | H. C. Metcalfe, M. D., | Md. |
| J. W. Parker, | Drs. Burrett and Richmond, | Iowa. |
| Z. Freeman, M. D., | | Nova Scotia, Canada, |
| Benjamin Franklin Hatch, | | New Hampshire. |

SPRING AND SUMMER SESSION, 1849.

| <i>Students.</i> | <i>Preceptors.</i> | <i>State.</i> |
|-----------------------|------------------------------|---------------|
| Amaziah Sells, | Drs. Pinney and Sells, | Ohio. |
| George Glick, | Drs. Teegarden and Bleacher, | " |
| George M. Dickey, | | " |
| Joseph William Hough, | Drs. Pulte and Ehrman, | " |
| Eben Norton, | Dr. M. G. Mitchell, | " |
| Alexander Grier, | Dr. B. Hubbell, | " |

| <i>Students.</i> | <i>Preceptors.</i> | <i>State.</i> |
|-----------------------------|-------------------------|---------------|
| Harris P. Norton, | | Ohio. |
| James Milot, | E. W. Baldrige, M. D., | " |
| Edward Meyer, | Prof. B. L. Hill, | " |
| Edward Walker, | D. H. Austin, M. D., | " |
| James Adams, | Dr. B. Hubbell, | " |
| Jesse Garretson, | J. McCook, M. D., | " |
| John McChristy, | | " |
| Abraham M. Stayman, | | " |
| Samuel F. Conklin, | | " |
| Horatio M. Chatterton, | Dr. B. Chatterton, | " |
| Franklin Talbot, | G. W. Wallcae, M. D., | " |
| Joshua Emmons, | Dr. A. Eckart, | " |
| Joel Dalby, Jr., | | " |
| Lemuel Kemball Ross, M. D., | S. Roso, M. D., | " |
| R. R. Hopkins, M. D., | Prof. Baldrige, | " |
| J. W. Prowell, | | " |
| John Darby, | | " |
| Wm. J. Trumbo, | J. Borton, M. D., | " |
| Alfred Shepherd, | | " |
| James G. Hunt, M. D., | | " |
| Cornelius Hector, | Practitioner, | " |
| James A. Gordon, | do. | " |
| A. Brown, | do. | " |
| Strang S. Post, | | " |
| O. B. Keetch, | | " |
| Johnathan Flattery, | do. | " |
| Samuel N. Caldwell, | | " |
| D. P. Stille, | | " |
| Alvin Shattuck, | Prof. Hill, | N. York. |
| Jared Hyde Tilden, | Z. Freeman, M. D., | " |
| Henry Learned, | | " |
| Norman Prindle Kellogg, | Prof. Hill, | " |
| Horace C. Taylor, | Prof. Hill, | " |
| Zoheth Freeman, M. D., | | " |
| Robert Bracken, | Drs. Judd and Rathbun, | Penn. |
| George Willis Read, | Dr. D. Duston, | " |
| Rensselaer Clark Raymond, | J. C. Spencer, M. D., | " |
| Augustus Kerr, | W. F. Judd, M. D., | " |
| Daniel F. Morey, M. D., | | " |
| C. Beadle, | | " |
| John James Stites, | Dr. B. Blythe, | Ky. |
| Allen M. Poor, | Practitioner, | " |
| John Franklin Baker, | W. P. Hutchins, M. D., | Ala. |
| William Jefferson Wann, | F. W. Sykes, M. D., | " |
| William H. Shepherd, M. D., | | Md. |
| Francis Dodge, | D. Servis, M. D., | Ind. |
| Leonard Lane Blowers, | | " |
| Job Birdsall, | Drs. Loomis and Taylor, | " |
| Benjamin Franklin Hatch, | | N. H. |

| <i>Students.</i> | <i>Preceptors.</i> | <i>State.</i> |
|---------------------------|-----------------------|---------------|
| Tharlow J. Wright, M. D., | | Iowa. |
| Odna Daily Brooks, | Dr. R. B. Waldo, | Wisconsin. |
| Daniel Porter Wooster, | Dr. M. R. Teegarden, | " |
| Theodore Roberts, | W. Boothe, M. D., | Conn. |
| Nelson Simons, | C. L. Webster, M. D., | Ills. |
| William Jackson Trumbo, | J. Borton, M. D., | " |
| Amos Willis, M. D., | | " |
| Charles Birney Robbins, | | Mass. |
| Lewis Sleight, | | Miss. |
| John Calhoun Bates, | Dr. Diffenbacher, | " |

GRADUATES OF THE WINTER SESSION.

| | | |
|---------------------------|-----------------------------------|-----------------|
| David Abel Austin, | Ohio. Edwin A. Lodge, | Ohio. |
| Anthony Bauer, | " Wm. Holman Lowry, | Mo. |
| Lewis Behymer, | " Daniel Farr Morey, | Penn. |
| Jesse Monroe Birdsong, | Texas. Orrin E. Newton, | Ohio. |
| Bowen C. Howell, | Ind. William Owens, | Ohio. |
| Charles Carlos Brown, | Ala. James Pitts, | N. Y. |
| George Washington Dickey, | Ohio. Benjamin Franklin Radcliff, | Ohio. |
| Thomas Donaldson, | " Elzaphan R. Roe, | Ky. |
| Robert S. Finley, | " Lemuel Kimball Rosa, | Ohio. |
| Wm. W. Hadley, | N. Y. Wm. Henry Shepherd, | Md. |
| Joseph Frazell Hance, | Ohio. Jacob Stewart, | Penn. |
| James George Hunt, | " David P. Stille, | Ohio. |
| George H. Hutchings, | Ky. Thomas H. Walters, | " |
| David Lathrop, | Ohio. T. J. Wright, | Iowa.—Total 28. |

GRADUATES OF THE SPRING SESSION, 1849.

| | | |
|----------------------------|-----------------------------------|-----------------|
| Odna Daly Brooks, | Wisconsin. Rensselaer C. Raymond, | Pa. |
| Horatio Milton Chatterton, | Ohio. George W. Read, | Pa. |
| Francis Dodge, | Indiana. Charles B. Robbins, | Mass. |
| Jesse Garretson, | Ohio. Theodore Roberts, | Conn. |
| George Glick, | " Alvin Shattuck, | N. Y. |
| James A. Gordon, | " Nelson Simons, | Ill. |
| R. R. Hopkins, | " Abraham Myers Stayman, | Ohio. |
| Augustus Kerr, | Pa. Horace C. Taylor, | N. Y. |
| James Milot, | Ohio. Edward Walker. | Ohio.—Total 19. |
| Harris Putnam Norton, | Ohio. Total Spring and Winter 47. | |

ECLECTIC MEDICAL INSTITUTE OF CINCINNATI.

The next course of Lectures in this Institution, will commence on the first Monday of November, 1849, and continue until the 16th of March, 1850. But one Session will hereafter be held annually. A gratuitous preliminary course will commence the first Monday of October and continue one month. The Faculty of the Institute will be arranged as follows:

HORATIO P. GATCHELL, M. D.,

Professor of Special, General, and Pathological Anatomy.

JOSEPH R. BUCHANAN, M. D.,

Professor of Physiology, and Institutes of Medicine.

THOMAS V. MORROW, M. D.,

Professor of Theory and Practice of Medicine and Pathology.

STORM ROSA, M. D.,

Professor of Principles and Practice of Homœopathy.

BENJAMIN L. HILL, M. D.,

Professor of Obstetrics and Surgical Practice.

LORENZO E. JONES, M. D.,

Professor of Materia Medica, Therapeutics and Medical Botany.

JOHN B. STALLO, A. M.,

Professor of Chemistry, Pharmacy and Medical Jurisprudence.

WOOSTER BEACH, M. D.,

Emeritus Professor of Clinical Medicine.

JAMES MILOT, M. D.,

Demonstrator of Anatomy and Surgical Prosector.

This Institution was chartered by the Legislature of Ohio, in 1845, and is under the control of an efficient Board of Trustees, who, in conjunction with the Faculty, have full powers to confer all the degrees that are conferred by any Medical College in the United States. Since the establishment of the Institute in 1845, the total number of its matriculated students has been 618—a number unequalled by any Western school in a similar length of time from its foundation. In four years it has risen to be the fifth American school in number of matriculated students, and eighth in number of graduates.

All departments of medical science are carefully taught, by a course of six or seven daily lectures, with critical examinations, and a weekly medical and surgical clinique. Not only are the common elements of medical science taught, (which are accessible in other schools and in the standard text-books,) but a very large amount of interesting and necessary knowledge is imparted, which is not obtainable in other schools. Important discoveries in the physiology of the nervous system, (not yet in print)—an extensive knowledge of our indigenous botanic materia medica, and an American system of medical practice, which changes for the better, three-fourths of the details of the healing art, have constituted the attractions of the Institute. The superiority of the Eclectic system of Therapeutics, Surgery and Obstetrics, has caused its rapid diffusion throughout the United States; and at the present time there is a much greater demand for educated Eclectic practitioners than can possibly be supplied for years. The City Cholera Hospital of Cincinnati, under the control of Eclectic physicians, exhibited but about one-half of the mortality of Hospitals under the old practice; and the private treatment of cholera, by Eclectic physicians, in Cincinnati, exhibits a mortality of but 3 and 6-10 per cent. in more than a thousand cases. In other diseases the Eclectic treatment presents a similar superiority. The leading principle of Eclecticism is to select liberally from all sources, the best methods of treatment; but to reject all dangerous and deleterious methods which impair the vital powers of the patient. Hence the mercurial, antimonial, blood-letting system of treatment, being replaced by better agencies, is regarded as unscientific and obsolete.

In addition to the above, the Homœopathic practice, which has everywhere proved far superior to the Allopathic, either in Hospital or in private practice, (a knowledge of which is indispensable to a thorough medical education,) is fully taught in the Institute by an able Homœopathic practitioner, unanimously nominated for the post by the Western Homœopathic Convention.

Candidates for the degree of Doctor of Medicine, must have attained the age of 21 years; and, in addition to the usual preliminary study, have attended two courses of lectures on each of the departments of medical science in this or some legally incorporated medical school, the last of which shall be in this, and shall be competent to sustain a thorough examination before the Faculty. Four years reputable practice, and an attendance on one full course in this Institution, also entitles the student to become a candidate for graduation.

The tickets of Professors (\$10 each) amount to seventy dollars. The Matriculation fee is three dollars; the Demonstrator's ticket, \$5; the Library ticket, (optional,) \$2. Any student, by paying \$100 dollars in advance, will secure the right to attend as many courses as are necessary for the completion of his studies. (Graduation and Matriculation fees not included.) Good board may be had for \$2 or \$2.50 per week. One student from each judicial district in the State of Ohio, will be educated gratuitously. It is the duty of the President Judge of the District, to designate some poor but meritorious young gentleman for this situation, who will be admitted free, and charged only for the ticket of matriculation, which is three dollars. Students are recommended to furnish themselves with one or more of the following text books: Wilson, Horner and Wistar, on Anatomy; Williams, Allison and Stille, on Pathology; Carpenter, Oliver and Dunglison, on Physiology; Beach, Wood, Eberle and Watson, on Medical Practice; Cooper and Gibson, on Surgery; Meigs and Beach, on Midwifery; Beach, U. S. Dispensatory, and Eberle, on the Materia Medica; Gardner and Turner, on Chemistry; Hartmann, Herring, and Hull's Laurie, on Homœopathy, as well as other standard works.

Students arriving in the city, will please call at the residence of the undersigned, first door West of the Methodist chapel, on Ninth street, between Race and Elm. Those desiring further information, will please direct a letter, post paid, to

T. V. MORROW, M. D.,

Dean of the Faculty.

PROF. W. BEACH returned by the Cambria from his tour in Europe, and is now in N. York. His new work on the practice of medicine will probably be published in the course of the present year.

DEATHS BY CHOLERA.—Near Independence, Mo., on the route to California, Dr. J. Palmer, of Marshall, Michigan. In Cincinnati, Dr. J. H. Stevens, and Dr. J. A. Gordon. In Richmond, Ind., Dr. Wm. Dulin, (partner of Dr. Watts,) and Dr. F. Dodge. On the Ohio river, on his way home, W. J. Trumbo, student of the Institute. On a steamboat near Tusculumbia, Ala., W. J. Wann, student of the Institute. After treating several patients, his medicines became exhausted, and when attacked himself, medical aid could not be obtained until it was too late. These gentlemen mostly died as martyrs to their professional labors. We should learn from their deaths, that no professional skill can avail us any thing, unless we also pay a most cautious attention to the duty of self-preservation. In the death of Mr. Wann, a most estimable young man has been lost to the profession. In the others, also, we have lost efficient supporters of medical reform, whose moral and intellectual worth were highly appreciated. We would say to our friends, beware and be prompt, you know not how insidious the disease, and how dangerous its first approaches. B.

DIED.—On the 14th inst., at the residence of her son-in-law, Dr. J. R. Buchanan, after a protracted illness, Mrs. ANNE ROWAN, relict of Judge Rowan, of Kentucky, and sister of Gen. Wm. Lytle, (one of the pioneers of the West,) in her 77th year. Mrs. R. was distinguished for her generous affections, hospitality, and kindness.

ECLECTIC MEDICAL JOURNAL.

Vol. I.]

AUGUST, 1849.

[No. 8.]

Part 1.---Original Communications.

ADDRESS OF THE ECLECTIC MEDICAL SOCIETY
OF CINCINNATI TO THE PEOPLE OF THE
UNITED STATES.

The recent epidemic invasion of Cholera has forcibly illustrated the necessity of being acquainted with the laws of health, and with the comparative merits of the different methods of treating disease, which are now before the public.

If the mortality of any disease depends as much upon the character of the treatment adopted, as upon the severity of the epidemic, it is highly important that the people should ascertain, as early as possible, upon what method of treatment they should rely, and should not be deceived in a matter which involves the lives of many thousands of our citizens.

It is a well known fact that a terrible mortality has attended the progress of cholera around the globe, and that many of the most distinguished physicians regard it as a disease, over which medicine has but little controlling power; and from which we cannot expect more than one-half of those who are seriously attacked to recover. So firmly convinced, indeed, are the members of the Allopathic medical profession, of the fatality of cholera, that there has arisen even a stubborn skepticism as to the possibility of any method of treatment being attended with much success.

While the most distinguished authors and medical teachers of the old school profession have thus yielded to the ravages of the pestilence, and acknowledged their inability to shield society from its devastations, a very large and respectable portion of the medical profession, having become dissatisfied with so inefficient a course, have adopted other, and as they conceive, far better methods of treatment, with the most satisfactory results.

The leading feature of the new system which has originated in America, is that it labors to preserve the vital forces of the constitution unimpaired—that it introduces a considerable number of important remedies, the value of which is not known by the members of the old school profession, and that it discards as pernicious and unscientific, the mercurializing, blood-letting practice, and the whole course of harsh, poisonous medication, which has heretofore constituted the opprobrium of medicine.

This AMERICAN SYSTEM of practice, which has been taught for near a quarter of a century, in one or more medical colleges, is called Eclectic, because it discards all bigotry, and aims to select liberally from any and every source, all valuable improvements in therapeutic science. Several medical colleges have been chartered with the object of teaching the Eclectic practice; and the Eclectic Medical Institute of this city, already outranks in numbers, thirty-three of thirty-seven old school medical colleges in the United States. In the medical profession, the Eclectic principles are propagated by their scientific truth and accuracy, as well as practical success, and the progress of every year brings the whole profession nearer to the platform of Eclecticism.

The relative merit of the old and new systems must be determined by an intelligent community, not by the endless discussion of medical theories; but by the observation of facts—by an impartial trial of each system, and a comparison of results, to ascertain which system has been productive of the most beneficial effects for society, which has stood the test in the hour of peril, and which has most effectually rolled back the tide of disease and death. To the results of such a comparison, we tender our submission, and readily will we relinquish any scheme of practice which cannot exhibit, when fairly tried, convincing evidence of its superiority.

In adopting our present system of practice, we are guided by the knowledge of its superior results. We are not blindly following the authority of teachers, but are prosecuting a benevolent reform in medical science, which deeply enlists the attachment and admiration of all who are thoroughly acquainted with its details and its results.

The comparative merit of the Eclectic Reform and of the unreformed system of Allopathy, can be determined only by estimating impartially the number of deaths which occur under similar circumstances, in the practice of the two classes of physicians, and the number of those whose constitutions remain permanently injured after undergoing medical treatment.

The best field for this comparison is in the treatment of cholera. There are many other diseases in which we would as willingly institute a comparison, but this, in consequence of the greater celebrity, and notoriety of the facts connected with its career, affords the best opportunity of obtaining authentic statistics.

From a dispassionate investigation of facts, we are compelled to come to the conclusion, that the average mortality of cholera under old school treatment, has been *at least one-half* of all the cases treated. In coming to this conclusion, we estimate both the best and the worst results of Allopathic treatment. We cheerfully admit that many of the medical profession have been led by their own good sense and innate humanity, to adopt more judicious plans of treatment than are generally pursued and regarded as orthodox, (and therefore have attained better results;) but on the other hand we have observed in so many cases a bigoted adherence to unsuccessful methods of practice—we hear of so many instances here and elsewhere in the United States, as well as in other countries, in which the physician has lost four-fifths or nine-tenths of all his cholera patients, that we are compelled to believe our estimate of fifty per cent as the average mortality to be entirely just.

The reports of seven hospitals of Paris, up to the 5th of May, 1849, exhibit 1356 cholera cases, of which 844 died, and 512 recovered, being a mortality of 62 per cent.

The reports of Allopathic physicians of Cincinnati to the Board of Health, in the month of May, (when the disease was in its mildest form; when not more than one case in a hundred presented very dangerous symptoms, and when some of the Faculty even denied that a cholera epidemic existed,) exhibit out of 432 cases treated by them, one hundred and sixteen deaths, or a mortality of 26 per cent. The mortality of the succeeding month, it is well known, was more than twice as great with all classes of practitioners, and if the profession had not refused to report their cases for those months, (thus evading a fair issue,) we can have little doubt they would have exhibited, during the most malignant period, a mortality of fifty, sixty, or seventy per cent.

So well known and admitted is the usual mortality of cholera patients under old school treatment, that even its most zealous champions, such for example, as the *Western Lancet*, have openly admitted that the usual mortality of serious cholera cases is fifty per cent.

Dr. Watson, the most distinguished old school authority at present, in reference to the practice of medicine, even congratulates himself upon his good fortune, that only one-half of his cholera patients died, which he considers "not greater than the average mortality."

It would be easy to collect reports of a large number of cases and deaths, from the different cities of Europe, and especially of England, which show a greater number of deaths than of recoveries. But without attempting to urge this matter to the full extent that might be justified, we accept the statements of old school practice from its teachers, authors, and advocates.

Proceeding then upon the admitted fact that fifty per cent is the usual mortality of cholera patients, we would state the following facts:

HOSPITAL PRACTICE.—The City Cholera Hospital, established by the Board of Health of Cincinnati, and placed under the care of Dr. J. H. Jordan, an Eclectic physician, has received from June 6 to August 6, 254 patients; of these 24 were *in articulo mortis* when admitted, and died, on an average, in less than an hour; five died of narcotism from drugs taken previous to admission; three died of delirium tremens; thirteen died of various other diseases, and four of those which recovered were not regarded as strictly cholera cases. The remaining cases, amounting to 205, were cholera cases, which underwent treatment; of which 49 died, being a little less than twenty-four per cent, (23.9.) One hundred and fifty six were discharged cured, of whom twenty had been in a state of *pulseless collapse* when admitted. These results are highly gratifying, when we reflect that this hospital bore the brunt of the epidemic, and received a large number of the worst cases in the most advanced stages of the disease.

PRIVATE PRACTICE.—During the months of May, June and July, the Eclectic practitioners of Cincinnati have treated more than 1500 cases of cholera, characterised by severe and decided symptoms, such as vomiting, spasms, rice-water discharges, alarming depression of the vital powers, and great diminution or suspension of the force of the circulation. The mortality of these cases was as follows:—in May, 330 cases and five deaths; in June and July, 1173 cases and 60 deaths, presenting an aggregate average mortality of about $4\frac{1}{2}$ per cent.

In arriving at this result, we have been influenced by the consideration, that a very small mortality in cholera is almost incredible to those who have witnessed the results of old school practice alone, and consequently have adopted the liberal rule of including in our mortality all cases for which the physician was in any way responsible—even those who died in consequence of disobeying directions—those who had been given up to die, by previous medical attendants, and those who were so near death when the physician arrived, as not to justify any hope whatever of recovery. Notwithstanding a considerable number of such cases, and a large number of cases of pulseless collapse, the aggregate mortality has been scarcely $4\frac{1}{2}$ per cent, which is less than half the average mortality of patients from all classes of ordinary diseases in the public Hospitals of Europe; and less than one tenth of the average mortality of cholera patients in private old school practice, according to Dr. Watson.

The entire truthfulness of the foregoing statements, we are willing to submit to the most rigid scrutiny—giving the names, residence, &c. of those who have been patients. The names of the physi-

cians from whom these reports have been derived are as follows, and although from professional employments, illness and other causes, we have been unable to comprise the whole Eclectic practice of this city—it gives a fair view of its usual results.

Drs. Morrow and Hunt, 397 cases, 15 deaths; Drs. R. S. and O. E. Newton, 115 cases, 4 deaths; Dr. Israel Wilson, 204 cases 7 deaths; Dr. B. L. Hill, 42 cases, no deaths; Dr. J. Borton, 265 cases, *two* deaths; Dr. P. K. Wombaugh, 89 cases, 11 deaths; Dr. T. J. Wright, 70 cases, 3 deaths; Dr. J. Garretson, 42 cases, 4 deaths; Dr. A. Brown, 98 cases, 3 deaths; Drs. King and Main, 56 cases, 7 deaths; Dr. D. P. Stille, *thirteen* cases, *one* death; Dr. T. Donaldson, 42 cases, 7 deaths; Dr. S. H. Chase, *forty* cases, no deaths; Dr. J. Dalbey, *thirty* cases *one* death.

Total—1503 cases, *sixty-five* deaths. Mortality, 4.32 per cent, or one death to twenty-three cases.

In addition to the above, a large number of cases of choleroïd disease (commonly called cholérine,) have been treated without any mortality, and a still larger number of epidemic dysentery, in which the mortality was very trivial. Had these cases been included in our reports, the *sum total*, it is believed, would have exceeded *three thousand cases*, and the aggregate mortality would have been between two and three per cent. But, as these diseases which attended the cholera epidemic, were regarded by Eclectic practitioners as by no means formidable or dangerous, but few kept any record of such cases.

In the light of these facts, we may ask who is responsible for more than three thousand deaths by cholera, which have occurred in Cincinnati from the 10th of May to the 10th of August? Who is responsible too, for the great number of miserably salivated patients whom we now observe, and for the great number who died narcotised by opium, or who perished by other diseases, superinduced by medical treatment?

If new and successful methods of practice were received with any courtesy by the leaders of the old school party, we should be reluctant to publish these comparisons. But neither courtesy nor justice has ever been extended to Eclectic practitioners, by their well organized opponents, for many years past. The remarkable success of the Eclectic non mercurial treatment in cholera, has given rise to the most desperate efforts to diminish the effect of facts, which in this case are too public to be denied or refuted. So long as these efforts were confined to coarse abuse, or vulgar epithets, we deemed them unworthy of notice. When combined efforts were made to exclude from society, to degrade and ruin every independent practitioner, we relied upon the intelligence of our fellow citizens, certain that no conspiracy of interested individuals could long defeat the truth. But when a specific charge

—a gross slander has been concocted, and so industriously circulated every where as to gain credence extensively, amongst intelligent men, justice to ourselves, and to the truth requires, that we should promptly correct and refute the misstatement. The story has been extensively circulated here, and throughout the West, that the success of the Eclectic practitioners in cholera, was owing to the fact, that they had changed their views of medicine, and that whenever they met with a bad case, they resorted to the use of calomel.

If such had been the case, it might have been asked, how could Eclectics, the old opponents of calomel, have learned to use that drug with ten times as successful effects, as its most infatuated devotees? Such skill would be marvellous indeed.

We have traced these ridiculous stories to their origin, and find that they appear to have been originated by a few old school practitioners. But however they may have originated, we now, in the name, and by the authority of every Eclectic practitioner of Cincinnati, pronounce the whole story to be a *base fabrication*, originating we believe in improper motives, and brought into circulation by professional jealousy.*

So far from changing our views, we have gained additional confidence in the vast superiority of the Eclectic or non-mercurial treatment in all cases; and we have observed that a considerable portion of the Eclectic treatment has been adopted by the most successful old school practitioners; while some have gone so far as entirely to renounce calomel, and the lancet in the treatment of this disease, and been rewarded for their change by signal success. Nor can we doubt that in due time, the whole medical profession will adopt these views, and regard the treatment of cholera by mercurial purging and bleeding as gross quackery.

In making these remarks, we design to cast no imputation upon those who conscientiously follow their teachers in the mercurial practice, from the lack of knowledge of a better system, but do repel with the utmost scorn, the insolence of those who from inter-

*The only facts with which we are acquainted, which may have given occasion for these fabrications, are the following, viz: 1. An old school physician, (not engaged in the practice of medicine,) who had been for several years engaged in the cultivation of chemistry, had occupied the station of professor of chemistry in the Eclectic Medical Institute. This gentleman, who was well known by all as an old school physician, and never regarded otherwise, (although sufficiently independent of party spirit to co-operate in the Eclectic school,) has been known, since his connexion with the Institute terminated, last spring, to have administered several doses of calomel to his friends. 2. A relative of the above mentioned physician, attached by education and associations to the mercurial system of practice, was induced by him to attend and graduate in the Institute; in doing which he still retained his mercurial predilections, and did not espouse the Eclectic system. 3. An Eclectic physician, engaged in experiments upon poisons, purchased a few drachms of the chloride of mercury, for chemical purposes, in the presence of an old school physician, at the same time distinctly stating his object. 4. A dentist, through mistake or carelessness, reported an Eclectic patient as salivated, who had a different dis-

ested motives, labor to deceive the public—who knowingly circulate slanders, and who neither investigate fairly, nor tolerate freedom of opinion in others.

At the same time we cheerfully extend professional courtesy to all classes of physicians—to all who respect the rights of others—and we hope that ultimately a spirit of Eclectic liberality, will restore to harmony, and elevate to an honorable position the now dishonored and discordant medical profession.

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| J. R. BUCHANAN, | } Committee of Eclectic Medical Society. |
| J. H. JORDAN, | |
| R. S. NEWTON, | |
| J. KING, | |
| S. H. CHASE. | |

order of the month, and who had not for several years, taken a particle of mercurial medicine. 5. Physicians who are not recognized as Eclectics, have sometimes been confounded with the members of the Eclectic Society, by persons not acquainted with the condition of the profession.

In order effectually to repel all imputations arising from the malicious gossip of professional rivals, the following emphatic statements are submitted:

CINCINNATI, Aug. 9, 1849.

The undersigned hereby declare that in our whole practice of the medical profession, we have never administered or recommended calomel or any other mercurial preparation, either internally or externally, and that we regard the use of such remedies as opposed to the dictates of science and humanity.

| | | |
|-----------------------|----------------------|------------------------|
| T. J. WRIGHT, M. D., | S. H. CHASE, M. D., | THOS. DONALDSON, M. D. |
| JAS. MILOT, M. D., | D. P. STILLE, M. D., | A. BROWN, |
| WM. OWENS, M. D., | J. GARRETSON, M. D., | O. E. NEWTON, M. D., |
| EDWIN A. LODGE, M. D. | | JAS. G. HUNT, M. D., |

The undersigned hereby declare, that for many years we have been opposed to the old school system of medical practice; that for several years past we have not administered or recommended calomel or any mercurial substance, under any circumstances whatever, and that we regard the Allopathic use of mercury in any case as an evidence of professional ignorance or prejudice.

| | |
|--------------------------|-------------------|
| JOS. R. BUCHANAN, M. D., | I. WILSON, M. D., |
| R. S. NEWTON, M. D., | J. KING, M. D. |

I have not used any mercurial preparation for the last twenty years, in the treatment of any form of disease whatever.

T. V. MORROW, M. D.

I hereby certify that I have not administered a dose of calomel, or recommended it as a medicine in any disease whatever, for 15 years.

J. BORTON, M. D.

I have never given or prescribed a grain of calomel, or any other mercurial preparation in my life.

J. H. JORDAN, M. D.

I have not used a grain of mercurial medicine for several years, and I regard its Allopathic use as dangerous and improper.

H. P. GATCHELL, M. D.

I hereby declare that in the practice of medicine for many years past, in every variety of disease, I have never used calomel or any other mercurial medicine.

P. K. WOMBAUGH.

From my intimate acquaintance with Drs. A. H. Baldrige, B. L. Hill, and L. E. Jones, Eclectic Physicians of this city, who are at this time absent on professional business, I can state positively that their medical practice has been entirely without the use of mercurial medicines, for many years past.

T. V. MORROW, M. D.

UVULARIA PERFOLIATA—(MOHAWK WEED, &c.)

BY SAMUEL A. HUMPHREY, M. D.

The medical properties and uses of this plant, are, I believe, entirely unknown to writers on *Materia Medica*, and consequently they are unknown to practitioners of medicine generally. It however deserves to be placed among our remedial agents, and to hold a rank in our *Materia Medica*, inferior to but few of our indigenous plants.

I shall not give its *Botanical* character, for the simple reason that almost all readers of medicine have works on that science to which they can refer.

Description.—The stalk rises from six to eighteen inches high, and is most frequently divided into two equal branches at the top, on one of which there is one triangular seed vessel. The leaves are separate and perfoliate. The blossom is yellow and unfolds in May. The roots are white, fibrous, and possess neither taste nor smell in any great degree. The fibres are about the size of a large knitting-needle, and number from eight to twelve to a stalk. It grows on rich hill sides, and in moist bottoms in the timbered land, and is probably to be found in all the Western States. In its general appearance it resembles the Solomon Seal when young, for which it may be mistaken at first view.

Properties.—The medical properties of the plant are as yet but little known. Indeed the therapeutic action of almost all our remedial agents is fully revealed, only, by careful observation, when cautiously exhibited in different conditions of the system, and under different modifications of disease. It requires years of close watching frequently, to bring to light the multiplied influences and actions of our simplest plants.

The generic name of this plant was derived from the fact that it was formerly used in diseases of the Uvula, but with what effect I am unable to say. The Indians of this country are said to have used it for the cure of snake bites, which must have been a frequent accident among them, as it is yet common among the whites.

Having known its value in poisonous stings and bites for a length of time, I was led to the use of it in other cases by the thought, that it must certainly be good for other diseases, if it has the power of control over the poison of the rattle snake.

The first application of it was made to an erysipelatous face, much swollen and of five days standing. It should have been remarked, that all the usual remedies had failed in this case, and the only alternative left was to try the same means again, or find something new.

At a venture I tried the *Uvularia*, and in six hours the swelling and redness disappeared; and in six more the patient was well.

The second case was Erysipelas also, of some weeks standing, in which Tinct. Iodine, Nit. of Silver, &c. had been used, but with no benefit. An application of this article for thirty-six hours bleached the face as white as women commonly get in this country. Since that, we have relied on this article in Erysipelas, using however constitutional means in conjunction with it, and so far we are satisfied, that it *will arrest* the Erysipelatous action at any stage, Dr. Watson to the contrary, notwithstanding. (See Watson's lect. p. 1030.)

The next thought that occurred to me in reference to this article was, that I would try its effects in Acute Ophthalmia. The first application to this disease was to me a fair test of its utility. The case was one of extreme and unmitigated suffering of forty-eight hours standing. An hour's application of this article procured ease and sleep; and twelve hours continuance cured the eye.

Since that time myself and partner, Dr. Peabody, have used it in a great number of cases in which an external inflammation existed, with the happiest effects. We consider that Erysipelas, Ophthalmia, and all the class of Herpetic diseases, are under the control of this agent when properly applied.

Of its effects when exhibited internally, I am not so fully satisfied; but from the few trials made, I am led to believe that it possesses a sedative property that may be of vast utility in gastritis and other inflammations of the alvine canal.

When given internally, the superfine powdered root should be used. When applied externally, the root should be finely powdered, (either green or dried,) and mixed with hot new milk to the consistency for a poultice, and applied to the inflamed parts as is customary with other poultices, and renewed when dry.

Preparation.—I have prepared an ointment from the roots and tops, (when green,) by simmering the powdered article in lard, for an hour, over a slow fire, and straining by pressure. This may be used in herpetic affections, and for sore ears, mouths, &c. of children, and also, in mild cases of Erysipelas.

Danville, Ill., July 2d, 1849.

UNITY OF MALARIOUS FEVERS.

BY A. H. WILLIS, M. D.

Although much has been said and written upon the subject of Fever, I cannot refrain from adding something, in an imperfect manner, confirmatory of the opinion, that all fevers which are of

miasmatic origin, are indeed but one and the same disease, and require a similar treatment.

Two years ago I left the Eclectic Medical Institute, and located in Missouri, mainly for the purpose of acquiring a practical knowledge of the fevers of the West; and have devoted most of my time since to this subject. And that I might not fail in getting a true insight into their nature, I made it my business to sit by the bedside of my patients, and witness the rise, progress and decline of the paroxysms in almost every variety of constitution.

I shall not now attempt to give my opinion as to the origin of this miasm, and the manner of its introduction into the constitution; but merely wish to speak of its effects, as I have witnessed in patients who were under its influence. And probably I cannot better give my opinion than by following in order the chain of my observations.

The first case worthy of remark, was one of well-marked ague; and which after having continued in the quotidian form for a number of days, turned to a well-marked case of Bilious fever. This change from the common ague to Bilious fever, was caused by an accumulation of bilious matter in the stomach and bowels; in proof of which I observed the fever lose its bilious type and assume the intermittent form after a thorough evacuation.

My observations in this case deeply interested me in the subject of intermittents, which manifested a variety of character. Some of them were ushered in (after the premonitory symptoms) by an hour's shake, followed by an hour's fever and an hour's sweating; others by a few chilly sensations, a much longer fever and shorter sweating stage; and in many instances, no perceptible moisture, more than a softening of the muscular and dermoid tissue. In watching the various modifications of intermittents, from the best defined to their most marked form, I was led to the opinion that the following named fevers deserve to be expunged from the list, as such, and set down as masked ague or intermittent. And I may here add, that after I came to regard them as such, I shaped my treatment accordingly, and the gratifying result was complete success:

1st. **BILIOUS FEVER.** I have seen this result from common ague. The intermittent would seem to lose the length of its chilling and sweating stage, and have the intermediate hot stage prolonged in proportion to the accumulation of bilious matter in the stomach and bowels. This accumulation was almost always accompanied by severe pain in the head; sometimes by delirium and pain in the small of the back—relieved by purgatives, and anti-periodic treatment.

2d. **YELLOW FEVER,** resulted under my observation from an intermittent, by an obstruction in gall duct; or in other words, took on the yellow form in consequence of being blended with an icte-

ric cause; relieved of yellow symptoms by jaundice treatment, and cured by anti-periodic.

3d. **INFLAMMATORY FEVER**, I have noticed, depended, for its inflammatory type, upon the peculiarity of constitution and other causes; but upon none which I could trace to a malarious origin. I have seen inflammatory fever result from an intermittent; or rather, I have seen an intermittent put on the inflammatory type and lose its distinctive type to the eye, of intermittent fever—relieved by antiphlogistic or inflammatory treatment of the inflammatory type, and then cured of its intermittent form by anti-periodics.

4th. **CONTINUED FEVER**, is but a quotidian that has from hepatic or other causes lost its chilling and sweating stage, and had its febrile symptom so lengthened as to consume in its rise and decline 24 or 48 hours. I have seen a number of well marked cases of this form of fever, but always could find in them a periodical type, the fever being kept in a continued form by means of irritation or inflammation. Continued fevers have always lost their continued type in my practice, by means of a thorough evacuation by stool and skin—and their periodical form by anti-periodics.—There are other forms which intermittents may take on, but enough is hinted at to show that I look upon all fevers of malarious origin, as a unit or one fever; or, in other words, as **MASKED AGUE**: and as such I have treated them, without the loss of a single case.

Again. In the treatment of fevers, I found that they always gave way, or were arrested by an anti-periodic, unless hindered by spinal, hepatic, enteritic, gastric, pulmonic, or other causes of irritation or inflammation. And hence I found it always necessary to relieve the case of any complications of this character, before I administered the anti-periodic; for experience proves to me, that if an anti-periodic is given, and from accidental causes fails to arrest the paroxysm, it loses much of its power, and if continued while these causes are in vigorous action, it will become powerless.

This fact is often noticed in common Ague—the ague pills often fail in arresting the paroxysm, in consequence of the exposure of the patient to causes calculated to favor the chill; and it is notorious, that persons who have used Quinine and thus hindered its salutary operation, use it in vain after the system has become used to it. In such cases, both in ague and fever of other types, I always omitted its use for a sufficient length of time to enable the system to regain its lost susceptibility; and then found its administration followed by a total arrest of the disease.

CASE OF CHRONIC PHLEGMASIA DOLENS.

BY N. L. VAN ZANDT, M. D.

Messrs. Editors :

I deem the following case one of peculiar interest, as it is one of those affections for which no efficient treatment, heretofore adopted and recommended by the *regular faculty*, or any other faculty, save our own, can be relied upon with safety, or is even worthy of trial. The ultimatum of medical science might be considered as attained, if, after so many eminent physicians and surgeons treating such a case altogether in vain, and pronouncing it incurable, none could be found who would dare reverse the prognosis of this disease, as well as that of many others, and emerge from the old labyrinths of medical despondency, to breathe in a pure and free atmosphere.

The subject was a Mrs. McGintis, of Brant, located some 12 miles from Troy. She, however, resided here during most of the treatment. She is now 54 years of age, of lean, spare make. The chronic form supervened from the acute, which came on about two weeks after confinement, in the year 1834, from the usual cause.

The urgent symptoms were allayed in a few weeks, but it soon broke out into indolent ulcers, (three in number,) which yielded a small amount of black sanious matter. Leg enlarged, perhaps to twice its natural size—almost black, from below the ankle up as far as the hardness extended, which was near the knee,—veins of the foot and leg varicose,—anchylosis of the ankle joint, and stiffness of the toes; indeed, the whole leg seemed to be callous. Whenever the patient took cold, there would be an aggravation of all the symptoms; œdema sometimes extending up into that side of the body, and frequently into the opposite limbs; attended with dyspnoea and various constitutional disturbances.

The treatment adopted by the fourteen physicians and surgeons, besides that of a score of old women, was about the same, or equally *scientific*. All, but one surgeon, bandaged downwards. Their plea was, that it would “keep it in the leg;” thereby preventing fatal consequences; but a varicose state of the veins was the inevitable result. Poultices were about the only means resorted to, such as boiled oats, bran, elm, flax seed, &c. &c.; one composed of the *Fimur Bovillus* was prescribed by one of the *learned profession*, and strict perseverance enjoined. This, with the addition of some salves and nostrums, ended their profound treatment and consummate skill.

When I undertook the case, one of these all-wise sons of *Æsculapius*, sent me word, that if I did heal it over, it would break out

in some other part, and produce a fatal result. I replied, that I understood what I was about—that I lived under a new order of things; a new dispensation—and was not in the habit of being driven from my purpose, by the “ipse dixit” of the now very benevolent part of the profession, who shudder at the very idea, of a patient coming under Eclectic treatment, or any one who was not *orthodox* and *regular* in his practice.

The treatment was commenced by the Bitter Herb fomentation, applied in the usual manner. This was kept up, by times, during the whole course of medication. The Com. Stim. Liniment was used two or three times per day. A poultice composed of Gum Myrrh, Sumach Berries, Capsicum and Hydrastis simmered in spirits, was used with much advantage. This soon changed the state of the ulcers, and got up a healthy inflammation. But such was the callous and hardness about the issues, that it was deemed expedient to apply the caustic potash, in order to remove the large amount of inorganized or dead matter existing in the ulcers; after sloughing had commenced, it was kept up by that alone; using a poultice of *Ulmus Fulva* after each application of the caustic. This got up a copious discharge from the ulcers. Compression and bandages were not used all the time, heretofore, as now, on account of other applications.

The Alterative Syrup, occasional cathartics and tonics, were used as they were indicated throughout the treatment.

Under this course, she began to improve from the first; on the first day she began to work her toes; on the eighth, we witnessed the tendinous part of the extensor muscles, moving above the annular ligaments. This she had not seen before for six years or more. The color began to recede downwards, until it formed an areola around each ulcer. Here it seemed to stop for a time—fleshy excrescences filling up the cavities of the sores; this was again removed by caustic.

Recourse was now had to the cold water bandage applied as long, for a time, as the patient could bear it. Again it improved rapidly for some time, till two of the ulcers had healed over with an almost normal appearance of the surface. But around the outer and upper one, there still remained a very dark color, apparently deep seated. I was at a loss for some time how to proceed, as the bottom of the ulcer appeared to be of a healthy aspect and in good condition. It now occurred to me, that the deep seated facia, must be infiltrated with a kind of *Pigmentum Nigrum*, or poisonous deposition of perspirable matter, which was unable to be carried off by the absorbent vessels, or by any external opening. I resolved to apply the Stick Caustic, and burn down through a thick membrane, that seemed to invest or cover it; and upon dissecting it up, found that my convictions were right.

This was a severe operation, causing some uneasiness of the patient, produced more perhaps by the advice of credulous friends, than the measure of treatment. The discharge was still promoted by caustics and escharotics, at the same time keeping up the last mentioned treatment; and such other means, as were deemed necessary. The Black and Yellow salves were used, and various cleansing washes. At this juncture, she moved away—still somewhat discouraged. I gave her a few preparations, and remarked that it would now soon get well. I heard from her in about three months; it was then about the size of a five cent piece, and still gaining.—It is now two months since hearing from her: it is probable that it is entirely healed. The hair had grown out, with the natural size and color restored. She is now enjoying the perfect use of her limb, and much better health than formerly.

Other cases might be mentioned of similar interest met with in my practice, some of the same kind, but I forbear. Suffice it to say, that the cause of Medical Reform, is the cause of humanity, and that of humanity is mine.

Troy, Miami Co., O., June 18th, 1849.

CHOLERA IN NASHVILLE.

Letter from Dr. Warne to Prof. Morrow:

NASHVILLE, Tenn., July 5th, 1849.

Prof. T. V. Morrow:

DEAR SIR.—I wish to make you acquainted with a remedy for Cholera, which I have used with great success in all cases where collapse has not taken place. If found worthy of your confidence, publish it in your Journal for the benefit of Eclectic practitioners.

Amongst a great number, I will give you two very confirmed cases, which were treated by the mixture, successfully. Mrs. Speck, aged 34, living on College Hill in this city, was attacked with cholera, and treated by a very respectable physician of the Old School for 36 hours, during which time, he gave her small doses of calomel and opium, and the usual treatment in such cases, as is practiced by the old school faculty. Having received no benefit, and continually getting worse, I was called in consultation. I found her vomiting and purging, with rice water discharges, cramp in the extremities and stomach, at very short intervals; skin corrugated and blue, with a cold sweat all over the body; no pulse at the wrist; very restless; with much difficulty the bed clothes could be kept on her. There was great thirst; she expressed herself as burning up in the bowels and stomach; kidneys entirely suspended. I proposed giving her my mixture, he readily consented. One

table-spoonful, to be repeated as often as ejected from the stomach, afterwards every 15 or 20 minutes, until the bowels ceased to operate, then every two or three hours; and as much beef tea as the stomach would retain, to be continued all night. The first dose given was vomited, the second retained; from that time she commenced improving. The next morning ordered Quinine and Rhubarb in small doses, every hour, and the mixture three times daily. The same treatment was continued with slight alteration, until well, which occupied six days. The usual external applications were used, to generate heat, such as bags of hot salt, bottles of hot water, &c.

CASE 2D.—A Negro boy belonging to a Mr. Driefass, of this city, 7 years of age, was taken with vomiting and purging; with cramp in the extremities and bowels; pulse very feeble; tongue exceedingly white, deeply coated and furrowed, with intense thirst, having all the symptoms of the cholera in the advanced stages.

In this case I was called in as soon as possible. I gave him an emetic of Ipecac., the contents thrown up had the appearance of brown jelly, difficult of separation, in large clots, intermixed with a little bile. Having placed a little of it on my tongue, I found it intensely acid. After keeping up the emesis for twenty to thirty minutes, with large draughts of warm water, the cramps left him. I then gave him a half table-spoonful of the mixture every half hour; his thirst soon ceased; he had no passage from his bowels after two hours. Then I ordered it every four hours, with beef tea to nourish him, and hot bricks to his feet; he soon went to sleep, and slept the greater part of the night. The next day, mixture three times daily; Quinine and Rhubarb every hour through the day, in small doses. He was well in four days.

I have found in slight cases, the neutralizing mixture, with an emetic, to cure every case. In most cases an emetic is of great service in the commencement of the treatment.

The old faculty here, as elsewhere, spurn everything that emanates from any other source than their own. Their practice in Nashville is calomel and opium, and every one dies that nature would not have cured.

Yours, Respectfully,

WM. WARNE, M. D.

| | |
|----------------------------------|-----------|
| ℞ Carbonate Ammonia, | |
| Carbonate Soda, | |
| Creta Preparata, | ℥ 3ij, |
| Nitrate Potass., | 3j, |
| Opii Tinctura, | 3iij, fl. |
| Aqua Mentha Piperita Distillata, | 3viij. |
| Fiat Mixture. | |

Dose one table spoonful every two or three hours, or oftener, if necessary. To be repeated as often as thrown off the stomach.

CHOLERA IN ILLINOIS.

MONTE BELLO, Ill., June 12, 1849.

Prof. Morrow and Buchanan:

GENTS.—Since I last had the pleasure of conversing with you, I have treated some fifteen cases of *Asiatic Cholera*., in all its stages, and have lost but one patient, in whom it was complicated, with puerperal convulsions.

My treatment has been, if called during the incipient stage, to arrest the diarrhoea or vomiting, to give grain doses of the following compound: Tannin morphia sulpha and macrotin, $\frac{ss}{ss}$, every fifteen minutes, till checked. This, followed with large doses of Beach's Neutralizing Physic, was in general all-sufficient. If accompanied with cramp, or cramp followed, the same, with five drops of the solution of camphor in chloroform, (this compound I form of about three parts of camphor to one of chloroform,) at the same time apply warm fomentations of dog fennel, (*Anthemis cotula*) over the region of the abdomen, changing often; and hot applications or draughts to the feet.

If in a state of collapse, I give large doses of Tincture of Capsicum, combined with camphor and chloroform, and hot applications as before.

I have always made it a rule to give patients hot soups of chicken, &c., very highly seasoned, or milk boiled, thickened with flour, and highly flavored with allspice, whenever the stomach could bear it, and to this portion of the treatment I think I owe my success, as I deem it necessary to replenish the drain of the system. In giving them early, they seem to check the action of the exhalents that are so busily engaged in draining the serum of the blood, and by arousing the absorbents remove the morbid action.

The Eclectic system was unknown here until introduced by me; it is decidedly popular. I have a good practice. There is room for one hundred reformers in this country. Calomel is below par.

Yours, Respectfully,

N. T. WINANS.

CHOLERA IN INDIANA.

Extract from a letter of Dr. J. S. Watts:

I will give you a little account of our visit of the epidemic. It broke out nine miles south of this place, in a little village named Boston. It came in its most malignant form; were not called until there had been several deaths. There had been some three or four old school physicians treating the disease; they had not saved one case—all died, and one of the physicians of the place also. We

commenced treatment according to the principles taught in the Eclectic Journal, and found it a successful mode, in every case where we got to them before they collapsed. I contracted the disease by laboring among it, came home, had a very severe attack, but am now convalescent. Our students, three in number, also were taken; each had a violent attack, but they are now all getting well. My partner, Dr. Wm. Dulin, at length took it, and despite of every effort, died. Before being attacked, he said if he should take it he would die. His mind appeared to be impaired; we were unable to inspire him with any hope at all. He appeared to die of extreme prostration, and did not have any vomiting, and no extreme purging, nor cramps. It appears when the mental energy becomes prostrated, we cannot save them.

Dr. F. Dodge, a graduate of our school, came to see me when I was taken down, and there being so great a demand for help at Boston, he at length repaired, in very feeble help, having just got up from an attack of dysentery, labored a few days, was very successful; at length took the disease and died, for the want of attention.

I wish you would inform me whether cold water, even ice water, is admissible in the disease. Some of our physicians give it freely here. It is not raging much in our place yet; some six or eight cases are all.

Cold water in small quantities, or ice may be admissible, when the reaction has been fully established, and perspiration is free. In such cases it frequently answers good purpose in tranquillizing the stomach, and relieving thirst. A similar purpose is answered by a very small portion of elixir vitriol in water, flavored with the essence of lemon. This is also an excellent remedy in the preliminary stages of cholera, checking the diarrhœa, &c., readily.—B.

CASE OF CHOLICA PICTONUM.

Editors of the Eclectic Medical Journal:

GENTLEMEN:—I have rather an interesting case under the above title to report, with the treatment. Should you think it of sufficient interest to lay before your readers, you can so use it.

In October, 1848, I was requested to visit Mr. Allery, of this city, about forty or forty-five years of age; German by birth, engineer by profession. At the time attacked, he was running an engine in a white lead manufactory, of this city; had suffered from two previous attacks; but they were mild, he informed me, compared with the present one. When I first saw him, he had been under the treatment of two "Old Hunker" physicians, for four days, and

abandoned by them as incurable. Under these circumstances I took charge of the case; as his former physicians had given him over to the valley and shadow of death, (without stating what *they* thought was the difficulty,) I did not consider, (should he even die,) that my professional reputation would suffer.

On examination, the following symptoms presented themselves: severe pain in the occipital region, extending to the shoulders; stomach irritable, with frequent vomiting; tongue coated white in the center, with red edges; great thirst; pulse not exceeding sixty to the minute, *very full and corded*. There seemed to be an ineffectual effort of nature to rid herself of an oppressive burden; great heat and tenderness of the bowels and stomach; by pressing on the stomach, the pains seemed to shoot through the thoracic region; urine scanty and high colored; surface dry and constricted, with permanent constipation, not having had an action on his bowels for four or five days; countenance pale, contracted, and expressive of acute suffering, with severe griping pains of the bowels.

I commenced the treatment by giving a cathartic composed of *Pod. Pell.*, *Iris versicolor* & finely pulverized, and well mixed, to be given in drachm doses, every two hours, assisted by an enema, composed of jalap and senna powders 3j, Oleum Ricini 3ij, Molasses 3iv, muriate of soda 3ij, warm water one pint; one half to be given, and repeated in thirty minutes; also bitter herb fomentation to the stomach and bowels, to be frequently changed, with 10 grs. Diaphoretic powders, at bed time.

On my return, I found the symptoms about as I left them, stomach ejected everything taken into it; still severe pain in the bowels, and a continuation of the pain in the posterior and lower part of the head. Ordered mustard to the nape of the neck, which procured permanent relief; had mustard applied over the stomach and bowels; enema repeated, with the addition of four or five drops of Oleum Tigllii, also two drops combined with one-fourth grain extract of Belladonna, to be given internally. The injection passed away without any perceptible effect. Witnessing the total failure of all ordinary means, I determined to make another and final effort. Under these circumstances, the following enema suggested itself: R Adeps 3iv, Molasses 3iv, Muriate of Soda 3iij, Tincture of Lobelia Inflata 3iv, warm water one pint; one-third to be well introduced with a large syringe. In about fifteen minutes it returned, followed by a small quantity of dry and hard fecal matter; we then gave him a hip bath, bowels well kneaded; after which the injection was repeated, followed by still better success. I then left him, leaving orders for the repetition of the injection during the night, with the addition of the Sudorific drops (Beach's) in doses of a teaspoonful in a cup of warm catnip tea, at intervals of fifteen or twenty minutes, till the desired effect was accomplished.

On the following day, I found Mr. A. with a decided improvement. After repeating the enema once or twice during the night, he had two copious operations, which seemed to re-establish the intestinal functions immediately; pulse more natural, tenderness of stomach and bowels subsiding; still there was febrile excitement, to remove which I gave him a febrifuge powder, composed of tonics and stimulants, accompanied with the sal soda bath, morning and evening. On pressing the right hypochondriac region, the patient complained of pain, which was speedily removed by giving Beach's hepatic pills.

The *Restorative Bitters* in the usual quantities completed the cure. Thus you see by the timely administration of nature's means, a fellow being was rescued from a premature grave.

I would remark in conclusion, that the *principal remedial agent* relied on in removing the spasmodic contraction of the intestines, was the *Lobelia Inflata*. I have used the same article in like cases since, with the same happy result. The medical efficacy of the above enema might be much improved by the addition of other valuable anti-spasmodics.

Eclecticism is gaining ground gradually in this city, and I hope to see the day when it will pull down the strong holds of Calomel every where.

J. HARVEY SHOOT, M. D.

St. Louis, May 27, 1849.

PRESCRIPTION FOR LEUCORRHŒA.

Dr. S. M. sends the following as a valuable prescription in cases of Leucorrhœa and prolapsus uteri. "Asclepias Tuberosa, two parts; Star Root, one part; pulverise and mix; add enough oil of Cinnamon to the powder to make it a pleasant aromatic; give a tea-spoonful (level full) in a little cold water, on an empty stomach, three times a day." He says he has used it in more than twenty cases, some very stubborn, with entire success.—B.

Homœopathic Department.

I cannot in the short time allotted me, give my readers a better introduction to Homœopathy than by transcribing the following from the pen of its great founder.

The article is as applicable to the controversy as when it was first penned, and has the advantage of presenting Homœopathy and Hahneman to the reader at the same time. It will demonstrate the idea that Hahneman's great moral and social elements were as essential to the realization of the idea, as his intellectual greatness was for its discovery. Nothing but a tender regard for humanity, a pure disinterested benevolence, could have sustained him through the almost trackless desert, thickly beset with difficulties, inherent in its very nature, and surrounded on every side by the most unscrupulous enemies, heaping reproaches and contumely upon him at every step.—S.

ÆSCULAPIUS IN THE BALANCE.

BY SAMUEL HAHNEMAN, 1805.

Ars autem conjecturalis cum sit (presertim quo nunc habetur modo) locum ampliorum dedit non solum errori etiam imposturæ. (Baco De Vernulam, augum sc.) After I had discovered the weakness and errors of my teachers and books, I sunk into a state of sorrowful indignation, which had nearly altogether disgusted me with the study of medicine.

I was on the point of concluding that the whole art was vain and incapable of improvement. I gave up to lively reflections, and resolved not to terminate my train of thought until I had arrived at a definite conclusion.

Inhabitants of Earth! I thought how short the span of your life here below; with how many difficulties have you to contend at every step, in order to maintain a bare existence, and to avoid the trap-doors of death.

And yet how often is this disturbed—how numerous are the lesser and greater kinds of uneasiness—how innumerably great the multitudes of diseases, weaknesses and pains, which bow man down as he climbs with pain and toil towards the summit of his ambition; and which terrify and endanger his existence, even when he reposes in renown or luxury. And yet oh man! how lofty is thy descent!

how great and God-like thy destiny! how noble the object of thy life! Art thou not destined to approach hallowed impressions, ennobling deeds, and all penetrating knowledge, even towards the great Spirit whom all the inhabitants of the universe worship?

Can that Divine Spirit who gave thee such a soul, and winged thee for such high enterprizes, have designed that you should be helplessly and immutably oppressed by those trivial bodily ailments which we call disease?

Ah, no! The Author of all good, when he allowed diseases to injure his offspring, must have laid down a means by which every torment might be lessened or removed. Let us trace the impressions of this, the noblest of all arts which has been devoted to the use of perishing mortals. This art must be possible—this art which can make so many happy; it must not only be possible, but already exist. Every now and then a man is rescued, as by miracle, from some fatal disease.

Do we not find recorded in the writings of physicians of all ages, cases in which the disturbance of the health was so great that no other termination than a horrible death seemed possible? Yet such cases have been rapidly and effectually cured, and perfect health restored.

But how seldom have these brilliant cures been effected when they were not rather ascribable either to the force of youth overmastering the disease, or to the unreckoned influence of fortunate circumstances, than to the medicines employed?

But even were the number of such cures greater than I observe them to be, does it follow from that, that we can imitate them with similar happy results? They stand isolated in the history of the human race, and they can but very seldom, if at all, be reproduced as they were at first occasioned. All we see is that great cures are possible; but how they are to be effected, what the power, and the minute circumstances by which they were accomplished, and how these are to be controlled so that we may transfer them to other cases, is quite beyond our ken. Perhaps the art of healing does not consist in such transference. This much is certain; an art of medicine exists; but not in our minds, nor in our systems. "But," it is urged in reply, "are not people cured every day in the hands of physicians, even of very ordinary doctors; nay, even by the hands of most egregious blockheads." Certainly they are; but mark what happens.

The majority of cases, for which the treatment of a physician is called, are of acute diseases, that is, aberrations from health which have only a short course to run before they terminate either in recovery or death. If the patient die, the physician follows him modestly to the grave; if he recover, then must his natural strength have been sufficient to overcome both the force of the disease and the mischief of the drugs he took; and the natural strength does

often overcome both. In epidemic dysentery, just as many recovered of those who followed the indications afforded by nature, without taking any medicine, as of the others who were treated on the best principles of Brown, of Solle, of Hoffmann, of Richter, of Vogler, of any other, or by any other system. Many died too, both of those treated by all these methods, and of those who took no medicine; on an average just as many of the one as of the other; and yet all the physicians and quacks who attended those who recovered, boasted of having effected a cure by their skill. What is the inference? Certainly that they were not all right in their mode of treatment; but, perhaps, that they were all equally wrong. What presumption, for each to claim the credit of curing a disease, which in milder cases, uniformly recovered of itself, if errors in diet were not committed. It were easy to run through a catalogue of similar acute diseases, and show that the restoration of persons, who in the same disease were treated on wholly opposite principles could not be called a cure, but a spontaneous recovery. Until you can say during the prevalence of an epidemic dysentery, for example, "Fix upon those patients which you and other experienced persons consider most dangerously ill, and those I will cure, and cure rapidly, and without bad after consequences." Until you can say this, and can do it, you ought not to vaunt that you can cure the dysentery. Your cures are nothing but spontaneous recoveries. Often, the thought is saddening! patients recover as by a miracle, when the multitude of anxiously changed and often repeated nauseous drugs prescribed by the physician is either openly or clandestinely discontinued. For fear of giving offence, the patient frequently conceals what he has done, and appears before the public as if he had been cured by his physician. In numerous instances, many a prostrate patient has effected a miraculous cure upon himself by not only refusing the physician's medicine, but by transgressing his artificial system of diet in obedience to his own caprice, which is in this instance, an imperious instinct impelling him to commit all sorts of dietetic paradoxes. Pork, sauer-kraut, potato-salad, herring, oysters, eggs, pastrv, brandy, wine, punch, coffee, and other things most strongly prohibited by the physician, have effected the most rapid cures of diseases in patients, who, to all appearance, would have hastened to their grave had they submitted to the system of diet prescribed by the schools.

Of such a kind are the apparent cures of acute diseases. For those beneficial regulations for the arrest of pestilential epidemics, by cutting off communication with the affected district, by separation and removal of the sick from the healthy; by fumigation of the affected abodes and furniture, are wise police regulations, but do not properly belong to medicine. In the included spots themselves, when a wider separation of the infected from the healthy is not to be thought of, there the reality is exhibited. There die all, if one

may be allowed the expression, who want to die, without being turned by Galen, Boerhave, or Brown, and those only who are not ripe for death recover. Nurses, physicians, apothecaries and surgeons, are all alike borne to the grave. At the same time it is undeniable, that even in such calamities, so humiliating to the pride of our art, occasional, but rare cures occur, effected obviously by medicine of so striking a character, that one is astonished at so daring a rescue from the very jaws of death; these are the hints afforded by the Author of *Life*, "That there is a healing art."

But how was the cure effected? What medicine did the real good? What were the minute particulars of the case? So that we may imitate the procedure when such a case recurs. Alas! these particulars are and must remain unknown; the cure was either not observed, or not reported with sufficient exactness. And the medicine? No, a single medicine was not given; it was, as all learned recipes must be, an elixir, a powder, mixture, &c., each composed of different substances. Who can tell which of them all did the good? "The patient also drank an infusion of a variety of herbs, the composition of this I do not recollect, nor does the patient remember the precise quantity he took."

How can any one imitate such an experiment in a similar case, since neither the remedy nor the case are accurately known. Hence all the results attempted by future imitators are deceitful; the whole fact is lost for posterity. All we see is, that cure is possible, but how is it to be effected, and how an indistinct cure can tend to perfect the science of medicine, that we do not see. "But," I hear exclaimed, "it is not fair to test physicians, who are but men, with such surprises as infectious diseases in circumscribed spots afford." In chronic diseases he will come off more triumphant; in these he has time and cool blood on his side, and he can openly exhibit the truth of his art; and in despite of *Mollière*, *Patin*, *Agrippa*, *Cardan*, *Rousseau*, and *Arkesilas*, he will show that he can heal not only those already in health; but that he can cure what he will, and what is expected of him. Would to Heaven it were so! But to show that physicians feel themselves very weak in chronic diseases, they avoid the treatment of them as much as possible. Let a physician be called to an elderly man, lame for some years, and let him be asked to exhibit his skill. Naturally he does not openly avow, how impotent art is in his hands, but he betakes to some way of escape—shrugs the shoulders—observes that the patient's strength is not sufficient to enable him to sustain the means of cure, (in general a very enfeebling procedure in the hands of ordinary practitioners,) speaks with compassionate air of the unfavorable season and inclement weather, which must first be over, and of the healing herbs of spring, which must be waited for, before the cure can be attempted; or of some far distant bathing place where such cures are made, and whither, if his life be spared, the patient will

be able to proceed in the course of six or eight months. In the meantime, not to expose himself, and retain the patient's confidence, he orders something, of the effects of which he is not at all satisfied; but certain relief he cannot give. At one time he will remove the asthenia by internal or external stimulants; at another fortify the tone of the muscular fibre with a multitude of bitter extracts, or strengthen the digestive apparatus with cinchona bark, or he will purify and cool the blood by a decoction of unknown plants, or by means of salts, metallic and vegetable substances to resolve and dissipate suspected, but never observed obstructions of the glands and minute vessels of the abdomen; or by means of purgatives, he may expel certain impurities which flit before his imagination; or hasten by a few hours, the sluggish discharges. Now he directs his charge against the principle of gout; now against a suppressed gonorrhœa or psora; anon against some other irritant. He effects a change; but not the change he wished. Gradually, under pretext of urgent business, the physician withdraws from the patient, comforting him, that in such cases our art is too weak to be of service.

And that his so vaunted art is "too weak," on this comfortable pillow he reposes in cases of gout, consumption, old ulcers, strictures, dropsies, cachexias, spasmodic asthma, pains, spasm, cutaneous eruptions, debility, mental affections of many kinds, and I know not how many other chronic diseases.

In no other case is the insufficiency of our art so strongly and so unpardonably manifested as in those distressing diseases, from which hardly any family is altogether free; hardly any in which some one of the circle does not secretly sigh over a misfortune, for which he has tried the so-called skill of physicians far and near. In silence the afflicted sufferer steals on his melancholy way, borne down with miserable suffering, and despairing in human aid, seeks a last solace in religion.

"Yes," I hear the medical school groan with a compassionate shrug, "yes, these are confessedly incurable evils." As if it could comfort the million of sufferers to be told of the vain impotence of our art! As if the creator of these sufferers had not prepared remedies for them also, and even of them a boundless spring of goodness, compared to which, the tender mother's love is as thick clouds beside the glory of the noon day sun.

"Yes," I hear the school continue to apologize, "the thousand defects in our civic constitution, the artificial, complicated mode of life so far removed from nature, the chameleon-like luxury enervating and deranging our natural constitution, are answerable for the incurable character of all these evils."

Our art is excused for being incapable of the cure of such cases. Can you then believe that the preserver of our race, the Omniscient, did not design these complexities of our civic constitution, and our

artificial mode of life, to increase our enjoyment here, and to remove misery and suffering? What extraordinary kind of living can that be to which man cannot accustom himself without any great disturbance of his health? The fat of the seal, and the blubber of the whale, eaten with bread made of dried fish bones, as little prevents the Greenlander from enjoying health in general, as does the uninterrupted milk-diet of the shepherds in the mountains; the purely vegetable food of the poorer Germans; or the highly animal diet of the wealthy Englishman. Does the Vienna nobleman accustom himself to his twenty or thirty covers; and does not he enjoy just as much health as the Chinese with his rice soup; the Saxon miner with nothing but potatoes; the South Sea Islander with his roasted bread fruit; and the Scottish Highlander, with his oat-meal cakes?

I am ready to admit that the contest of conflicting passions, the many enjoyments, the luxurious refinement, and the absence of exercise in fresh air that prevail in the labyrinthian palaces of great cities, may give numerous and more rare diseases than the simple uniformity in the airy hut of the humble mountaineer.

But that does materially alter the matter.

For we can just as little cure with our remedies, the watery of the peasant of lower Saxony, of Hungary, and Transylvania; the Radesyge of Norway; the Sibbens of Scotland; the Potine of Lapland; the Pelagea of Lombardy; the Plica Polonica of certain Slavonic tribes, and various other diseases prevalent among the simple peasantry of various countries, as we can the more aristocratic disorders of high life, in our large towns. Must there be one kind of medicine for one of these, and another for the other; or when the true principle of the healing art is discovered, will it be equally applicable to both? This principle may not be in our books, nor yet in our heads; but there is such a principle; it is a possible discovery. Occasionally a brother practitioner, by a lucky hit upon a cure which astonishes half the world about him, and not less himself; but among the many medicines he employed, he is by no means sure which did the good. Not less frequently does the neck-or-nothing practitioner, without a degree, whom the world calls a quack, makes as great and remarkable a cure. But neither he, nor yet his brethren with a diploma know how to eliminate the evident and fruitful truth which the cure contains. Neither can he separate and record the medicine which certainly was of use out of the mass of useless and obstructing ones they employed; neither precisely indicates in which it did good, and in which it will certainly benefit again. Neither knows how to abstract a truth which will hold good to all posterity, a certain unfailing remedy for any such case that may occur in the future. Strange as it may appear, his experience in this one will almost never be of service to him in any other. All that we can learn is, how helpless medicine may be; but from these and a hundred other

cases, it is quite manifest that as yet, it has not attained the rank of a science; that even the way has yet to be discovered, how such a science is to be learned and taught; as far as we are concerned, it cannot be said to exist. Meanwhile, among these brilliant but rare cures, there occur cases, which, however great the surprise they excite, are not of a character to be imitated, *SALTI MORTALI*, madly desperate attempts by means of the most powerful drugs, in enormous doses, which brought the patient into a state of dreadful danger, in which life and death wrestled for the mastery; and in which a slight unforeseen preponderance on the side of kind nature, gave the fortunate turn to the case! the patient pitched into the throat of death, recovered himself, and escaped.

How does it happen that, in the three thousand years since *Æsculapius* lived, this so indispensable art of Medicine has made so little progress? What was the obstacle? for what the physicians have already done is not the one hundredth part of what they might and ought to have done. All nations, even remotely approaching a state of civilization, perceived, from the first, the necessity and inestimable value of this art; they required its practice from a caste who called themselves physicians. These affected, in almost all ages, when they came in contact with the sick, to be in perfect possession of this art; but among themselves they sought to glory over the gaps and inconsistencies of their knowledge, by heaping system upon system, each made up of the diversified materials of conjectures, opinions, definitions, postulates, and predicates, linked together by scholastic syllogisms, that enabled each leader of a sect to boast himself of something. There did he build a temple for his idol—a temple worthy of it—in which the inquirer would be answered by an oracle untainted, and endowed with a knowledge of healing. It was not till most recent times, that an exception to this rule occurred. We were no nearer the discovery of the science of medicine than in the time of *Hipocrates*. This attentive acute observer, sought nature in nature. He saw and described the diseases before him, without addition, without coloring, without speculation. In the faculty of pure observation, he has been surpassed by no physician that has followed him. Only one important part was this favored son of nature destitute of, else had he been all powerful in his art; the knowledge of medicines and their application. But he did not effect such a knowledge—he acknowledged his deficiency in that he gave very few medicines, (because he knew them too imperfectly,) and trusted almost entirely to diet. All succeeding ages departed and wandered more or less from the path, the later sects of the empirics and *Areteus* excepted. Sophistical whimsicalities were pressed into service; some sought the origin of disease in a universal hostile principle, in some poison which produced all evils, and which was to be contended with and destroyed. Hence the universal antidote which was to cure all

diseases, called theriam, composed of an innumerable multitude of ingredients, and more lately the methradatum, and similar compounds, celebrated from the time of Nicander down almost to our own day. From these ancient times came the unhappy idea, that if a sufficient number of drugs were mixed in the receipt, it could scarcely fail to contain the one potent over the enemy of health, while all the time the action of each individual was little, or not at all known. And to this practice, Galen, Celsus, the later Greek, and Arabian physicians; and in the revival of the study of medicine in Bologna, Padua, Seville, and Paris, the schools there established, and all succeeding ones, have adhered.

(To be continued.)

Through the generous liberality of the Eclectic School at Cincinnati, we are permitted to fill a portion of their Journal with Homœopathic matter. The materials for this number were got up in great haste, which may in part account for the want of variety. We invite the Homœopathic school generally, and especially in the West, to communicate essays, observations, and cases, for the general advancement of the cause. All Homœopathic exchanges should be mailed to the address of David Shepherd, Bissels, Geauga Co., Ohio.

All communications intended for the Journal should arrive by the first of the month, directed as above, and post paid.—S.

LECTURE ON CHOLERA.

THE VARIETIES, DIFFERENT STAGES AND SYMPTOMS OF CHOLERA,
AND THE HOMŒOPATHIC TREATMENT.

The following "Lecture on Cholera," by Dr. B. F. JOSLIN, was delivered before the Homœopathic Dispensary Association of New York, and Phonographically reported for and published in the N. Y. Daily Tribune:

Dr. JOSLIN on rising, said—

Half a century has elapsed since the great Homœopathic reformation in medicine was commenced by Hahnemann. He lived to see his system adopted by learned practitioners of the old school in almost every civilized country on the globe. It has been advancing every year of the fifty-two that have transpired since its birth.

Attempts have been made to arrest its progress, by circulating rumors of its decline. In the country there are such rumors in

regard to New York—in New York in regard to Europe. Such representations are just the opposite of the truth.

They are probably made by individuals who have no intention to deceive, but who are grossly ignorant of the facts. Our brethren of the old school have no means of knowing the extent, much less the success of private Homœopathic practice.

In regard to the appreciation and success of Homœopathia in this city, I need only appeal to disinterested laymen—to the testimony of their public acts. Last winter the New York Homœopathic Dispensary was organized, under the government of thirty-two Trustees. These are well known in this community as gentlemen of great intelligence and respectability, and who are not members of the medical profession.

Having for some years in their own houses, watched the effects of a pure Homœopathic practice, as administered by their family physicians, and having themselves enjoyed its advantages, they were animated with the benevolent desire to extend these blessings to the poor. To the establishment and support of the Dispensary, they have consecrated their money and their time.

The prescriptions at the Dispensary have been made by fourteen Homœopathic physicians, who receive no salary, and who—like all other physicians recognized as such in our school—are regularly educated and graduated doctors of medicine.

The medical practice of the Dispensary is purely Homœopathic, and nearly all of it of that high Hahnemanian order, which has everywhere been found most successful.

The report of the Trustees embraces a period of nine months, during which time 407 patients were treated. Though many of these patients were so sick as to be treated at their homes, and some of them attacked with acute and dangerous disease, *only one died*. There were twelve cases of fever, including typhus, all of which were cured.

You frequently hear persons who have no experience in Homœopathia—or who at most have seen its effect in chronic cases—saying I would not dare to trust it if I were *very* sick, with a dangerous and rapid disease. There must be no child's play *then*. I should want some thing that would act *powerfully* and *quickly*.

Now, I assure you that Homœopathia is *that very thing*. Ten thousand physicians find it to be such; know it to be such. They know that in their own former allopathic practice, and in that of their brethren of the old school, no violent and rapid diseases have been cured as surely and promptly as they now cure them by the Homœopathic method. If I were called to test the relative merits of the two methods, before a tribunal of intelligent allopathic physicians—if my life depended on the result—I would select violent and rapid diseases, in preference to any other; and I would give attenuated medicine in small doses.

I claim no peculiar confidence. There are thousands of physicians who would insist that they and their dearest friends should be treated Homœopathically, however critical their condition. The greater the danger, the more imperatively necessary to adhere to the only safe law.

Homœopathia has been eminently successful in dangerous *Epidemic* diseases, caused by some subtle poison in the atmosphere, whether communicated from the sick, or from any other source. In the typhus fever that prevailed to some extent in this city last year, the Homœopathic physicians demonstrated the truth and power of their system by the success of appropriate remedies, and especially *Rhus radicans*.

A still more destructive form of this epidemic typhus broke out in the routed army of Napoleon, during his disastrous retreat from Russia, and spread from it through a great portion of Europe, baffling the skill of the most learned physicians. The disciples of Hahnemann, under the direction of their master, and with his remedies, *Rhus toxicodendron* and *Byronia*, were the only physicians capable of successfully encountering the enemy. What a contrast between the military conqueror of Europe, and its medical deliverer! Homœopathy is never routed; Hahnemann never surrenders!

But, says one, what will you do when the cholera comes? Will Homœopathists think of meeting it? I will let this be answered by the Trustees of our Dispensary; men—as you have seen—who think that a system which is good enough for the poor is good enough for themselves. What are they about to do? To apply to the Common Council for hospitals, for the Homœopathic treatment of Cholera, in case it should invade this city, and to tender the services of their board of physicians. This shows the confidence entertained in this system by intelligent men, who have the means of knowing the relative merits of the two modes of practice.

But a friend asks me, “what will you do in private practice?” I answer—as all my brethren of the school would—I will treat the disease Homœopathically. I perceive that he almost trembles at the thought, provided he is a new convert, and unacquainted with the Homœopathic history of cholera. I say to him there is no method which can compete with Hahnemann’s in cholera. “Has it ever been tried?” says he.

I will let statistics answer this question, and show the relative results. Whence the horror which the name of this disease awakens? It comes from the deplorable failure of Allopathic treatment. At the Quarantine, on Staten Island, and in the ship that brought the disease there, 64 cases of the cholera have occurred, of which 32 have died. Thus one-half of the patients have already been lost—to say nothing of those who are still under treatment and liable to die. I challenge any man to cite an instance of such

mortality among 64 persons under Homœopathic treatment, for any acute disease whatever, and in any part of the world.

Rut as ratios obtained from large numbers are more reliable, for showing the true average, I shall confine myself to the cholera of 1831-2.

In 1832, there in this city, including Bellevue, 5232 cases, of which 2031 died; *i. e.* nearly one out of every $2\frac{1}{2}$ or $2\frac{3}{4}$, or, in round numbers, nearly 2 out of 5. Of persons treated at their homes, there were 2859 cases, of which 937 died, *i. e.* about one in every three persons attacked. In the hospitals—including Bellevue—there were 2373 cases, and 1094 deaths;—that is, nearly one-half died. Such were the best results that could be obtained here by Allopathic skill. There is a remarkable correspondence between this, and the results of the present month above stated. The malignity of the disease, and the impotence of the Allopathic art remain the same.

In Europe, in 1831-2, the disease, under Allopathic treatment, was still more fatal. In the Allopathic hospitals of Italy and France, in 21 of which I have seen the ratio of deaths stated, the average of the ratios gives 63 deaths out of every 100 patients.

The only treatment which proved itself worthy of any confidence was the Homœopathic.

It is not denied by Allopathists themselves, that it was the great success that attended the Homœopathic treatment of cholera in Europe that gave this system the most powerful impetus that it has ever received.

Dr. Balfour of Edinburg, who is prejudiced against the system, and who went to Vienna apparently to endeavor to detect its defects, writes from that city in 1836, the following words: "During the first appearance of the cholera here, the practice of Homœopathia was first introduced; and cholera, when it came again, renewed the favorable opinion previously given, as it was through Dr. Fleischmann's successful treatment of this disease, that the restrictive laws were removed, and Homœopathists obtained leave to practice and dispense medicine in Austria. Since that time, their number has increased more than three-fold in Vienna and its provinces." He also says: "No young physician settling in Austria—excluding Government officers—can hope to make his bread, unless at least prepared to treat Homœopathically if requested."

In statistics, I confine myself to the Epidemic of 1831-2—it being the most severe, and the only one whose statistics are tolerably complete.

Let no one trust his life to any vaunted method of cure which has been tried only on a few scores of patients, and by one or two physicians. The Homœopathic method has been tried on many thousands of cholera patients, and with a success remarkably uniform in different countries.

Let us compare the results of the two systems in the same city. In Vienna, there were 4500 patients treated Allopathically; of whom 1360 died. There were 581 treated Homœopathically; of whom only 49 died. This gives 31 per centum of deaths under the former, and only 8 per cent. under the latter.

Dr. Quinn of London, has given a table of the results of the treatment of ten different Homœopathic physicians. The worst result under any of these physicians, was the death of only one-fifth of his patients, while four-fifths were saved. The best result obtained by any one of these physicians, was the saving of 40 out of every 41 cases, or 3 deaths out of 125—this being the number of cases which he treated. This physician was Dr. Weith of Vienna. These cures were made at a time when this pestilence was prevailing in that city in its greatest intensity, and baffling all the skill of Allopathic physicians.

The statements of this venerable man can be relied on. He is above suspicion. He had no party prejudices to mislead him, no professional interests to advance. Formerly a learned and respectable Doctor, he felt it his duty to become a Preacher of the Gospel. But when he beheld his fellow-citizens doomed to destruction under Allopathic treatment, his feelings as a man, and his principles as a Christian, impelled him to stretch forth his arm for their relief. He had just become convinced of the truth of the Homœopathic doctrine, and of its practical importance. It was distressing to him to be continually called to the death-beds of persons who might have been saved by Homœopathia, but who were perishing in spite of Allopathy. His spirit was stirred within him when he saw the city almost wholly given up to a fatal delusion; and he resolved to suspend, in part, and for a short time, his functions as the *spiritual* guide of his people, and devote himself to their *temporal* salvation. He acted as a true disciple of Him who delighted in saving not only the souls, but the lives of men.

The efforts of Dr. Weith were crowned with a success fully justifying the expectations which he had been led to entertain by the success of other Homœopathic physicians in this same epidemic. The remedies which he employed were Veratrum, Cuprum, Tincture of Camphor, and under some circumstances, lavements of ice-water.

Of the 1093 patients treated by the ten Homœopathic physicians, 998 were saved, and only 95 lost. Thus the average proportion or deaths was only 1 to 11½, or 2 out of 23 patients; while 21 out of 23 patients were saved. The results above stated, were chiefly obtained at Vienna and in Moravia, Bohemia and Hungary, during the epidemic of 1831-2.

Similar success was obtained in Russia in 1831 and 1832. Mr. Eustaphieff, the Russian Consul General, to whom our Dispensary

is so greatly indebted, has given the result obtained by Homœopathic treatment in various parts of the empire. Of 70 patients treated in two places, all were cured. The total result was that of 1270 patients; 1162 were saved, and only 108 lost; showing an average proportion of one death in 11½. You perceive this agrees remarkably with the success obtained in all other countries. These facts are derived from the report of Admiral Mordvinow, who affirms that "not a single death has occurred where Homœopathic treatment was resorted to in the incipient symptoms of the cholera;" and that "it was remarked that all the patients cured by Homœopathic treatment, regained, in a very short time, their former health and strength; while those who survived other treatments were left in a state of weakness, which lasted several months, and but too often terminated in another disease which proved fatal."

In Russia and Austria, and at Berlin and Paris, there were 3,017 cases treated Homœopathically; of which 2,753 were cured, and only 264 died; i. e. only about 1 in 11½ died. On an average, more than 10 out of 11 were cured.

To these statistics I need not add a word of comment to show the immense superiority of the Homœopathic treatment. Such a uniformity in the results, in so many places, and with such a number of patients, must speak convincingly to every intelligent and unprejudiced mind. Our Allopathic brethren—as if conscious of the weakness of their system, on a broad field—are at present restricting themselves to a guerilla warfare. When a single death occurs among the patients of the fifty Homœopathic physicians of our city, it is noised about as something remarkable. But if one wishes to know the true relative value of the two systems, he must examine the subject on a broader scale. He must consider the number which Homœopathy cures in this city and throughout the world.

But I must return to *Cholera*, its *prevention and cure*. Can anything be done to diminish the liability to an attack in a place where the disease prevails? In regard to *regimen and diet*, I shall not dwell upon those things which are known to the public generally, such as the necessity of avoiding irregularities of every kind, over-eating, indigestible food, etc. Avoid young meats, but take a larger proportion of animal food, and fewer vegetables, than at other times. During the use of Homœopathic medicine, whether preventive or curative, persons should abstain from all other medicinal substances, including coffee and green tea, and all condiments except salt. They should not take a drop of *coffee* nor *camphor*, nor even smell the latter. In general, they should avoid raw vegetables.

Prophylactics.—The Homœopathic *preventives* of Cholera, are *Cuprum metallicum*—that is, metallic copper and *Veratrum album*, or white hellebore, prepared according to the Homœopathic method, and taken alternately of two or three pellets, once or twice a week.

By this means, thousands have been protected from the disease.—It is said there is no instance in which persons thus treated, have been attacked with cholera. The globules may be placed on the tongue and allowed to dissolve in the mouth, and then be swallowed. Whenever it is practicable, it would be well to consult a Homœopathic physician, as one of these remedies would be preferable to the other. He could decide which.

The method which Hahnemann recommended, and which many employed with success, was to take globules medicated with the 20th dilution of *Cuprum*, then wait one week and take the similarly medicated globules of the 30th of *Veratrum*, then, after a week, the *Cuprum*, and so on. Others have used with similar success, the 3d dilution of each, at intervals of half a week. This may be used by those who cannot obtain the 30th; but let no one venture upon the use of the copper of the drug stores, nor the crude colored tincture of *Veratrum* even of the Homœopathic Pharmacies. Camphor is too transient in its action, to be of any use as a prophylactic. Besides, it would interfere with other medicines.

Treatment of Premonitory Symptoms.—During the prevalence of cholera in a place, every person should consult his physician for such slight symptoms as often precede cholera. By so doing, an attack may almost always be prevented, if the physician is a Homœopath. The most usual premonitory symptom is a slight diarrhœa, which would cause no apprehension in ordinary times. This is generally cured by a single dose of *Phosphorus*, or *Phosphoric acid* given in the mode in which I shall describe under the first variety of Cholera.

Cholérine.—When this diarrhœa is a little more marked, and but few other symptoms are present, the case is usually named Cholérine. This case is intermediate between that of premonitory symptoms and that of the fully formed cholera of the first variety to be described. It requires similar treatment, and especially *Phosphorus* or *Phosphoric acid*.

Treatment of the first stages of Cholera in all its forms.—When there is a decided attack of cholera, we resort, for the first hour—or a longer or shorter time, according to circumstances—to a treatment for which—as well as for all the most successful modes of preventing and curing this disease—the world is indebted to Hahnemann. Whatever may be the form of the attack, give one drop of the tincture of camphor, dropped on a lump of sugar, and then dissolved in a table-spoon full of cold water. Repeat this every five minutes until there is a decided mitigation of the symptoms.—This will usually be after five or six doses. One sign of its good effects is perspiration. In proportion as the symptoms yield, let the doses be at longer intervals—as an hour, two hours, twelve or even twenty-four hours. If the disease is taken in time, ten or twelve doses are ordinarily sufficient. If the stomach will not retain the

camphor, even in ice water, then give before and after it, a bit of ice as large as a filbert. Families should be provided with the camphor, and, in case of attack, administer it immediately, before the arrival of the physician, who will judge whether it is to be continued.

There is abundant testimony of the efficacy of this camphor treatment, from all parts of Europe. Hahnemann states, that at Berlin and Magdeburg alone, thousands of families have followed his instructions respecting the treatment by Camphor, restored those of their members who were attacked by the epidemic—restored them often in less than a quarter of an hour. Dr. Quinn assures us that this method may be employed with certainty of success, in the first hour, and with probability of success in the following hours.—Use no external applications in any stage. Hahnemann at first advised the external, in connection with the internal use of camphor, but subsequently found it unnecessary. Indeed, it not only is useless, but fills the room with effluvia which may interfere with subsequent treatment.

I shall not consider *the treatment of Fully Developed Cholera in all its stages*, dividing it into those varieties usually presented. The Homœopathic physician will know how to adapt his treatment to the different shades and combinations of these varieties. He will apply the *Materia Medica* and the law *similia similibus curantur*.

1st variety, *Cholera Diarrheica*; Intestinal or *Diarrheic Cholera*. The most frequent form of Cholera is that in which diarrhœa is an early and prominent system. At first there is a simple diarrhœa, or one preceded by headache. There is pain in the neck and arms; lassitude in the legs; rumblings, tongue moist, a little coated, sometimes pasty. The evacuations at first composed of fecal matters, shortly become yellowish, greenish or watery, sometimes red; afterward they have the appearance of barley water, rice water, or of whey with little flocks of soap distributed through it. Each stool is preceded by great noise and movements in the intestines. There may be a livid circle around the eyes, failure of strength, and nausea; sometimes, in a more advanced stage, vomiting and spasms. If this form of cholera is mistaken for an ordinary diarrhœa, and improperly treated, we have to apprehend the stage of collapse, (hereafter to be described,) in which the case is difficult. But taken in season, this diarrhœic form of cholera is easy to cure.

Treatment.—If Camphor does not soon give relief, we are to resort to *Phosphorus* or to *Phosphoric acid*. Dr. Quinn has employed both with equal success. The *Phosphoric acid* is to be preferred when there is a gluey matter on the tongue. (In some cases, *Veratrum*, *Chamomilla*, *Mercurius* or *Secale*, may be indicated.) However, *Phosphorus* and *Phosphoric acid*, rarely fail to cure; and some

high authorities are in favor of giving one of them, at first, in preference to the administration of camphor in this form of Cholera. Put two or three globules of the 30th attenuation of Phosphorus, or the 3d attenuation of Phosphoric acid in a little sugar of milk, and place them on the patient's tongue. Quinn rarely found it necessary to give a second dose, and never till the following day.

If in this or any other variety of Cholera, there is a severe burning in any part of the alimentary canal, with violent cholic and great weakness or restlessness, give *Arsenicum Alum*, 30th attenuation. If the cholic proves obstinate, give an enema of ice-water. For *Arsenicum* and every other medicine, except camphor, the proper interval between the doses is about one hour, or from half an hour to an hour and a half, according to the circumstances. The doses may always be two or three globules, and in case of most medicines the 30th attenuation. *Camphor* is to be given in doses of one drop of the strongest tincture of the shops, or two of the weakest, repeated every five minutes, for it is unlike all other medicines, in not requiring attenuation, and in being exceedingly transient in its action. Again, as it is one of the most powerful and general antidotes, to other medicines, the patient must not take these from any spoon or glass which has recently contained it, nor must the odor of it be in the room after he commences other medicines.

The *second variety* of Cholera to be mentioned, (tho' not the most frequent or dangerous,) is *Cholera Gastrica*, or *Gastric Cholera*. It is characterized by continual vomiting, but is often accompanied by many other symptoms of other varieties. There is no diarrhoea, or only one or two evacuations at the onset. The urine is scanty. When the epidemic prevails, this form may be excited by flatulent vegetables or other indigestible food.

Treatment.—The remedies are generally *Ipecacuanha* or *Veratrum*, sometimes *Nux Vomica*. *Camphor* is to be given at the outset. Put two or three globules of the third of *Ipecac* in a little sugar of milk, and place them on the tongue. This may be repeated, if necessary, in half an hour, an hour, or an hour and a half. If by the effect of the *Ipecac* the vomiting cease, but the other symptoms remain, and there is a great weight at the stomach, and pains in the intestines and head, then have recourse to *Nux Vomica*, 30th attenuation, two or three globules. But if the disease is not checked, give *Veratrum*, or other medicines, according to the indications.—To cholera excited by anger, and attended by either vomiting or diarrhoea, the 12th attenuation of *Chamomilla* is appropriate.

Third Variety—*Cholera Spasmodic*, or *Spasmodic Cholera*.—This form is especially characterized by *cramps* and *spasmodic* movements. The principal symptoms are contractions and cramps in the toes and fingers; afterwards convulsive movements in the muscles of the fore arm and legs; then spasms in the upper arms and thighs, and sometimes fixed spasms in the chest and neck. The

constriction of the chest is preceded by vomiting. Neither vomiting nor diarrhœa frequently occur in this; but there is often pain, weight and tenderness at the pit of the stomach.

Treatment.—The remedies are camphor, *Cuprum metallicum* and *Veratrum*. If Camphor has not relieved, give *Cuprum*, the 30th attenuation, two or three globules, and repeat it many times, at intervals of half an hour or an hour, if its salutary effect is not manifested. If necessary, then give *Veratrum* in repeated doses, or other medicines, according to the different indications.

The *Fourth Variety* is *Cholera sicca*, or *Dry Cholera*. There is no diarrhœa or vomiting. There is a sudden prostration of the vital powers; the urine is suppressed; tongue sometimes blue or blackish; the eyes upturned and fixed; coldness of the surface of the whole body, which becomes covered with a cold sticky sweat; the face and limbs have a violet blue color. The voice and pulse fail. This variety requires the most prompt attention.

Treatment.—The first remedy—as in other varieties of cholera, is *Camphor*. In this variety, it is especially required for arousing the nervous system. Repeat it every five minutes; then, if necessary, give *Veratrum* every half hour, hour, or hour and a half. If the cramps and vomitings have ceased, if the patient is cold blue and pulseless, i. e. collapsed, *Carbo vegetabilis*, 30th attenuation, two or three globules. In this state of complete Asphyxia, some recommend Hydrocyanic Acid, 3d attenuation, every hour or two. We recognize the effect of these medicines by the pulsations becoming sensible, and some by return of the cramps, vomitings or diarrhœa—symptoms which are then to be treated by *Veratrum* or *Cuprum*, or some other remedy, according to the indication.

Fifth Variety—*Cholera Acute*, or *Acute Cholera*.—This variety we might call Cerebral, as the brain in the first stage, seems to be oppressed. Yet, in its course, it simulates the form of some other varieties, and, like them, unless checked, ends in Asphyxia and death. The patient, at first, feels as if he were stunned, or has a sensation of weight in the head, or *Vertigo*; oppression of the chest; numbness of the arms and legs; afterwards there are rumbling in the intestines; heat of the body; pulse rapid and feeble; nausea, retching or vomiting; bilious or watery diarrhœa; suppression of urine; tongue cold, voice altered; face yellowish, with a dark blue circle around the eyes; prostration; spasms at first in the feet and hands, afterwards extending to the arms and legs, which become dark blue, and cold; the eyes tarnished and sunk in their orbits. The diarrhœa and cramps cease, and the disease in its latter stage runs into the form of dry cholera, characterized by cold sweats, insensible pulse and general blueness—in short, by collapse.

Treatment.—Give *Veratrum*, at first the 12th, and after two or three doses, the 30th, in the quantity and at intervals as before described.

Lastly, in some rare instances, the cholera is, from the commencement, an *inflammatory* and *febrile* disease. Then, as soon as the vomiting is checked, use *Aconitum* the 24th. Afterward use *Bryonia*, 30th, *Rhus Radicans*, 30th; or other medicines, according to circumstances. The indications, as in all other complicated cases of cholera, can be properly understood only by a Homœopathic physician.

A dangerous inflammatory or febrile condition, frequently follows cholera proper, when treated allopathically. Then use *Aconite*, *Belladonna*, or *Rhus Radicans*, or other medicines, according to the indications. *Belladonna* stands highest for inflammation of the brain, and *Rhus Radicans* for the Typhus Fever.

Where a Homœopathic physician is called to any case of Cholera which has been under *Allopathic* treatment, he is first to antidote the former treatment by *camphor*. Give it but a short time, if there is any inflammation. He can judge if other antidotes are necessary, as they frequently will be, in the course of the treatment; for calomel and other crude drugs, and even the undiluted colored tincture of the Homœopathic shops, are so durable in their mischievous action, as to require for their correction something more durable in its curative action than camphor.

I will add, that we have accounts from Petersburg and Riga, of the same success in the Homœopathic treatment of the Cholera of 1848, which distinguished that treatment in former years. Among other remedies, they have used *Camphor*, *Veratrum*, *Secale*, *Phosphoric Acid*, *Hydrocyanic Acid*, and *Jatropa curcas*. *Veratrum* has gained great renown, even among the Allopathists themselves.

As an Allopathic physician, I was familiar with the Cholera in 1832 and '33. Those prescriptions which succeeded best with me, were those which were most nearly Homœopathic. I remember a patient restored from collapse by camphor. I now find the Homœopathic treatment, every day, efficient in the removal of Diarrhœa, Sporadic Cholera, &c. But I came not before you to relate my individual experience, but that of the great body of Homœopathic physicians. I have given you their treatment, and its results.

I am indebted for the facts chiefly to books which have not been translated into the English language, and especially to one published in Paris by Dr. Quina, the President of the British Homœopathic Society, who had been familiar with Cholera, and with the practice and views of the continental physicians.

But the man to whom the school is chiefly indebted for the means of combatting this fearful malady, is Hahnemann. With that wonderful sagacity which characterized him, he pointed out the true prophylactics, and all the most important curatives, both for domestic and professional use, when this pestilence had not fallen under his own observation, but was committing its ravages in distant regions. Having discovered a universal, unerring and everlasting law

in medicine, he was prepared to encounter the strongest forms of disease, as though they were familiar. The law discovered, and the *materia medica* founded by him, are the legacies which his disciples hold in trust for the benefit of mankind.

With these as their guides, they can offer to their fellow-men that true consolation founded on an assurance of safety. But in order to do this, they must have appropriate qualifications for the practice of medicine. I shall, therefore, conclude with the requirement and injunction of Hahnemann:

“To the physician, whose province it is to vanquish the disease that brings its victims to the very borders of corporeal dissolution, and to produce, as it were, a second creation of life—a greater work than almost all the other much-vaunted performances of mankind—to him, Nature, in all her wide expanse, with all her sources and productions, must lie open. * * * Let all hold aloof from this most pious, this noblest of all secular professions, who are deficient in intellect, in patient thought, in the requisite knowledge, or in tender philanthropy and a sense of duty.”

OLD SCHOOL FAILURES.

Certainly no one can open his eyes without seeing the palpable failures of the old school, as the following newspaper paragraph illustrates:

“**CHOLERA SPECIFICS.**—The St. Louis Union says, that the editors have posted around their desk no less than *fourteen* remedies for cholera, that have all come well recommended, and that, too, by eminent medical men. The Union continues:

‘Alas! how wofully mistaken they were. Some of these very doctors have fallen victims themselves to their mistakes, and others have lost all confidence in their own specifics. One of them, Dr. W., we recollect well, a few days ago, came into our office, and told us to say, editorially, for him, that he had discovered a specific against cholera, upon the efficacy of which he would stake his existence. He would, for a just compensation, impart a knowledge of it to the public, and he desired us to call the attention of the city authorities to the fact. We did so, but hardly was it done until, in a few hours’ sickness, Dr. W. was himself numbered with the dead—a victim to cholera and to his own specific for the disease.’”

Part 3.---Editorial.

MEDICAL POLITICS OF CINCINNATI, &c.

The Cholera Hospital of this city has been closed. The report of Dr. Jordan, for which we have not room at present, will appear in our next number. The dismissal of the Old Hunkers from the Institution must have been very galling to their party, and the success of Dr. Jordan was doubtless an equally unpleasant fact. We may be uncharitable in suggesting that anybody would be so unprincipled as to regret the success of an Eclectic practitioner in saving life, but until the leaders of the old school party are sufficiently honorable publicly to acknowledge and proclaim the facts concerning the Hospital—until they discontinue their attempts to deceive the public, (as when they labored, in the first instance, to produce the impression that a great mortality had occurred, and secondly, to propagate the idea that the extraordinary success was obtained by the use of calomel)—in short, until they show some honorable and humane sentiments in the irrelations to the Eclectic practice, we must judge of them according to appearances.

Among the stratagems of Hunkerism, a most ridiculous attempt was made to get up odium against the Hospital, in reference to the reception of a corpse. Many patients have been sent to the Hospital, (even sometimes under the direction of their physicians,) in the last stages of the disease, of whom thirty died withi none hour after their arrival. Whether this was designed to get up odium against the Hospital by increasing the apparent mortality, we cannot say, but that such a disposition did exist, was manifested by the stories that were put in circulation at the time. In one instance the man was so far gone that he died before arriving at the Hospital, and was brought there dead. Dr. Jordan was accustomed to receive dying men, and bring the pulseless back to life, but to receive a dead body was not his duty. He objected, and referred the party to the Township Trustees. However as they insisted upon the reception and the Doctor was disposed to be very accommo-

dating, he suffered the man to be brought in, and furnished with a coffin.

In this case the gentleman who brought the body—(a relative of Dr. Johnson, the former physician of the Hospital, who had been superceded,) made a vigorous attempt to excite odium against Dr. Jordan, by publishing an article in the city papers, representing these circumstances as a great outrage, and an act of inhumanity, because Dr. J. did not receive the body as a patient, and set to work to restore a dead man. Dr. Jordan replied by a narrative of the facts as above stated. As drowning men eagerly catch at straws, we find that this circumstance was grasped at by Dr. Rice, in his "Presbyterian of the West," in which he manifested his zeal in behalf of Hunkerism, by republishing the communication from the Commercial, heading it "*Most Barbarous*," and invoking the *indignation* of the Christian community—thus demonstrating that Dr. Rice sympathizes strongly with Hunkerism in medicine as in everything else, and that he is still very willing to step aside from his religious duties, and employ the arts of the demagogue to excite odium against anything liberal. Possibly the fact that Dr. Jordan is the author of a book in defence of Universalism, may have furnished an additional motive for assailing him. It is gratifying, however, to find that the press generally have justly appreciated Dr. Jordan and our liberal, independent Board of Health, as will be seen by the following extracts :

Dr. J. H. Jordan, who formerly resided in this town, is the principal physician of the Cholera Hospital at Cincinnati! This will surprise those that knew him here, not a little. Have they room for any more of our doctors?—*Ia. State Sentinel*.

If the citizens of Indianapolis have doctors who shall prove themselves to be as successful in cholera as Dr. Jordan has been, should that terrible scourge visit them, they may be very thankful indeed. And we can advise our cotemporary, with a sneer on his lip, that if the scourge should visit Indianapolis, which we hope may not be the case, he could not do a better service to his fellow citizens, than to send for Dr. Jordan.—*Enquirer*.

We can add that Dr. Jordan has been amongst the most successful of our physicians during the epidemic, even under the most disadvantageous circumstances, and has earned a professional reputation which older men might be proud of. If the Hoosiers could not appreciate him, it is their disgrace, if he has had opportunities of displaying his skill. The past two months has tried men tho-

roughly, and the gold has been separated from the dross. We know what is what *here*.—*Times*.

The Gazette of August 18, says:

Most heartily do we congratulate our fellow-citizens and the public, on the restoration of the usual health of the city.

The Board of Health now meet but once a week, to close up their business. The individuals composing this Board, are entitled to the gratitude of our citizens. Since their appointment, they have devoted themselves to the discharge not only of the *duty assigned to them*, but also to such *kindred duties* as came under their observation. Early and late—in season and out—have their efforts and energies been directed to alleviate the wide spread distress, consequent upon the ravages of the epidemic, in all parts of the city. *They have done much good*. Messrs. Martin, Storer, Fletcher, Taylor, Burgoyne, Roedter, and Jewell, richly deserve, and will receive the *thanks of the people*, for their devoted and gratuitous attention to the arduous duties of their station.

The publication of the address of the Eclectic Medical Society has done an immense deal to enlighten the public, and confound those who have been circulating, far and wide, the calomel story. They have been effectually silenced, and thousands have been enlightened who had heretofore been grossly deceived. The address was published in six or seven papers, one of which, having made it a rule to exclude all medical discussions from its columns, made a charge for its publication. The remainder published it *pro bono publico*. The Old Hunkers are thoroughly disgusted with the liberality of the Cincinnati press. One of them, we learn, incensed against the Times for publishing what he styled a quack report, collected a list of his friends who had resolved to drop the Times, and take another city paper, which he supposed was not "*bought up*" by the liberals, as he considered the Times. The editor graciously received his list of new subscribers, but felt it his duty to inform the Doctor, before he left, that his own paper was in the same predicament as the Times, and that he would have the pleasure of reading the same report in his columns in the very next number.

While thus tormented by Eclecticism, Hunkerism has been ill at ease within its own borders. Prof. Drake, having issued a number of bulletins, to enlighten the public concerning the cholera, the city wags have issued rival bulletins, purporting to come from a *colored M. D.*, which set everybody to laughing at the Professor's

expense. The ideas of the colored doctor concerning *ozone* and the *grey horse*, produced rather a greater sensation than the learned professor's theories.

Seriously, certain members of the Ohio Medical College cut a very sorry figure. Profs. Drake and Harrison, at the commencement of the cholera season, gave a certificate, which was extensively published, recommending *Nash's Root Beer*, for general use. At a later period, Dr. Drake published another document recommending *soda water*, and urging the apothecaries to sell it at three cents a glass, instead of five. When the official dignitaries of old school medicine have no better judgment or knowledge than this—when they urge the people in the newspapers to use *root beer* and *soda water* as *anti-cholera* drinks, we need not wonder at the thick darkness of professional ignorance which overspreads the land.

The schemes concerning the Ohio Medical College have been a source of discord. Dr. Drake and Dr. Bayless, of Louisville, have been introduced, making eight professors to be accommodated by six professorships. Dr. Drake takes the chair of practice, restoring Dr. Harrison to *Materia Medica*. Dr. Bayless takes the department of Anatomy, and Dr. Mussey of Surgery, while Dr. Shotwell sits down between the two chairs of Anatomy and Surgery, on the stool of *Surgical Anatomy*. Which of the three is to be put on short allowance, does not appear, as the student takes the tickets in the aggregate, and the mode of division is private. However, we apprehend that Dr. Mussey will, ere long, be placed on the list of the superannuated.

Upon the whole we believe the Ohio Medical College is at this time one of the most incompetent medical colleges in this country, to communicate a sound and useful system of medical practice. We have no personal aversion or unkindly feelings to any of the faculty, but we sincerely believe a large portion of their teachings are calculated to inflict death and misery upon society, and to increase the annual mortality of the country in which their graduates reside, by more than a thousand deaths.

Notwithstanding this vast sacrifice to the perpetuation and unity of the old school profession, it does not appear to be very harmonious, if we may judge from the following extract of a letter from one of the old school doctors of this city, which was sent for

publication to a Philadelphia newspaper. After abusing the liberals, he continues :

"I will now say a few words about the melancholy appearance of humbuggery in the allopathic profession. A few men here, not satisfied to take the humble private walks of their calling, wrote essays on the cholera, to make the public believe that they knew more about it than their professional brethren. One in particular, who is a member of a church, with a numerous congregation, and a Pastor, who is editor of a religious paper. This paper was extravagant in praise of the Dr's. essay, and the inference was plainly drawn, that the Dr. was the only one who could be relied on in case any of the members were attacked with cholera. In a short time the scourge appeared; the Dr's. skill was tested. His own wife sickened and died, and I am credibly informed that a very large share of his patients met with the same fate. Another Doctor on Fifth street published that his treatment never failed, and that it had been universally successful throughout Europe. The last I heard of him he was under the treatment of Dr. Shotwell for cholera, and with little prospect of recovery. I do not mention these cases out of any bad feelings towards those unfortunate persons, but that it may be a warning to those who may be disposed, by the promulgation of falsehood, to speculate and make profit off this terrible judgment of God."

Little or nothing has been said concerning the Botanico Medicals in the newspapers, and we are not apprised what has been the success of the few who practice in the city, but the Homœopaths have been quite conspicuous. Drs. Pulte and Ehrmann, by far the most extensive Homœopathic practitioners in the city, have published the following report. It will be observed that while Homœopaths in Europe have lost eight or ten per cent of their cholera patients, these gentlemen claim to have lost very little over three per cent. Whether this was owing to superior skill, or to the fact that their patients were supplied with medicines in advance, as preventives, with full directions for their use, we need not enquire. If those who employ Eclectic physicians had been in like manner supplied with remedies and directions, we do not believe the mortality would have been over two per cent. But as Eclectic practitioners have not been so long established in the city as the Homœopathic, many of them have not yet had time to establish intimate relations with the community, and many of their patients have never before had any knowledge of Eclectic practice. The following we extract from the Times :

MR. EDITOR:—Your correspondent, "Justice," in last Tuesday's Times, calls upon the Homœopathic physicians of this city to give an exhibit of the results of their practice in the late cholera epidemic, together with a statement of their treatment, and other statistical matter, interesting for the public to know.

Our intention was, and is yet, to bring our results and experiences of the late epidemic before the profession and the public, in a special publication, to be issued as soon as the epidemic has entirely left us, with all its immediate effects. By doing so, we hope to shield ourselves against the imputations of ostentation, so often brought against us by those who themselves are the only ones guilty of such a charge. As some, however, seem to think our results to be unfavorable for Homœopathy, because we have been *thus far* silent, it becomes our duty to give the statements *immediately*, and to answer the questions of "Justice" in the same columns in which they were proposed. We give, therefore, in the following, the results of our own practice during the epidemic, expecting the other Homœopathic physicians to do the same.

We have treated, from the 1st May to the 1st August, inst., 1116 cholera patients, of which 538 exhibited the symptoms of vomiting, diarrhœa, and cramps, including a great many, from 60 to 70, in deep state of collapse—the balance, 578, had the symptoms of vomiting and rice-water discharges, and were prevented from running into a higher stage of the disease, by early applications of the proper medicines.

Of the collapsed cases, a great many were cured, the success depending upon the medicines given in the early stages. In those cases improperly treated, by opiates particularly, our success was difficult; but in cases where the patient was treated at first, by camphor alone, or where he went immediately into collapse, after being attacked, the result was very favorable.

Of the 1116 cholera patients, 474 were Americans, and 642 Germans, including a few Irish; the mortality of the whole number was 35, of which 2 were Americans, and 33 Germans. Of the latter not one half should have died, but from their carelessness of diet, and want of knowledge of the insidious character of this disease. We accounted amongst those who died, all which we had attended ourselves, even if we were called at too late a time to be of real use.

Besides the above 1116 cholera patients, we treated during the same time, 1350 cases of a mixed character, mostly diarrhœas with rumbling in the bowels, (cholerina,) and towards the close of the epidemic, a great number of dysenteries, some of which were of a very malignant character, (we lost none of them, however,) also a good many nervous fevers with typhoid tendency.

To verify the above statement, we have made out a complete list

of all the cholera cases, with names and dates for reference at any time when required.

The principal remedy used in the beginning of cholera was camphora, the tincture of which was prepared in the proportion of one part of the gum to six parts of alcohol, as advised by Hahnemann himself, who first recommended this remedy in 1829. The dose in which it was applied, was equal to one or two drops every five minutes, for one or one and a half hours, until profuse perspiration ensued. During this time the patient had to be well covered, and in most cases the camphor alone produced a complete cure, without the help of any other remedies.

If, however, it did not, because the second stage of the disease had appeared, veratrum and cuprum were used, especially against cramps, also secale cornutum (ergot) particularly in elderly individuals; and in cases of collapse, carbo vegetabilis, (vegetable coal) and arsenicum, the two latter in the 30th dilution.

Of external applications we made very little use, confining ourselves, if we used them at all, to rubbing the extremities in the mildest manner, with the hands only. As soon as collapse took place, we allowed the patient to be uncovered or covered, as he wished it himself, finding it of no benefit to warm the extremities by outward means, whilst the patient at the same time complained of internal heat and agony.

If "Justice" or any one else wants to satisfy himself about the correctness of the above statements, we are willing to conduct him to the persons who laid in a state of collapse with cold extremities and cold face, no pulse, sunken eye, blue lips, and hoarse voice. That nature cannot cure cases of this kind without proper medical aid, will in all probability be admitted by all; that Homœopathy can, however, cure them, we can prove by the sufferers themselves in this city.

Allow us to state one more fact of moment. We attend usually between 700 and 800 American families, which amounts to about 4000 persons—out of this number we lost only two, an old lady who had been sick for some time previously, and a young man who sent for us only a few hours before he died. This astonishing result we ascribe among other causes to the *prophylactic* treatment which they had received, their good regulations in diet, and speedy help they had when attacked.

J. H. PULTE, M. D.

CINCINNATI, Aug. 11, 1849.

B. EHRLMANN, M. D.

The foregoing statement has been violently attacked by Dr. Latta, in a long and ridiculous editorial in his paper, the Methodist Expositor. Dr. L., besides uttering a great deal of silly abuse, affirms that Dr. Pulte's doses of camphor were not Homœopathic, and were quite large doses. If this be true, we shall only think the bet-

ter of Dr. P. for not confining himself to infinitesimals; but we apprehend he is a better judge of what constitutes Homœopathy than Dr. Latta, who appears to be wilfully ignorant of its principles and facts. Dr. Latta also charges Drs. P. & E. with falsehood, affirming that they have certainly lost more than two Americans, as he *knows* of nine himself who died under their practice, whose names he can give, and *believes* they have had a large mortality. We hope that Drs. P. & E. will promptly meet this charge. It has been widely diffused, many extra copies of the Expositor have been circulated through the city, and we presume elsewhere.

The Expositor of Dr. Latta is quite a champion of medical orthodoxy. Some time since, having attacked the Board of Health, Editor of the Times, &c., on account of their medical independence, the editor of the Times gave the following very appropriate rejoinder:

"The great difficulty with our friend, is the same that afflicts his brethren generally—a distressingly flatulent dignity—an over-estimating feeling of importance, exactly analogous in medicine, to the ideas of the Catholic hierarchy in spiritual matters. It is the same spirit manifesting itself in another form.

The "Regular Faculty" is certainly composed of gentlemen of excellent qualities of head and heart, in a general sense, but like the precious pot of ointment mentioned in Scripture, the sweet odor is destroyed by a dead fly—their excellent character is of no force or use, while a narrow, exclusive, bloviating silly pride governs their intercourse with the public and the legally constituted authorities."

The editor of the Times has doubtless made himself quite obnoxious to medical Hunkers, by his very liberal conduct; and we trust that the friends of medical liberalism will bear in mind his bold and independent course. The Times is always full of interesting news—takes liberal views of all subjects, and is the only paper which has taken an active part in behalf of medical progress. The Gazette, which seems to have taken an independent stand in reference to the divisions of the profession, has recently alluded to the large mortality by *other diseases* during the cholera season, and inquired whether it was not owing to the use of calomel and *other poisons*, by which cholera was changed into some other form of disease. The same idea was broached by a correspondent of the Times, as follows:

"I find the following statement and query in a morning paper:—
'The daily reports of the Board of Health show a large number of

interments of persons dying from 'other diseases' than the cholera. The aggregate interments for a week; which are reported as 'other diseases,' is 350—an average of 50 per day; which is surely a very extraordinary mortality. An explanation from the health officer, or from some other competent person, might serve to resolve the doubts of many.'

"It seems to me, Mr. Editor, the consideration is an important one, and I hope some disinterested competent person will answer. I have myself, heard of but one explanation, and that is, the excessive use of opium and morphine by one class of physicians, which, though they may conquer cholera, induces congestive and low nervous fever, or typhoid, thus throwing the disease under another head. Whether this is a correct explanation I know not, but such I know is the impression of a large number of citizens."

The cholera epidemic has been accompanied by sharp criticisms on the Old School gentlemen elsewhere, as well as in Cincinnati. The St. Louis Reveille of August 2, says:

"Our correspondent, 'Calomel,' speaks daggers upon the subject which has aroused him. That the mineral in question is used in a degree, throughout the south-west, destructive to the constitution, and that the term 'Calomel Doctor,' has become one of reproach, is true beyond all question. Calomel is an invaluable medicine, properly administered, but its wide and wholesale abuse is notorious, and a public good must be effected by the indignant cry which is ascending against it."

The correspondent under the head, "IS KILLING, MURDER?" says that the late abuses of medical science will be investigated, and,

"That the matter will be conducted 'unwaveringly,' I know to be certain; for were we not to do so, the very grave yards, gorged with the remains of murdered relatives and friends, would open their rapacious maws and exclaim against us. But, I ask, how can a spirit of coolness pervade the minds of those who may feel bound to arouse themselves to expel from our midst a system of medical practice, that has lost, under its administration this season, eighty-five per cent, of their cholera cases, either by direct death or super-induced diseases. Can any one with the heart-rending consciousness that tears their heart's tendrils, be merely "gravely" disposed to inquire? Can I, with the blind monument of a system that *out-hells hell itself*, around my knees remain quiescent? No, sirs, the people are awake—there 'is a voice heard, lamentation, and weeping, and great mourning.' Roll up, sirs, the aggregate of all the slain of battle fields, and 'all that wrecked in oceans lay,' and the victims of Hypocratean skill will outnumber them; aye, add the victims of famine, also, and they still excel. Why did Cincinnati crush the self-conceited *Regular* Board of Health, and place their

city hospital under the charge of those who, alone in that as well as in this city, have shown any knowledge at all of the nature of the pestilence, and the means of its cure?

Dr. Bailey, of the *National Era*, warns his professional brethren, in his last No., "that the profession of medicine must obey the law of progress, and that Hunkerism among physicians will fare no better than among politicians."

"The regular physician, (he says,) who indulges in contempt for the Eclectic, Hydropathic, Homœopathic, or Chrono Thermal Schools, because they are not according to his gospel, shows more of the bigotry of conservatism, than of the philosophy of progress. A magnanimous love of truth should lead him to examine into their claims with impartiality."

We might allude to several striking failures in this city, but we forbear. Yet, as we have sometimes stated, that any old woman with a few hours' proper instruction might manage Cholera more successfully than it was managed by those who rely upon calomel and opium, we must mention the fact, that a negro barber having obtained a supply of cholera medicines, such as are used by liberal practitioners, made use of them in a few cases successfully, and was in consequence called to treat a considerable number of cases of cholera, in almost all of which he succeeded. The *Lancet* endeavors to make a jest of this matter, but it seems to be a very sober fact, that a negro barber, with a few judicious remedies, has been more successful in treating cholera, than the whole Allopathic faculty of Cincinnati. Would it not be better for these gentlemen to pull down their delusive college, and begin anew the study of rational medicine?—B.

THE N. Y. ECLECTIC MEDICAL AND SURGICAL JOURNAL, No. 1, edited by Drs. Potter and Kenworthy, and published at Syracuse, N. Y., has been received. We are gratified to perceive that it makes a very respectable appearance, and is well edited. This Journal is connected with a new Eclectic Medical College which is expected to commence operations this fall. As we have heretofore spoken rather sharply of some of the gentlemen connected with these enterprises, it will give us much pleasure to compliment their exertions when we can do so conscientiously.—B.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. I.]

SEPTEMBER, 1849.

[No. 9.

Part 1.---Original Communications.

INTERESTING ACCIDENT—FOREIGN BODY IN THE BRONCHI.

WESTERVILLE, FRANKLIN CO., O., Aug. 12, 1849.

Editors of the Eclectic Medical Journal:

In the month of June, 1848, while a little boy some six or seven years old, was quarreling and scuffling with an elder sister, he was suddenly jerked away by his mother, whereupon a convulsive fit of coughing ensued, causing him to eject two grains of Indian Corn from his mouth. As soon as the coughing subsided a little, he assured his mother that he had put *three* grains into his mouth; and the coughing immediately returning with renewed violence, the inference was, that one of the grains had descended the trachea and effected a lodgment in the lungs. Being her nearest neighbor, she immediately sent for me; and on my arrival I found the child comparatively quiet, affected with a slight tickling cough, complaining of pain in the right lung, with considerable discharge of mucus, slightly streaked with blood. I advised an emetic as the only safe way to effect a dislodgment; but finding a member of the family had gone for an old school Physician, and the child remaining quiet, I left. I subsequently learned that the Physician condemned my advice as attended with extreme danger; he however did nothing. During the succeeding eight days the child continued pale, with slight cough, constant expectoration and much less animation than usual, though he still continued to keep up. On the ninth he was attacked with strong symptoms of pneumonia (then somewhat prevalent)—inflammatory fever, tense pulse, acute pain and constant irritation of the lungs. In this condition his mother wished me to prescribe for him. I ordered his feet to be immersed in warm ley water, and his body to be sponged with the

same; administered a half tea spoon full of sudorific drops, in a decoction of serpentaria, after which I gave at intervals of two hours, small doses of Diaphoretic powder combined with $\frac{1}{4}$ gr. doses of Quinine, with a decoction of spearmint for drink; thereby continuing a determination to the surface. I likewise ordered a mustard plaster to the breast. In three days the little fellow was on his feet again—fever, pain and cough all subsided, and in ten days after, while playing, he suddenly vomited about a half tea cup full of putrid, offensive matter, and immediately afterwards the grain of corn, much swollen and blackened. Thus it appears, the corn had descended the right bronchial tube, and effected a lodgment in the lung, which accommodating itself to the intruder, had been attended with no other inconvenience, than the slight pain and irritation previously mentioned; till signs of inflammation supervened; which, arising from an effort of nature to expel an intruding substance, was attended with the happiest result.

In connection I will observe, that while in consultation with a member of the family on the above case, an old school Physician advised the operation of Bronchotomy as the only remedy. A mother's feelings revolted, and her child was saved.

A correspondent in Kentucky has sent you a recipe for the cure of Burns. We think the following a better preparation: Slake a lump of fresh Lime in water, let it settle; then mix a sufficiency with Linseed Oil by well stirring or shaking, till it becomes of the consistency of cream; this can be applied with a feather, and prevents the adhesion so likely to take place with plasters. But the most dangerous burn I have ever known was cured by the following Indian remedy: Take of the leaves and twigs of the Spice bush a sufficient quantity; boil till the strength is extracted; then lay the boiled leaves on the burnt part and keep constantly wet with the liquid; this saved when life was despaired of.

GEO. McWHIRK.

The foregoing case is happily illustrated by a similar instance reported by Surgeon SOLLY, which was received by the last mail. Mr. SOLLY's narrative and the discussion in the Society show very clearly we think, the impropriety of a meddlesome surgery.—B.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 24, 1849.—DR. ADDISON, PRESIDENT.

CASE OF FOREIGN BODY IN THE BRONCHI. BY SAMUEL SOLLY, F. R. S., Senior-Assistant Surgeon to St. Thomas's Hospital.

In this case a navigator drew into his windpipe the pebble which he had placed under his tongue to relieve thirst while working on the railway. He applied first to Mr. Passmore, of Pullin's

Bar, who, after making him stand on his head, and taking other measures to relieve him, proposed the operation of tracheotomy; but the man preferred coming up to London. On his admission into St. Thomas's, under the care of the author, his condition is thus described:—When recumbent, and entirely at rest, he was free from cough and unconscious of the presence of the stone; but severe cough was induced if he moved about much, and he fancied the stone changed its position. He lay either on his back or right side, an attempt to turn on the left side producing great dyspnoea, with cough and impending suffocation; he referred to the position of the right bronchus as that occupied by the stone, and occasionally experienced a sore and pricking sensation, at the same spot. On examining the chest with a stethoscope, the author found the respiratory murmur loud, but otherwise natural, on the left side. On the right, there was a loud cooing sound about four inches below the clavicle; below this, and over about three square inches, there was no respiratory murmur audible. These signs, however, varied, and at times the author could distinguish the sound accompanying the ingress of air at every part of the chest. Dr. Cohen found the respiratory murmur absent, one inch beneath the nipple of the right side, whilst the percussion elicited over the same part a clear sound. After the patient had been in the hospital a few days, he was bound to a table, inverted, the operator frequently striking him on the chest and back with his hand. The dyspnoea and spasmodic cough forbade the maintenance of this position beyond forty or fifty seconds. This inversion of the body having produced no effect on the position of the stone, it was determined to open to the trachea, which was done, and the man again inverted without dislodging the stone; but severe bronchitis was produced, which was twice subdued by repeated cupping, and the use of mercury. At last, the patient suddenly left the hospital, and returning to Holloway, died eight days afterwards. Two days after he left the hospital, he was seized with a fit of coughing, and was nearly suffocated. He declared at this time that the stone had changed its position. He had three more convulsive fits shortly before his death; and the expectoration was very profuse through the last week of his life. The post-mortem examination, which was conducted without the author's knowledge, revealed extensive pleuritic inflammation and suppuration in the pleura on the left side, and abscess of the substance of the lung on the right side. The stone was firmly wedged in one of the first divisions of the left bronchus, but there was no ulceration of the mucous membrane around it, indicating that it had been long resident there. It weighs 114 grains; its long axis being three quarters of an inch, and its short axis half an inch. The author remarked that he was prepared to use forceps for the extraction of the stone; but as the introduction of a long steel probe produced such violent spasm, without afford-

ing any information as to the position of the foreign body, he did not consider himself justified in employing them. The form would have rendered it next to impracticable to have seized it with forceps, had the attempt been made. There seems no doubt that the fatal event was accelerated by the patient's returning to his accustomed stimulants after quitting the hospital. The author is farther of opinion that the history of the case, and the post-mortem appearances, justify the assumption that the stone was ejected from its original position when the fit of spasmodic coughing came on two days after he left the hospital; and that it immediately afterwards passed into the left bronchus, where it was found after death.

Mr. B. PHILLIPS said that the case detailed suggested a very important question with respect to the practice to be pursued in similar accidents. In Mr. Brunel's case, a principle which had been much relied on by Sir B. Brodie appeared to have suggested the employment of the same plan of treatment in the present case. He alluded to the opening made in the trachea, in order to prevent the cough and spasm which presented themselves when the coin came into contact with the larynx. In Mr. Brunel's case the coin passed out of the glottis without producing spasm. The plan pursued in this case, however successful, and however high the authority for the proceeding, was not, he would venture to say, as yet established. The case of Mr. Solly went to show that the plan was not always applicable or successful. In that case, was not the stone brought often into contact with the glottis? and did not spasm of a violent kind result? If this was so after the opening was made in the trachea, it was clear, as far as this case went, that the plan was not free from doubt as to its result, however much surgeons, since Mr. Brunel's case, seemed to rely upon it. It was clear, also, that foreign bodies in the air-passages, were occasionally coughed up through the glottis without the occurrence of spasm. If he recollected rightly, soon after Mr. Brunel's case, an instance of the kind had occurred in the practice of Dr. Duncan, of Edinburgh. The patient had swallowed a coin of some kind, and on admission into the Infirmary, he was immediately inverted *en more* Mr. Brunel, and the coin was brought up without coughing at all. Many cases were also on record of tamarind-stones, cherry-stones, and other foreign bodies, remaining for weeks, and even months, in the air-passages, and which were eventually coughed up, without producing any distress in the patient. It was therefore by no means a settled point of practice, that all danger of suffocation was avoided by making an opening into the trachea.

Dr. C. J. B. WILLIAMS, on examining the stone, said that it was just the shape and size to act as a valve, and become impacted in the bronchial tube. It presented the form of a wedge, and must have been very difficult to dislodge. It had remained so impacted for a sufficient length of time to produce bronchial, and subsequent-

ly pulmonary inflammation, and when dislodged from the left bronchus, produced fatal disease in the opposite lung. It was a case not likely to occur again. He had always thought, in these cases, that a change soon took place in the lining membrane of the air-tube by the irritation caused by the former body. This irritation thickened the membrane, and therefore, the longer the foreign body remained unmoved, the more difficult it would be to dislodge it, or to get at it by an operation. The experiments of Magendie and Brodie had shown, that when the trachea was first opened its interior might be touched, and no spasm would be produced. It was only when a foreign body was passed up to the glottis that irritation exhibited its effects. If, however, the interior of the trachea were touched after it had been sometime open, violent coughing and spasm were the result. So, if a foreign body were long detained in the air-passages, irritation, and probably inflammation, were the effects. It therefore behoved us, when a foreign body was found to be so situated,—and he believed the physical signs of such a condition were quite sufficient to determine it, in almost all cases,—to take steps for its removal by operation; to get it away through the opening, by means of forceps; or as in Mr. Brunel's case. He agreed with Mr. Arnott, that the object of the opening, in Mr. Brunel's case, was not to prevent contraction of the glottis, from the foreign body acting upon it; but to remove the fatal effects resulting from such contraction. He had proved this by experiment, for he had opened the trachea, and passed a body up to the glottis, and the opening in the trachea prevented that proceeding from proving fatal. One pathological fact had been illustrated in a striking manner by the case under discussion. It showed that irritation in the bronchial tubes was capable of producing disease in the substance of the lung, even to the establishment of vomica. He thought the same results might take place from long continued bronchitis.

Dr. OGIER WARD spoke in praise of the use of emetics in cases where foreign bodies were in the air-passages, and related a case in which he had reason to believe a small bead had been ejected from one of the bronchi by this treatment.

Mr. ERICHSEN observed that it was important to determine whether an opening in the trachea really prevented irritation of the glottis, or not. He had certainly thought so, after the case of Mr. Brunel. He had, however, made experiments which, in their results, coincided with those made by Magendie. He had found, on introducing a foreign body through an opening in the trachea, that spasmodic cough was produced. This he had observed also in cases of cut throat. Instances, however, were on record, in which this irritability would appear to have been suspended. A case was related by Mr. Houston, in the *Dublin Journal*, in which such irritability was not present; and another case in which some blades of grass were passed through the glottis of a dog from an opening made in

the trachea, without any visible effect. Now, in those cases in which the foreign body remained a long time in the air-passages, was the irritability of the mucous membrane exhausted? Such continuance did exhaust the irritability in some mucous membranes.—In some cases also, irritability was removed by asphyxia, or by inflammation. If, in cases of a foreign body in the air-passages, we operated to relieve the breathing, then a small opening only was necessary; but, if we made the incision with the expectation of the foreign body coming through it, of course it was necessary to make it larger. In Mr. Brunel's case, the coin passed through the glottis, breathing being carried on by the opening in the trachea. In *Guy's Hospital Reports*, a case had been related by Mr. Cook, in which a sixpence passed from the air-passage during sleep, without any disturbance to the person. No tracheotomy had been performed. The coin had come out edgeways, as it had entered; and this was the way he (Mr. Erichsen) believed coins did come out when the operation was resorted to. This, however, was but a lucky accident, and it was better always to make an opening in the trachea large enough for the foreign body to escape from.

Dr. WEBSTER, in reference to the remarks made by Mr. Phillips, respecting the period during which foreign bodies might be lodged in the bronchi, had many years ago met with a case wherein a cherry-stone had remained sixty-eight days in the left bronchus.—It produced inflammation and suppuration, when the cherry-stone was vomited up, with a large quantity of pus; after which the patient soon recovered. Tracheotomy was thought of, but it was not considered advisable, in consultation with several surgeons. Numerous cases of foreign bodies, which had accidentally got into the air-passages, are recorded by authors. Some of these he (Dr. Webster) would just mention, to show how long such substances might remain in the bronchi, without producing fatal consequences. For instance, Louis and Petit relate a case, where a piece of gold remained lodged in the trachea during four years, when the patient died phthisical. Royer Collard met with the case of a lunatic, at Charenton, who swallowed a nail an inch and a half long, with a large head. On examination after death, the nail was found sticking in the left bronchus. The lung was not injured, and only slightly inflamed; but the nail was very much oxidized, and covered with an animal matter, the centre of the nail being still hard; thus proving the foreign body had remained a long time in the lungs. M. Collard gives an account of another, likewise in a maniac, at Charenton, who swallowed the bone of a mutton-chop, without producing any severe symptoms, or even inconvenience. Six years afterwards this patient died, without, however, any apparent pectoral disease. On dissection, the bone was found fixed in the bronchi; but there was no morbid appearance whatever in any part of the lung. He (Dr. Webster) might quote other cases, but would only now allude

to two, viz.: that of John Stephenson, an old Covenanter, whose life was published in 1728. This person swallowed a piece of bone, about the size of a hazel-nut, which got into his bronchi, and produced much pectoral disease like a decline. At the end of fourteen years and nine months, the bone was expectorated, when the patient recovered. The other case was one which the late Mr. Barrow, of Davies-street, told him, (Dr. Webster,) being that of a gentleman he had attended for some time, with severe pectoral symptoms, so much like phthisis, that the patient was not expected to survive.—However, early one morning he coughed up a piece of ginger, thickly encrusted with a hard mucous-looking matter, when recovery soon followed. On seeing the ginger, the patient told Mr. Barrow, that formerly he often went to sleep with a piece of that substance in his mouth, for a stomach complaint, and at the very commencement of his pulmonary affection he had done so, but missed the ginger in the morning; and he now had no doubt but it had then slipped into his windpipe, and produced all the subsequent symptoms. The cases now related, to which many others might be added, at least proved that foreign bodies might remain in the bronchi for a very long period, and were even ultimately got rid of without an operation.

PHYSICAL DIAGNOSIS.

BY P. C. DOLLEY, M. D.

The true Reformer must needs be in advance of those around him, and even of his times, and as a consequence, must stand as accuser of men and measures—and a condemner of positions and arguments of those whom he meets. It behooves us well then, while we exult in our prosperity, and the advancement of medical truth, to examine well what kind of men we are, and *should be*, who have taken it upon ourselves to proclaim these new doctrines. Evidently none but men of *science*, of *virtue*, of attainment, and of power.—He who cannot make himself known and felt as a Reformer, before he proclaims himself as such, is not worthy of the name, and cannot stand the test which the true Reformer must experience. He must show by his own deeds, that *he* feels the dignity of the station he assumes—that he means to make himself a benefit to the world,—before it shall confer an honor upon him,—and show, too, that he is capable of accomplishing it.

In conformity to these views, permit me to bring forward the subject of PHYSICAL EXAMINATION IN THE DIAGNOSIS OF DISEASE, as one that should be more fully urged upon the attention of practitioners.

There is probably no point more difficult in the whole range of the Physician's duties, than determining accurately the extent, nature, complications, &c. of disease,—and particularly without the aid of signs afforded by a physical examination, in diseases which admit of such examination. And what is he but a Quack, who will form his diagnosis and prescribe at random for a disease, when the means of *knowing* its nature, are at his command? In almost all diseases, nature has hung out her signals of distress, and if we properly understand them, we shall so read them as to make our insight clear, and as a consequence, our action in accordance with the dictates of our highest reason and best judgment—but if not properly read, who shall answer for the results of our prescriptions?

Take, for illustration, the two conditions of the respiratory organs, Phthisis Pulmonalis and Chronic Bronchitis, in the advanced stages of which there are so many concurrent symptoms, that without a physical examination, one is more liable to be led astray than otherwise. I have now a patient who has been drugged for Consumption, and was given up to die long since, in whose lungs no tubercle has ever existed. Miss P—, of our village, who died a year since, had been bed-ridden for years, was supposed to be wasting away with Consumption,—but a post-mortem examination showed a sound pair of lungs, with no disease of the system, except about the Uterus. Can science longer tolerate such abuse? Add to these diseases the numerous other morbid conditions of the lungs and air-passages, such as dilatation of the Bronchi, Emphysema, Œdema, Apoplexy of the lungs, Pneumothorax, &c., and without an accurate physical examination, the difficulties would be almost insurmountable.

But it is not in diseases of the lungs alone, that this mode of examination becomes of service. In diseases of the heart, it is almost indispensable, and in ascertaining the morbid condition of the abdominal viscera, it affords more certain data than any other set of signs. A case in point occurs to my mind. I was called some time last August, to see Mrs. B—, who had been ill for some four or five years of the Dropsy—and had been visited by seven or eight of the best physicians of this section. It was generally supposed to be a case of "*enlarged Liver*," with a consequent dropsy, &c. After a careful questioning and physical examination, I formed a diagnosis, and fearlessly gave it before a large number of friends who had assembled to see what I would say and do. As it was supposed she must die in a few days, my opinion was that Dropsy was her prime disease—that her Stomach, Liver and Heart were suffering *only in consequence of the great pressure upon them*, and that her lungs were perfectly sound. The result proved my position true, for at her post mortem examination, in March, the viscera were found precisely as I had described them, and instead of an *enlarged liver*, it was hardly of the natural size; and

her disease was the most marked case of Ovarian Dropsy, imaginable. I design to give the details of this case soon in the *Ec. Journal*. Had I depended upon the high authority which preceded me, or upon any thing but the symptoms developed by the physical examination, I should certainly have been misled, and as a consequence erred materially in my treatment. It is not my object to write an essay, but merely to call attention to a subject, which I think is too much neglected in the study, instruction, and practice of all classes of physicians.

The melancholy variations of human suffering and death which the physician has to meet, should touch the tenderest and noblest chords of the human heart; and he who can go forth and trample—ruthlessly *trample* in the dust the weighty responsibilities committed to him, and impose upon the confidence reposed in him, by pretending to know what he knows not—and to do what he cannot—and that too for a paltry pecuniary consideration—deserves hardly the *pity*, much less the confidence and esteem of community.

I hope, then, no Reformer will feel satisfied till he can in attainments of this and all other *medical* branches, place himself beside the highest—in other words, until he is fully prepared to discharge his responsible duties.

LEPTANDRIN.

To Wm. S. Merrell, A. M.

SIR: Feeling as I do a strong desire for the success, and final triumph of the principles and practice of Eclecticism, and being also well assured, that whatever new improvements, or discoveries may have been made, either in the way of Clinical practice or Pharmacy, are of the first importance in the progressive movements of medical reform; and, believing as I do, that in the use and action of different medicines one fact is worth a thousand metaphysical theories, and that no part of medical science has been more neglected and overlooked within the last century than the vegetable *Materia Medica*; I proceed to give the result of my observations in the use of the Leptandrin.

This medicine will be found to be of great convenience to the practitioner from its Homœopathic dimensions, and is destined to take a high stand among the already numerous articles of our indigenous *Materia Medica*, which being generally unfit for administration in their original state, require to be subjected to various operations, mechanical or chemical, before they become adapted to use. Pharmacy requires an accurate knowledge of the sensible and chemical properties of the substances operated on, as the qualities of many bodies are materially changed by heat, especially in conjunc-

tion with air and other chemical agents, and by pharmaceutic combinations.

Hence, in the preparations and combinations of the Pharmacopœia, the profession is not a little interested in knowing that this very important department of medical science is conducted on the most accurate and scientific principles. And here permit me to say, that I am highly gratified in witnessing the success attending your labors, in developing the resources of our *Materia Medica*. Soon after you had given to the public the result of your experiments on the subject of Podophyllin, Macrotin, and Leptandrin, at your request I took occasion to make some tests of the last mentioned article in my practice, the results of which have been very satisfactory, furnishing my mind with conclusive evidence, that the Leptandrin is not among the least valuable discoveries made in our vegetable *Materia Medica*. From the previous success attending the use of the Leptandria Virginica in the case of *hepatic torpor*, and morbid *dysenteric* discharges, I was inclined to believe that, if you had succeeded in developing its remedial powers, we should find the Leptandrin to be a valuable adjuvant in the treatment of those morbid states of the stomach and liver. Consequently, I sought the first opportunity of testing the merits of this new compound. I selected some eight or ten well marked cases of the above mentioned disease, and administered the Leptandrin in the following manner, which I find to be the best mode of using it, being insoluble in water. I submitted the *resin* to the action of a sufficient amount of Alcoholic Spirits to moisten it, and waiting until it had evaporated, I then triturated it with pulverized white sugar, until the whole became an impalpable powder. I usually gave to an adult from two to three grs. of the Leptandrin as above stated, in those cases of obstinate Chronic Diarrhœa which had resisted the mercurial treatment of the Allopathic practice; and am happy to state, that in most of the cases in which I have tried it, it has produced the most happy results, and confirms me in the opinion, that the Leptandrin will not only add another valuable article to our vegetable *Materia Medica*, but will be found to be a safe and valuable substitute for the heretofore idolized compounds of Mercury.

S. H. CHASE, M. D.

Cincinnati, August 15th, 1849.

We think the value of Leptandrin in Dysentery, has been thoroughly proved by the experience of the profession in Cincinnati.—As a cholagogue remedy of very little purgative power, well calculated to change the morbid diathesis, it is entitled to a high rank.

B.

HUNKERISM RENOUNCED.

Extract from the letter of a young physician in Missouri, to a gentleman in Cincinnati:

"The subject to which I allude is that of Medical Reform. My immediate object in writing to you is to ascertain if there is a reform medical periodical published in your city; so that if there is, I may have the pleasure of adding my name to its list of subscribers. I am aware that you have an able Eclectic Faculty in the "Queen City," but whether or not they have started a periodical I am not informed. If there is such a periodical in Cincinnati I will be under lasting obligations to you if, by letter, you will let me know something about its present condition. I am aware, that as a stranger, I am drawing too largely upon your stock of liberality; but as I am deeply interested in obtaining the asked for information, and as I do not know any one else in your city, you will please pardon my presumption; and if you will do me the favor asked, you may depend upon it being reciprocated should an opportunity ever present itself. Having thus dashed off so unceremoniously, you may probably wish to know who I am. Well, in the first place, I am a practitioner of medicine. I commenced the study of medicine in this place some years before you left here. I first began to read with P——, that great high priest of Calomel, who I verily believe has immolated more victims upon the altar of mercury, than he has hairs on his head. I studied here three years, and then went to St. Louis, where I spent two more years, under the tuition of the ablest men in the place, during which time I graduated in the medical department of the University of Missouri. Being thus thoroughly initiated into the sublime arcana of the routine poisoners of the old school, I returned to this place to practice my profession.

Early in my course of reading, my attention was forcibly fixed upon the many palpable fallacies, nay, damnable absurdities of the system which I was studying; and during the last three years of my pupilage, I embraced every opportunity of making myself familiar with the tenets of the new schools, so as to be able to compare the two systems, and thus draw an impartial parallel between them. When I returned to this place, it was with the full determination never to practice my profession as it had been taught me in the school from which I obtained my diploma. But I found the public mind so inveterately prejudiced against everything which bears upon it the impress of novelty, that I hesitated to cross the Rubicon. So, prompted by self-interest more than my own proper judgment of rectitude, I gradually fell into the old treadmill, blind, groping practice, which begins with calomel, the lancet

and blistering, and alas! too often ends with the melancholy conclusion of the *Grave*.

Well, I am now satisfied and thoroughly disgusted with the course I have been pursuing, and come what may, I am resolved, despite public opinion and my own interest, to sever myself forever from the old school, which to speak candidly, I look upon as little better than a machine for the destruction of human life and happiness. This is tolerably strong language I am aware, but I believe no more so than is justified by the facts in the case. In taking this contemplated step, I know I have many difficulties to meet and contend with. I will have to enter the arena of combat, not against a single foe, but against a host of stupid asses, led on by that brazen faced old demon, Prejudice himself. I will have to bear the jibes and scoffs of the public in general, and of the profession of medicine in particular, and have the epithet of quack hurled at me by many a self important donkey, who plumes himself upon the name of *doctor*, and who has not three original ideas above a common cabbage head. But this will only be for a season, for truth is in the ascendancy, and must ultimately prevail. The bright sun of reason is now rapidly rising above the dark outlines of our professional horizon, and I do not wish to be the last one to awake from the dull slumber of ignorance, and creep sluggishly forth to meet the coming noon. But if I can, like the morning lark, I will mount above the dull atmosphere of prejudice, and bask in the virgin beams of the day-god, while below thousands grope their way still through darkness and doubt."

CASE OF AMENORRHŒA OF TWO YEARS' STANDING SUCCESSFULLY TREATED.

Messrs. Editors :

I feel desirous of reporting the following case, and if you deem it worthy of publicity, give it a place in your excellent Journal. On the 10th of March, 1849, I was called to see Miss E—K—, aged eighteen, who had been suffering with suppression of the menses two years. She is of a sanguine temperament, with plethoric habit; has had several fits, much resembling apoplexy. In one of these attacks she was bled, and received a full course of the common treatment, but did not get any relief. I found her laboring under fullness and pain in the head, violent pulsations of the carotids, pulse full and bounding, with that peculiar contraction of the artery noticed in Scarlatina; great pain and soreness in the pubic region, and a dragging sensation in the left iliac region, (probably from partial prolapsus) nausea and vomiting; obstinate constipation of the bowels; extremities cold; acidity of the stomach; palpitation, and at times syncope to a slight degree; offensive breath, &c., &c.

TREATMENT.—Fomentations were applied to the abdomen, and continued until soreness subsided. Hydragogue cathartics exhibited until free evacuations were produced; the alkaline bath used twice a day; anti-dyspeptic pills given as often as necessary to keep the bowels open; an alterative pill was also given, composed of two parts Ext. Iris Versicolor, and one part Podophyllin. These pills seemed to have an admirable effect in restoring the tone of the liver, and preventing torpor of the bowels. The Restorative Wine Bitters were given in the usual dose, and the patient was soon able to ride in a carriage. At this time a medical beer was ordered as follows:

℞ Ictodes Foetida, Pulv., ʒij,
 Sanguin. Canad., “ ʒss,
 Ruta Graveolens.
 Boughs of the Juniperus Sabina, ʒ ʒ 1 handful,
 Water 1 gallon.

Place all in an earthen vessel, simmer to half a gallon, add yeast sufficient to work. Dose, one-half wine glass three times a day. The use of this one week restored the secretion, and her health has steadily improved. She is now well, and truly grateful to the Reformed practice of medicine. Duration of whole treatment four weeks. I saw her to day—she says she never was as well in her life as at this time; is able to do any kind of work.

Yours, Respectfully,

C. W. ARNOLD.

EAST TOWNSEND, Aug. 27.

The Journal has been of inestimable value to me—I hope it will be patronized liberally by all “Reformers.” In general practice I have had better success than my most sanguine hopes presaged.

C. W. A.

FLUID CAMPHOR.

The following recipe for fluid camphor has been highly commended by several foreign writers, who have used it successfully in cholera.—B.

3 grains Camphor;
 6 “ Bicarbonate Magnesia;
 1 oz. Water, or a wine-glass full.

Take a part or the whole every five minutes.

Sir J. Murray says:—“The magnesia does not interfere with the action of the Camphor, but, by neutralizing gastric acids, its properties are more favorably displayed. Further, it has undoubtedly succeeded in soothing and composing the nerves when solid camphor irritated and disturbed them, or when exhibited in powder, pill, or bolus, or what is nearly as bad, stimulating tinctures, acts as a local acid, inflicting pungent pain of the mucous membrane lining the alimentary passages.”

Homœopathic Department.

ADDRESS TO THE PUBLIC.

When in the course of passing events, it becomes necessary to call in question the correctness of opinions, venerated for their antiquity, as well as for the celebrated names that cluster around them; it is always proper to give a candid and explicit statement to the public, of the reasons by which we have been actuated. The more important the interest, the more closely the branch of business we propose to innovate or revolutionize, is connected with the welfare of society at large; the more it is becoming in the reformer to detail to the world a statement of the evidences and facts upon which he proceeds. It is by these means the pseudo-reformer, who seeks to revolutionize for CHANGE rather than PROGRESS; who desires to unsettle the existing state of things, that he may gain some temporary advantage for himself, may be distinguished from the man who is honestly seeking the amelioration of society as his only end. It is against those restless spirits, who seek to change rather than reform, that staid conservatism attains dignity and importance. The celebrated John Locke says, "all men are born to orthodoxy." We receive the prevalent opinions of our own day upon the slightest examination, and feel perfectly confident of their certainty, when we find them supported by the authority of those individuals who have the reputation of being the learned ones. The amateurs, in almost every department of learning, are under the authority of their masters; their convictions depending more upon the dictum of the teacher, than upon the demonstrations connected with the elucidation of the subject. Assent and evidence should always go hand in hand. If a man's assent goes beyond the evidence upon which it is based, all that excess may be put down as the result of prejudice and passion; and a refusal to examine the evidence for or against his favorite system, shows that some side consideration or sinister motive, governs in the premises, rather than a desire for simple truth.

Literary men are far from being always free from party bias and mental obliquity.

The distempers of the mind are as multifarious and mixed as those of body—and frequently much more enduring. A mind under the influence of prejudice, interest, or passion, may reject truth, reject evidence, reject facts; preferring the most flimsy *a priori* reasoning to careful experiment and rigid induction.

A diseased understanding is wholly out of relation with evidence and fact.

Why was it that Copernicus was scoffed at? or Galileo imprisoned? but from the fact that the literary men of their day were governed by prejudice and presumption.

Galileo says of a cotemporary philosopher who had denounced him as a quack and visionary, "I have repeatedly invited him to verify my observations by looking through my glasses, but he pertinaciously refuses."

It is said that of all the physicians who lived cotemporary with Hervey, no one above forty years of age ever adopted his views of the circulation of the blood.

Jenner's splendid discovery of the prophylactic virtues of cow pox, in destroying the susceptibility of the system to small pox, was derided and denounced, for no other reason than that the learned Doctors of that day were effected with a deep and truth-destroying perversion of their intellectual powers. But the pitiful, sickening record of the past is not sufficient. As a lesson from history, it is far from being realized. To the learned bigot of the 19th century it has no moral.

The manner in which the discovery of Hahnemann is treated, will soon, like the foregoing, be quoted to illustrate the fact, that the most learned Doctors may carry about them a mental obliquity for years, without ever suspecting the necessity of taking physic or applying a blister.

The bigoted prejudice of the learned is undoubtedly as much in the way of the final consummation of man's earthly destiny, as the ignorance and superstition of the multitude.

Homœopathy, however, in spite of all the reproach and persecution that has been heaped upon it, stands forth a *realized* truth. *Similia similibus curantur*, has taken its place in the annals of medicine, as a historic fact, from which it cannot be torn. The crime of Samuel Hahnemann was the discovery of a new truth; a discovery, too, in that most incorrigible of all departments of human enquiry, Therapeutics.

He has indeed widely departed from all his predecessors in this department of medical literature. Instead of theorizing; instead of inventing; of conjuring up in his own imagination, a theory of the action of drugs, he has assumed to himself the humbler task of experiment and discovery.

Like a true reformer, he has placed one foot upon facts, deduced from careful experiment, while the progressive one was carefully reached forward, and placed upon a great general principle, in which all the facts were united, thus by induction, laying the foundation for the practice of medicine as an art, and for its progressive development as a science. It forms a general law, expressive of the curative relation between drugs and disease.

Were we to look to the allopathic *Materia Medica* for any DISCOVERED principle, or even *invented* theory of relation between drug and disease, that were available as a general rule in practice, we should look in vain.

I need hardly insist that any system of medicine must be impotent in restoring the sick to health, in the same proportion as its *Materia Medica* is false, fabulous, or undeveloped; or in proportion as it fails to furnish clear and practical rules by which to apply drugs to disease. It is not enough to learn the nature and properties of drugs, and the pathology and progress of diseased action; there is a third question of no less importance than either of the former, and that is the relation existing between the remedy and the form of disease it is adapted to cure. Until this relation is clearly perceived and practically apprehended, the important desideratum is unattained.

The old school *Materia Medica*, so far as it assumes to treat of the nature and qualities of remedies, is a strange medley of fact and fiction, presenting to the reader a confused mass of incongruous prescriptions of drugs, whose particular qualities are, in many instances, entirely supposititious, grouped together without any due regard to their dynamic relations.

In the older *Materia Medica*, the supposed qualities of medicines were arbitrarily imposed upon them, by the imagination of the theorists of the day; and as the fancy of writers varied, so we find the powers attributed to the same substances, differing greatly in the estimation of different writers, and at different times.

Says Bichat in his *General Anatomy*, "There is not in the *Materia Medica*—that is, the history of *remedies*—any general system; but this science has been by turns influenced by those who have ruled in medicine.

The incoherent assemblage of opinions, themselves incoherent, it is perhaps, of all sciences, the best representation of the caprices of the human mind.

What do I say? It is not a science for a methodic mind, it is a shapeless assemblage of inexact ideas, of observations often puerile; of deceitful means; of formulas as absurdly conceived, as they are fastidiously collected."

Says Dr. Gertanner, authority of no humble rank, "Our *Materia Medica* is a mere collection of fallacious observations."

Says Doctor Paris, "They ask (and it must be confessed they ask with reason,) what pledge can be afforded, that the boasted remedies of the present day will not, like their predecessors, fall into disrepute, and in their turn, serve only as humiliating memorials of the credulity and insatiation of the physicians who commend and prescribe them? In the progress of the history of medicine when are we able to produce a discovery or improvement which has been the result of that happy combination of observa-

tion, analogy and experiment, which has so eminently rewarded the labors of modern science."

It was reserved for Samuel Hahnemann to discover the very analogy Doctor Paris so much desired, and to enunciate it as a great law of analogy between drug and disease, distinctly expressed in their external manifestation.

The experiments also he has performed by testing a great variety of drugs under the most favorable circumstances for obtaining correct results, and thousands of well trained physicians have made many hundred thousand observations, by applying those remedies to disease, in conformity to the above analogy, and find the new elicited principle a most trust-worthy guide.—S.

ÆSCULAPIUS IN THE BALANCE.

BY SAMUEL HAHNEMAN, 1805.

(Continued.)

In this great period of nearly two thousand years, was the pure observation of disease neglected. The wish was to be more scientific, and to discover the hidden causes of disease. These once discovered, it were an easy task to find out a remedy.

Galen devised a system for this purpose. His four *quantities* in their different degrees; and for one hundred and fifty years his system was worshipped over our whole hemisphere, as the *ne plus ultra* of medical truth. But this phantom did not advance the practical art of healing by a hair's breadth; it rather retrograded.

After it had become more easy to communicate thought, to obtain a name by writing hypotheses, and when the writings of others could be more cheaply read—in a word, after the discovery of printing—the systems rapidly increased, and they have crowded one on another up to our own day. There was now the influence of the stars, now that of evil spirits and witchcraft; anon came the alchymist with his salt, sulphur, and mercury; then Silviuſ, with his acids, biles, and mucus; then the iatromathematicians and mechanical sect, who explained everything by the shape of the smallest parts, their weight, pressure, friction, &c.; to these succeeded the humorists, with certain acridities of the fluids; then the tone of the fibre and the abnormal state of the nerves was insisted on by the solidists; then, according to Reil, much was due to the internal composition and form of the most minute parts, while the chemists found a fruitful cause of disease in the development of various gases. How Brown explained disease with his theory of irritability, and how he wished to confine the whole science with a couple of assumptions, is still fresh in our recollection; to say no-

thing of the ludicrously lofty, gigantic commencement of the natural philosophers. Physicians no longer tried to see diseases as they were; what they saw did not satisfy them, but they wished by a *priori* reasoning, to find out an indiscoverable source of disease in regions of speculation, which are not to be penetrated by terrestrial mortals.

Our system builders pleased themselves in those metaphysical heights, where it was so easy to win territory; for in the boundless region of speculation every one becomes a ruler, who can most effectually transcend the evidence of the senses. The superhuman aspect they derived from the erection of these stupendous castles, concealed their poverty in the art of healing. But since the discovery of printing, the preliminary knowledge of the physician, especially Natural History and Philosophy, and in particular the Anatomy of the human body, Physiology and Botany, have manifestly increased.

But it is worthy of the deepest reflection how it comes that those useful sciences, which have so manifestly increased the knowledge of the physician, have contributed so little to the improvement of his art.

Then the anatomist took upon him to explain the functions of the living body; and, by his knowledge of the position of the internal parts, to elucidate the whole phenomena of disease. Then was this membrane or that tissue of the intestines, a continuation of the membrane or tissue of another part of the intestines; and so, according to them, was the whole mystery of metastasis unravelled to a hair. If that did not prove sufficient, they were not long in discovering some nervous filament, to serve as a bridge for the transportation of a disease from one part of the body to another, and *more* unfruitful speculation of the same kind. After the absorbents were discovered, anatomy took upon herself to instruct physicians in what way medicines permeated them, in order to get to that spot of the body where their operation was wanted; and there were many more of such material demonstrations put forward, much to the retardation of our art.

Physiology, until Haller's time, looked only through the glasses of hypothetical conceits, gross mechanical explanations, and pretension to systems, until this great man undertook the task of founding the knowledge of the phenomena of the human body upon sensible observation alone, little has been added since his time, except so far as newly discovered products, newly discovered physical powers and laws, have conspired to explain the constitution of our frame.

In general, natural philosophy pressed somewhat arrogantly to the explanation of phenomena in the healthy and diseased body. Then were the manifest laws which, in the inorganic world, regulate the extrication, confinement, and diffusion of caloric, and the

phenomena of electricity and galvanism applied, without change and without any exception, to the explanation of vital phenomena; and there were many premature conclusions of a similar kind.

But none of the preliminary sciences has assumed so arrogant a place as chemistry. It is indeed a fact that chemistry has explained certain appearances of the healthy, as well as the diseased body, and has been a guide to the preparation of various medicines; but it is incredible how often it has usurped the right of explaining all physiological and pathological phenomena, and how much it has distinguished itself by authorizing this or that medicine. Green, Tromsdorff, and Liphart, may serve as warning examples of this. It is, I repeat, a matter for most serious reflection, that while these sciences, (in themselves most honorable,) have advanced within these last ten years to a height of perfection which seems not to be surpassed; yet, notwithstanding, they have had no marked beneficial influence on the treatment of disease. Let us consider how this has happened.

Anatomy shews us the outside of every part which can be separated with the knife, the saw, by maceration; but the deep internal changes it does not enable us to see. And when we examine the intestines, still it is only a view of the outside of anything we obtain; and even were we to open live animals, or, like Herophilus, (of horrid memory,) dissect men alive, so little could we penetrate the minuter structure of parts lying remote from view, that even the most inquisitive and attentive observer would relinquish the task in dissatisfaction.

Nor does he make much greater discoveries with his microscope, unless the refracting power favor him with an optical illusion. He sees only the outside of organs, he sees only their grosser substance; but into the innermost depth of their being, and into the relation of their secret processes, his mortal eye can never pierce.

By means of pure observation and unprejudiced reflection, in connection with anatomy, natural philosophy, and chemistry, we have arrived at very probable conclusions regarding the formation and vital phenomena of the human body (physiology,) because all the phenomena in what is called a healthy body remaining constant, can be observed from different points of view, so that the supposed facts can be re-observed, compared, and corrected. But it is no less true, than striking and humbling, that this anthropological or physiological knowledge begins to prove of no use as soon as the system departs from its state of health. All explanation of morbid processes, from what we know of healthy ones, are deceitful, approaching more or less to what is untrue; at all events, positive proofs of the reality and truth of the transferred explanations are unattainable; they are from time to time refuted by the highest of all decisions—*experience*. Because an explanation answers for the healthy state of the frame, it will not answer for the diseased. We may admit

it or not as we please; but it is too true that, in the moment when we attempt to look through the state of this disease physiologically, there drops before our previously clear light of physiology, a thick veil—a partition which prevents all vision. It is all over with our physiological skill when we have to explain the phenomena of morbid action. There is almost no part of it applicable. True, we can try to make an application of the physiological systems to pathological phenomena; but it tends to mislead into error. Chemistry should never attempt to afford an explanation of pathological changes, since it is so unsuccessful in explaining the normal ones. When it predicts what, according to its laws, ought to happen, then something quite different takes place; and if the vitality overmasters chemistry in the healthy body, how much more must it do so in the diseased, which is exposed to the influence of so many more forces.

And just as little does it become chemistry to give a decision upon the value or worthlessness of medicines; for it is altogether out of its sphere of vision to determine what is healing or hurtful; and it possesses no principle and no standard by which the healing efficacy of medicine, in different diseases, can be measured or judged of. Thus has the healing artist stood alone—I might say forsaken—forsaken of all his renowned auxiliary sciences—forsaken of all his transcendental explanations and speculative systems.

All these assistants were mute, when, for example, he stumbled upon an intermittent fever, which could not be removed by means of purgatives and cinchona bark. "What is to be done here?" he enquires of these, his oracles. And these oracles have remained silent up to the present hour, in most cases.

HOMŒOPATHY IN CINCINNATI.

The following letter will sufficiently explain itself. It is enough for us that it comes in an authentic form; and, however "doctors may disagree" in regard to the subject matter, we simply perform an act of courtesy to the recipient of the communication, who occupies no doubtful position in our midst. The writer is a clergyman of good standing in Cincinnati, Ohio.—[*Phila. Bulletin*.

CINCINNATI, Aug. 9, 1849,

Dr. C. Herring:

DEAR SIR.—I have lately read in the Saturday Evening Post, published in your city, under date of July 28th, an article on "Cholera on Cincinnati," containing some extracts from a correspondent in this city, who, the editor says, "is a gentleman well and favorably known in editorial circles." The correspondent of the Post ascribes the great mortality in Cincinnati from cholera,

1st, "to the circumstance that the mode of living of the foreign population, among whom the epidemic has prevailed most extensively, is calculated to bring on the disease;" and 2d, "to the fact that these classes generally employ either Homœopathic physicians, or illiterate and uneducated physicians of foreign birth, violently prejudiced against the use of calomel and opium."

According to this writer, then, the great mortality that has lately prevailed in Cincinnati, is to be ascribed in a good measure, to the non-success of Homœopathic treatment in cholera. I am surprised that any respectable person in our city, should make such a statement in the face of facts, which I had supposed were pretty generally known here. Certainly the writer must either be very dishonest, or violently prejudiced against Homœopathy, or which is the most charitable conclusion, totally ignorant of the facts in the case. Having myself been in the midst of the epidemic—having seen much of the disease in all its stages, and having witnessed the truly astonishing success of Homœopathy in the treatment of cholera, I could hardly refrain from a burst of indignant feeling on reading the extract above referred to. For I felt that it was not only unjust in the highest degree to the Homœopathists of Cincinnati, but calculated to deceive and mislead the inhabitants of our eastern cities, where the epidemic is now prevailing, and that it may, perhaps, prevent many from knowing the blessings of Homœopathy, who might otherwise have experienced them.

But it is not my design or wish to appear as the *advocate* of Homœopathy. If *true*, it receives no honor from man. If *not* true, it deserves none. But I will state a few facts which I have collected with great care, by personal inquiry of the different families belonging to my own congregation, both of those who use the homœopathic and those who use the allopathic practice. And I may add, that it was reading the article in the *Post*, above referred to, which led me to make the inquiries I have, and to collect the facts which I will now state.

As nearly as I can ascertain, then, there are belonging to the congregation in Cincinnati, of which I have the pastoral charge, 104 families in all. Of these families, 86 have used, and *relied* upon, the homœopathic treatment in all attacks of cholera; 13 have used, and *relied* upon, allopathic treatment; and the remaining 4 have had recourse to the eclectic or botanic practice; and the results have been as follows:

In the 86 families that have *relied* upon the homœopathic practice—numbering 476 individuals, including such domestics and others in their employ as abide by the usual medical treatment used in the families—there have been, since the commencement of the epidemic the present season, 160 cases of cholera—and a considerably larger number according to the definition as given by one of our distinguished Allopathic physicians, Dr. Drake. I do not

include in this number all cases of diarrhœa that have occurred in these families, but only those severe attacks which were of a decided cholera type, and which, if unchecked, there was every reason to believe would have resulted shortly in fully developed cholera. Several of them were cases of cholera fully developed, and some of the severest kind; and very many were attended with cramps, vomiting, rice-water discharges, &c. And out of all these 160 cases treated Homœopathically, there has occurred but *one death*. And it is but justice to Homœopathy to state, that this was the case of a lady whose vital powers had been greatly enfeebled by a recent confinement, who did not send for her physician until six or seven hours after the diarrhœa commenced, and who, owing to the numerous other calls at that time, supposed to be more urgent, (for he was not informed that hers was a case of cholera,) was not seen by him till about twelve hours after the attack, when the patient had sunk beyond the reach of remedial agents.

In the 13 families treated Allopathically—numbering in all 74 individuals, including domestics, &c.—there have been 25 cases, and *five deaths*—all Americans.

In the 4 families who use the Eclectic or Botanic practice—numbering in all 30 individuals—there have been five cases and no deaths.

I ought to mention that, in quite a number of all the cases treated, no physician was called, the patient having found relief from the remedies previously furnished the families by their respective schools of practice. I believe about all the families who have used the Homœopathic practice, have kept themselves supplied with a box of the cholera remedies, accompanied with the printed directions. This has generally enabled them to arrest the disease in its first stages. The proportion of *cases* to the number of persons composing the families, is almost precisely the same among those who relied upon the Homœopathic, as among those who used the Allopathic treatment, *i. e.* about one case to every three individuals. It will also be seen that the number of cases treated Homœopathically have been more than six—nearly six and a half—to one treated Allopathically. Yet the number of deaths under the Allopathic treatment has been *five times* as great as under the Homœopathic. According to the ratio of deaths to cases treated Allopathically, the Homœopaths should have lost more than 30; whereas they have lost but *one*. As far as these statistics go, therefore, (which I have used great care in collecting,) they show that the new treatment has been more than thirty times as successful as the old or *regular* treatment as it is called.

And here I must not omit to mention another fact going in some measure to show how Homœopathy has been gaining upon the public confidence in Cincinnati during the prevalence of the cholera, and what must be the *reputed* success of the two schools among

ourselves. I have ascertained that, out of the 86 families mentioned, ten had previously used the Allopathic practice, and had not been favorable to Homœopathy, but have resorted to it for the first time since the cholera made its appearance among us, and in every instance with complete success. One of these families resides at Fulton, a small village just above Cincinnati, where the epidemic was very fatal, and where, as I am informed by one who had the means of knowing, there were eight or ten deaths daily for a considerable length of time, and *no* cures by Allopathic practitioners prior to the attack of the two individuals who were treated *successfully* by Homœopathy.

It should also be told, that in some of the families belonging to my congregation who have resorted to Homœopathy with entire success during the prevalence of the cholera, this season, there were more or less deaths in 1832, '33, and '34, when the same families relied upon the old practice, and when, too, the epidemic, (if we except a day or two in 1832) was less severe. I may add, too, in this connection, that, in point of intelligence, respectability, prudence, locality, &c., there is no essential difference between the families that have used the Homœopathic and those that have used the Allopathic practice. There is, I think, as near an equality among them in these and other similar respects, as it is possible to conceive of. And nearly every family are Americans—probably not half a dozen foreigners in all. All who have died were Americans.

I will now state another fact, which, though of a somewhat different character, tells the same story in regard to the relative success in cholera of the two schools in question. On referring to my record-book I find that I have officiated at the funerals of eight persons who died of cholera since the month of May. And, notwithstanding my acquaintance among families who employ the Homœopathic practice is, at least five times as extensive as among those of the old or "regular" school, yet *seven* of these funerals were of persons who died under Allopathic, and only *one* of them under Homœopathic treatment. This fact shows Homœopathy to have been *thirty five* times as successful in cholera as Allopathy; for, on the supposition of *equal* merit and success in the two systems, I ought to have attended the funerals of five times seven, *i. e.* of 35 persons, who died under Homœopathic treatment, instead of *one*.

The following, equally remarkable, illustrating with equal force the superiority of Homœopathy to Allopathy in Asiatic Cholera, was communicated to me by Mr. James Root, one of the most respectable members of my congregation, and whose character for truthfulness and probity is, I believe, well established in our city. Mr. Root is the proprietor of an iron foundry, in which he employs 45 workmen—mostly foreigners. Out of this number he informs

me that something like 20 have been attacked by cholera within the last three months, and that some of these attacks were of the severest character. *All of them*, he says, were treated Homœopathically, and *all recovered*. Not a man in his establishment has died of cholera during the season, although belonging to that class of individuals, among whom, as is well known, the epidemic has generally proved most fatal.

Now compare this statement with the following, which I obtained from the respectable and enterprising proprietor of another similar establishment in our city—and note the contrast. *Fifteen* have died of cholera the present season, out of the 325 workmen employed in this latter establishment; and I have not been able to learn that any one of these had Homœopathic treatment. The proprietor is friendly to Allopathy, and uses that treatment himself.

One other fact, of too remarkable and striking a nature to be omitted, was communicated to me by Mr. Root, whose statement was afterwards confirmed by one of the surviving members of the family referred to. One of the men employed in this gentleman's foundry—a German by birth—who recovered from the cholera under Homœopathic treatment, belonged to a family which a few months ago, consisted of six members. Every member of this family was attacked by cholera. *Four* of them had Allopathic treatment, and *all died*. The other two, who were, I think, the last attacked, had Homœopathic treatment, and both *recovered*.

These are the most important facts which I have been able to collect by careful personal enquiry among the members of my own congregation. And I will add that they are not *picked* facts. They have not been *culled* from a number of others *less* favorable to Homœopathy. They have not been selected with partiality, nor with any design or wish to favor the New School of Medical practice, but simply to show to you, and (if you think them of sufficient importance to be made public) to the inhabitants of your city, and other eastern towns, how little foundation the correspondent of the *Evening Post* had for the assertions made by him and published in that paper, touching the success or non-success of Homœopathy in our city during the prevalence of the epidemic cholera. I cannot think that any high-minded and honorable Allopathist will blame me for collecting these facts, or for leaving it optional with you to make them public. For what other solid or safe foundation is there besides *facts*, on which to base a rational conclusion in matters of this nature? And yet I do not *explain* for others the facts here presented.

The opponents of Homœopathy are at liberty to account for them as they are best able, or to explain them in any manner most satisfactory to themselves. But *the facts themselves*, as herein communicated, cannot be gainsayed. You are, therefore, at liberty

to make any use of them which you may think will subserve the cause of humanity, or the interests of medical science.

I remain, dear sir, yours, which sentiments of high respect and esteem,

B. F. BARRETT.

DR. CONSTANTINE HERRING.

P. S. Since writing the above, I have learned upon what I deem good authority, that two or three of the respectable Allopathic physicians of this city have been so much impressed with the recent triumphs of Homœopathy here, that they have resolved to make themselves better acquainted with the new system, and have commenced the study of Homœopathy in earnest. One of them, as I am credibly informed, has lately purchased thirty or forty dollars' worth of Homœopathic books and medicines. But I have not yet heard of a Homœopathic physician becoming so dissatisfied with his own system during the prevalence of the cholera, as to think of looking to the old Allopathic school for more light on the subject. And while Homœopathy has gained ten families from the Allopathic ranks in my own congregation since the commencement of the cholera, I should not omit to say that Allopathy has not gained *a single family* from the Homœopathic ranks. You can judge from this which of these two schools of practice has been lately gaining most rapidly in the popular estimation, or to which principally would be ascribed the great mortality from cholera with which our city has been visited, if the question were to be fairly tried before the bar of public opinion.

It may also interest you to hear that a meeting of some of our most intelligent and respectable citizens—non-professional men—has been called for next Tuesday evening, with the view of forming a Homœopathic Society in Cincinnati, somewhat after the plan of similar societies that have been formed in some of the eastern cities. And it is worth stating, that some of those most active in this movement have quite recently become converted to the Homœopathic doctrine.

Yours, &c.,

B. F. B.

NOTE.—In the foregoing letter Mr. Barrett speaks inaccurately of the Eclectic practice, as "Eclectic or Botanic," not being aware that there is a distinct school which bears the title of "Botanic," or *Botanico Medical*. However as this title has lately been changed to "Physo-medical," the public can hardly be expected to know exactly the proper terms.—B.

Part 2.---Selected.

REPORT OF DR. J. H. JORDAN, ATTENDING PHYSICIAN OF THE CINCINNATI CHOLERA HOSPITAL TO THE BOARD OF HEALTH.*

GENTLEMEN :

I have the honor of submitting the following as a Report of the Fourth Street Cholera Hospital of Cincinnati, for the time of my connexion with that Institution—being from the 6th of June till the 18th of August—the period of its suspension.

There were admitted as patients—

| | |
|-------------------------------------|-----------|
| From the 6th to the end of June, | 100 |
| During the month of July, | 139 |
| From the 1st to the 16th of August, | 27 |
| | <hr/> 266 |

These may be classified as follows, so far as known:

| <i>Nation.</i> | <i>No. admitted.</i> | <i>Males.</i> | <i>Females.</i> | <i>No. deaths</i> |
|----------------|----------------------|---------------|-----------------|-------------------|
| Irish, | 92 | 65 | 27 | 31 |
| German, | 83 | 58 | 25 | 41 |
| American, | 40 | 31 | 9 | 13 |
| English, | 24 | 21 | 3 | 4 |
| French, | 5 | 4 | 1 | 3 |
| Scotch, | 4 | 4 | 0 | 0 |
| Colored, | 4 | 3 | 1 | 2 |
| Italian, | 1 | 1 | 0 | 0 |
| Welch, | 1 | 1 | 0 | 1 |
| Unknown, | 12 | 12 | 0 | 5 |
| | <hr/> | <hr/> | <hr/> | <hr/> |
| Total, | 266 | 200 | 66 | 100 |

By estimating the aggregate mortality from *all causes*, and the relative proportion of deaths and cures, we have the following :

| | |
|-----------------------------|-----|
| Whole number of admissions, | 266 |
| Whole number of deaths, | 100 |
| Whole number cured, | 166 |

Showing a mortality in proportion to the number of admissions, of 37.59 per cent, which for convenience, may be styled *three-eighths* or 37½ per cent. Such are the aggregate results, for which, however, other causes than cholera are, to a considerable extent, responsible.

*This report was received too late for insertion under the original head.

As this Hospital was established expressly for the reception of cholera patients, and as much interest is felt in the result of the treatment of that disease, it is necessary to exhibit distinctly the mortality which may be fairly ascribed to cholera, and the ratio of mortality *among those who were treated for cholera* in this Hospital. By doing this we can ascertain the exact degree of success which has attended our efforts for the relief of that disease, and learn to estimate its probable mortality in future attacks.

We must therefore estimate the number of those who cannot be regarded as cholera patients, which is as follows: Among the deaths, there were 5 who died of *Narcotism* from drugs taken previous to admission; 3 who died of *Delirium Tremens*; 5 who died of *Nervous fever*, (more properly speaking, perhaps, of *Opium fever*;) and 8 who died of "other diseases"—making 21. These of course should not be reckoned in the account as cholera deaths. In addition to these, there were 5 others that were not strictly cholera cases—4 of whom were cured, and one remitted to the Commercial Hospital—making in all 26. Not reckoning these in the account, the mortality will be found a fraction less than 33 per cent, or 32.9. This, it will be seen, is but a little more than one half as great a mortality as has been exhibited in the treatment of cholera this year in the Hospitals of Paris, although attended by the most eminent men in the medical profession.

But there is another fact which must be mentioned. Besides the foregoing 26 cases, there were 30 *in articulo mortis* when admitted, who died on an average, *in less than an hour!*

That there should be so large a proportion of the cases in articulo mortis when admitted, may excite some surprise—unless the statement be accompanied with an explanation. A number were brought to the Hospital in this condition from steamboats immediately on their landing, having lain in a state of collapse frequently for hours previous to their arrival in this port. Some were in this condition when found by the Ward Committees and benevolent individuals who interested themselves in behalf of the poor, and were brought here with the vain hope that they could be cured. But I am compelled to say that a large proportion were cases that had been treated by physicians until past all hope of recovery, and then sent here *by those physicians*, or by their directions. As it could not be expected that such a measure could be of any service to the patients, and it could only serve to increase the apparent mortality of the hospital, I leave it to others conjecture the motives of such a course.

By subtracting this number also from the number of admissions and deaths—and it is but just to do so, as I cannot be held responsible for cases that were too far gone when received to admit of treatment—we are enabled to arrive at the true number of cholera

cases treated, together with the exact number of deaths among the same, which are as follows :

| | |
|---|-----|
| Whole number of cholera patients treated, | 210 |
| Whole number of deaths, | 49 |
| Discharged cured, | 161 |

Comparative results: CURES, 76½ per cent.; DEATHS, 23½ per cent.

In comparison with other hospitals of the kind, this would be regarded as a small mortality; and yet the greater portion of these deaths were due to the advanced stage of the disease in which the patient was received. If all had been removed to the hospital upon the first appearance of cholera symptoms, I am convinced the mortality would not have exceeded 10 per cent.—probably much less.

That this hospital was placed under the most unfavorable circumstances amidst the ravages of an unusually severe epidemic, is evinced by the fact that between an eighth and a ninth of all the patients admitted were actually dying when received, and lingered generally less than an hour; and that about an eighth of all that were cured, or TWENTY, were, when admitted, in that extreme and *pulseless collapse*, from which recoveries are rare. Under these unfavorable circumstances it could not have been expected that the results of the treatment would have been as successful in the hospital, during the severest period of the epidemic, as they were, or should have been, during the milder form of the disease in the month of May, and under the more favorable circumstances of private practice; yet if we compare the true cholera mortality of the hospital, throughout the severest period of the epidemic, with the mortality of private practice, as reported to the Board of Health during the month of May, the mortality of the hospital will be found scarcely equal to that of private practice.

On the other hand, if we compare the mortality of cholera patients in the Cincinnati hospital with the mortality of cholera hospitals in Paris, attended by the most learned and distinguished medical faculty in the world, we find the treatment in the Cincinnati hospital has produced far the most favorable results—the ratio of mortality being less than half as great as the mortality in Paris! (The cholera mortality of the Parisian hospitals, according to their reports in May, was 62 per cent.—nearly three times as great as that of the Cincinnati hospital.)

When this hospital was established it was expected that a mortality of 50 or 60 per cent., would characterize its reports; we have therefore great cause to rejoice at these unusual *results*, and it may not be amiss to inquire into the cause of so gratifying an issue to our labors.

I have not the vanity to claim any peculiar talent, skill, or any

other merit, except a conscientious discharge of my duty. Whatever credit may be attached to these results, must be ascribed mainly to the principles of treatment which were adopted and faithfully carried out—principles which have stood the test of many years' experience in this country, and have never yet failed to demonstrate their superior value. These principles have been derived from the ECLECTIC or AMERICAN system of medicine—a system peculiar to our own country, and widely distinguished in many respects from the Old School, or European system, which claims a foreign and antiquated origin. The Eclectic system, which excludes mercurials and general depletion by the lancet, as well as many other injurious agents, both in this and in all other diseases, recognizes a great variety of stimulating, sudorific, diuretic, astringent, alkaline, antispasmodic, cholagogue, and emetic remedies, as appropriate in the treatment of cholera; and aims to substitute safe, simple, and sanative agents for those which tend to create or aggravate disease by their own poisonous nature, or to produce permanent debility.

It will not be expected, I presume, that I should give a detailed report of the treatment on the present occasion. To do so would make a voluminous document, only appropriate to the pages of a medical journal. Should the epidemic threaten to visit our country again, I may select something from my experience and observations suitable for publication, for the benefit of the public in regard to the prevention and cure of this disease. For the present I will only remark, that the course designated by the above general terms was adopted and thoroughly carried out. I will add, however, that my experience in the hospital has rendered me still more averse to the use of pernicious drugs, and more in favor of a mild and simple practice. By far the worst cases to treat were those which had previously been drugged with opiates and mercurials. Even the state of pulseless collapse, unmodified by any medicine, was far less formidable to encounter than a condition less advanced in the disease, but laboring under the influence of mercury and opium. A majority, if not all of the twenty who recovered from a state of collapse, had received no treatment of consequence previous to admission.

As to the *cause or theory* of the disease, so much has already been said by medical writers that it is needless to accumulate additional speculations. That the liver, however, is not the seat of the disease, nor its derangement the cause of it, either remote or proximate, my experience has abundantly satisfied me. Hence the impropriety of giving calomel or harsh cholagogue medicines. Such remedies, in a milder form, may frequently be necessary in the convalescent stage, but in my opinion are never indicated until after the formidable symptoms of the disease are subdued. I conceive it one of the fatallest and most unpardonable mistakes to

ascribe the disease to a derangement of the liver! Remove the cause and restore a healthy action of the system, by means of stimulants, sudorifics, and alkalies, aided if necessary by external heat; allay urgent symptoms, if present, by the use of astringents, antispasmodics, and outward applications in the form of sinapisms and rubefacients; do this, and in nine cases out of ten the liver will take care of itself. At least such has been my experience.

The experience of this Hospital I believe fully proves that the cholera, if rightly treated, is not so formidable a disease as has generally been supposed. I must confess however, that much depends upon promptness and early treatment. Guided by experience in this matter, I would therefore respectfully suggest to the Board of Health that in any future invasion of cholera, the public safety requires that every family should be supplied with some safe and efficient cholera remedy; accompanied by brief directions as to diet and other things. By pursuing such a course the premonitory symptoms could be promptly met—but few cases would assume a formidable type, and the loss of life might be reduced to an inconsiderable amount compared with the usual mortality of this disease. Any knowledge of this kind in my possession I shall be happy to furnish to the Board at any time, if desired.

In conclusion, gentlemen, I must acknowledge my obligations to you for your hearty co-operation—the efficient aid I received at your hands, and the promptness with which you responded to every call in behalf of the Hospital. Your laudable and efficient endeavors in behalf of the afflicted destitute during the late epidemic, at the sacrifice of time and private interests, not only at the Hospital, but on any and every occasion, richly entitle you to the gratitude of your fellow citizens. Such devotedness to duty and the cause of suffering humanity, should not, and I trust will not, go unrewarded.

I am gentlemen,

Your obedient servant,

J. HENRY JORDAN, M. D.,
Resident Physician.

CINCINNATI, August 18, 1849.

From the Boston Medical and Surgical Journal.

ON LARGE DOSES OF CALOMEL IN CHOLERA, &c. *By W. L. Sutton, M. D., of Georgetown, Ky., with Remarks by Prof. J. Bigelow, of Boston.*

[The following letter, illustrative of the use of calomel in the western States, has been sent to us for publication. It is addressed to Professor Bigelow, of this city, who had expressed a suspicion

that the calomel used in such large doses at the West, might be of inferior quality, adulterated, as sometimes happens in commerce, with chalk or gypsum. A sample of western calomel sent with the letter, did not reach us. We have submitted the letter to Dr. Bigelow, who remarks as follows.]

I know of no sufficient reason for believing that calomel cures cholera in any doses, large or small. On the contrary, it notoriously fails, and has failed, in most parts of the world where it has been abundantly tried. In no part of our own country have we heard of its being so boldly administered for this disease than in our western States; and in few parts of the world has a greater mortality attended the epidemic. What confidence has calomel earned for itself in such cities as St. Louis and Cincinnati, where hundreds of people have been dying *daily*, notwithstanding the prevailing use of this drug? Would any medicinal appliance, active or inert, have been followed by more disastrous results? It is the bane of medical science, that physicians do not publish their unsuccessful cases—that scores of failures are suffered to pass without notice, while a few recoveries or escapes, (which perhaps have been retarded or jeopardized by some heroic practice,) have been circulated as cures effected by means of that practice. Every physician who has had much to do with grave epidemics, well knows that the violence of cases varies with personal predisposition and circumstances; that there are slight cases which recover under almost any treatment, good or bad; and grave cases which end fatally, whatever may be the practice employed. Witness small-pox, scarlet fever, influenza and cholera, the cases of which are as different in the prognosis which they justify, as the cases of gun-shot wounds on a battle field. Yet sanguine practitioners, learned and ignorant, are always found building general laws of treatment on a few exceptional cases which they happened to have witnessed; and now, as formerly, we have unfailing cures of cholera successively announced in almost every city, in which that pestilence unchecked has completed its work of devastation. Dr. Sutton, whom we are happy to esteem as an honorable and intelligent physician, states both sides of the question, when he says, in regard to calomel in cholera, that “many recovered after taking enormous quantities, some of them apparently uninjured; others died of the effects of mercury, and others drew out a miserable life.”

J. B.

[The following is the letter from Dr. Sutton.]

PROF. BIGELOW:—Although I have no personal acquaintance with you, I do not consider that a sufficient reason why I should not address you a few lines upon a subject of some interest to us both, as members of one profession.

I have understood that you are rather incredulous as to the amount of calomel used in the West and South-west; at least doubting whether it is not half chalk. I therefore enclose a sample of some which I am at present using; which, indeed, I have tested in no other way, than by giving it to others, and taking myself a drachm of it the other day, in three doses.

When I was a student, my preceptor, Dr. Ferguson, of Louisville, Ky., who did a large practice, and was usually very successful, gave ordinarily to an adult ten grains, if it was to be followed by anything to assist it; if he did not intend to follow it by something else, then he gave twelve grains. I do not remember ever to have put up a larger dose for him. In 1816 there was a very great amount of bilious fever in and about Louisville. I am of opinion that at this time there were physicians in the West who gave much larger doses; but I think it was in 1822 and 1823, when bilious fever, of a very aggravated character, spread very generally through the West and South, that the great impetus to the use of calomel was given. Then a dose of 20, 30, 40, and 60 grains became very generally to be *the dose*. I remember very distinctly the reflections which arose in my own mind, when I found myself giving 20 grains as an ordinary dose—frequently a drachm in the twenty-four hours. (You may, perhaps, smile when I say that I always considered myself a moderate man in the use of the article.) I thought surely such quantities must be unnecessary—must be injurious. I therefore tried other purgatives, singly and combined, but quickly had to fall back on calomel. I dare not say that my endeavor to lessen the quantity of calomel was as well directed as it might have been, but I can say that I had not the courage to carry it any farther than I did. You must not infer, however, that all the physicians in the country used calomel in this way. Something after the time above mentioned, I spent three hours, in vainly endeavoring to induce a gentleman, older than myself, who believed that calomel was injurious in bilious fever, to consent that our patient should have a dose of calomel. She did, however, take a scruple dose, with the most signal benefit. Our object was to procure, in the course of the day, from one to four evacuations from the bowels, from a half pint to a pint each, sufficiently consistent to retain some convexity in the vessel, dark bottle-green in color—entirely different from dark *spinach*-colored stools. Everybody in the country knew these as *calomel discharges*. How bad soever the patient might be, the appearance of such stools gave hopes of recovery, which were rarely disappointed.

By referring to page 560, Vol. VII., of the American Journal of Medical Sciences, you and our New England friends will find what will make some of them open their eyes. A young lady, of delicate health, took, in a week, 840 grains of calomel; 540 of them in less than three days. This, although on a large scale, was, I

am inclined to think, by no means unparalleled. I have myself known 15 grains given every three or four hours, until an ounce or more had been taken.

The cholera, in 1833, brought the matter to the climax. Then, many physicians gave one drachm after each liquid stool. They relied upon calomel and nothing else. As the "rice-water" stools were pretty frequent, you can well understand how enormous quantities would be taken in a short time. I would not like to say what the largest quantity taken was. I have seen persons who were said to have taken 1500 grains and upwards. The object was to save life upon any terms. Many recovered after taking enormous quantities, some of them apparently uninjured; others died of the effects of mercury, and others drew out a miserable life.

After 1833, the dose began again to decline to more moderate quantities. But about 1840 your New England fever made its appearance among us, which made a surprising change in the dose. In bilious fever, if the stools were liquid, a large dose of calomel was given to restrain the number and increase the consistence. In typhoid fever it would not do it. From 1841 until last winter, I do not remember to have seen a good "*calomel stool*." Calomel gave place to blue mass. This change in dose and article seems to have been effected without concert, the great majority of physicians having made the change imperceptibly to themselves.

But we have the cholera again, and again we are using decided doses of calomel. I think, however, that much less doses are given, in general, than in 1833.

It will readily be imagined how a young man, as I was when I first became acquainted with the doctrines of Broussais, and seeing the form of fever which then surrounded me, should think him any thing but a philosopher; and how he, knowing my practice, should think me a madman or a fool. So I can now understand how our New England brethren should look strangely upon practice which may be very proper under the circumstances where it is followed.

You may remember that about 1825, Dr. Cartwright, of Natchez, Miss., discovered that the best way to treat syphilis was by one-scruple doses of calomel given every three days; that Annesley, of England, made the same discovery at the same time, "so that neither was indebted to the other;" that some little time before, some East India surgeon made the same discovery, and of course was not indebted to Annesley or Cartwright. I do not doubt that each of the gentlemen did truly make the discovery, for we may discover that which is already known to others; and this discovery, or rather this practice, was pursued by Sydenham without his seeming to think there was anything novel in it. This practice I have followed on the authority of Cartwright, and I find it very much to my mind. I have cured patients without purging, saliva-

tion, or any sensible evacuation. Has any body in your city tried it? I should be glad to have it tried there.

Very respectfully,

W. L. SUTTON.

GEORGETOWN, Ky., July 18, 1849.

P. S.—I hope you will be able to read my epistle. I am quite nervous from debility. Perhaps you will say, It is no wonder when you took sixty grains of calomel a few days ago!

W. L. S.

NEW REMEDIES AND NEW TREATMENT.

BY EDWARD MATTOCKS, M. D.

The following new remedies, and new treatment of certain diseases—new to the profession, so far as I am aware of—I have tested in practice and found highly efficacious. Knowing their value I submit them.

I. *Camphentine*.—Make a saturated solution of oil of turpentine and gum camphor. Turpentine is a great solvent of camphor, requiring for a saturated solution nearly the following proportions: Oil of turpentine, 1 ounce; gum camphor, 5 drachms. For want of a better name, I call the solution camphentine; it is at least suggestive.

Uses.—1. *Externally*, as an application in affections purely nervous—very rare cases, by the way. With many of those nervous pains occurring during pregnancy, it acts like a charm. Rubbed upon the head and around the neck, it frequently cures nervous headache. 2. *Internally*, in some cases of neuralgia and rheumatism, it would undoubtedly prove highly beneficial, but as it must be a powerful medicine, I have been very cautious in its use. I have used it in two cases only, and with success, in doses of two drops on sugar. 3. In liniment.

II. *Camphentine Liniment*.—℞. Camphentine, camphorated oil, aqua ammonia, equal parts. Mix.

This liniment is, probably, unsurpassed by any for the removal of pains, inflammations, sprains, lameness, spinal affections, etc.

III. *Mullein Seeds*.—℞. Strong decoction of mullein seeds, French brandy, equal parts. Mix.

This lotion rubbed upon the spine, I thought unequalled for all spinal affections, until I got up the camphentine liniment.

IV. *Corns, Bunions, etc.*—℞. Oil of turpentine, 1 ounce; table salt, 1 tea-spoonful. Mix.

Applied to enlarged toe-joints, or to itching feet, it gives immediate relief, and its continued application soon cures. Applied to corns, it frequently relieves and often cures.

V. *Inflamed Breasts*.—Place upon the breast a piece of flannel wet with *hot* water, and cover it completely with oiled silk. Renew occasionally. Or, in severe cases, take a tin basin, make four *small* holes in its bottom, then invert it upon the breast; lay a wet cloth upon it covered by a dry one, and hold a flat or andiron upon it, as hot as can be borne, which drives the steam in upon the breast. Afterward use the wet flannel and oiled silk. This treatment, properly and energetically pursued, will cure every case of inflamed breast, however severe the attack may be.

The same treatment, applied to the lower part of the bowels, restores *suppressed lochia*. The same also enters largely into the true principles of treatment for inflammation of the bowels, of the bladder, of the uterus, of puerperal fever, phlegmasia dolens, etc.

VI. *Hen Oil* should seldom, if ever, be used internally. Used externally it is very relaxing. Rubbed upon the throat, in croup, it appears to loosen the phlegm, and frequently gives great relief. Rubbed upon the bowels, it is a powerfully preparatory parturient—too much so, if long continued.

VII. *Relaxing Liniment or Preparatory Parturient*.—R. Hen oil, 2 ounces; olive oil, 2 ounces; crystalized soap, pulverized, 1 drachm; borax, pulverized, half a tea-spoonful; alum, pulverized, 1 tea-spoonful; table salt, 2 tea-spoonfuls. Mix.

Keep it very warm, and agitate well for a long time till dissolved. This liniment, rubbed upon the bowels and labia pudendum two or three times a day, for two to four weeks before confinement, produces a wonderful effect, causing a very easy and quick labor, with comparatively little pain, and leaves the mother in a condition that enables her to recover remarkably quick and well; or, to use a common expression, to have a “good getting up.” Under its use labor would not ordinarily occupy a fourth of the time, and mothers would not suffer a tenth part of the pain they usually do. The only possible objection to its use, that I can conceive of, is, that frequently “the child would be born before the doctor could get there.” In those cases where it is desirable to induce labor at seven months, the free use of this liniment, for a month or six weeks previous, will contribute greatly to the desired effect, and will frequently accomplish the object unaided.

Good, also, in some cases of irritation, engorgement, and hardness of the cervix uteri.

VIII. *Inflammation of the Stomach*.—R. Sarsaparilla root 1 ounce; water, 6 ounces. Simmer in a covered dish to three ounces, press, strain, and add honey, 1 ounce; tr. lavend. comp., 1 drachm. Dose, tea-spoonful four or five times a day. For irritation and inflammation of the stomach, particularly in recent cases, this is sovereign, and, so far as my knowledge extends, unequalled. In severe cases, let the patient take nothing else into the stomach but *rice water*. In those cases of irritable stomach that sometimes

occur during the latter stages of pregnancy, this is an effectual remedy.

IX. *Morning Sickness*.—Much has been said in relation to, and many remedies attempted for, the “morning sickness” or periodical sickness at the stomach and vomiting that frequently occurs during the earlier stages of pregnancy. A somewhat celebrated popular lecturer, I am told, recommends to his hearers the use of champagne as a remedy! Is it the *best* remedy? And is it advisable that it should be generally used for that purpose? Without descanting upon the theory of disease, or the *modus operandi* of the remedies—for were I to do so, these articles would extend to a volume—I would merely remark that I never saw a case of this affection that the patient was not bilious; hence the remedy—*R.* Hyd. chlor. corros., half a grain every morning for two or three mornings. This is a disagreeable medicine, and the patient feels mean and disagreeable while under its influence; but it is only for two or three days, after which the patient is well. I have never known this remedy fail where the least attention was paid to diet. It is possible there might be cases where I should afterward use the stomach medicine (see VIII) or an infusion of coltsfoot.

X. *Diabetes*.—Diabetes being a disease, not of the kidney, but of the blood, whereby the blood is converted into a peculiar quality of urine, something is wanted to prevent this change of the blood, and to restore it again to its natural state. Sweet apple-tree bark possesses this power in a great degree. The following is the best combination and form of administration: *R.* Sweet apple-tree bark, 2 lbs.; wheat bran, 2 lbs.; flax-seed, 1 lb.; water, 1 gall. Mix. Boil to half a gallon; press and strain. Dose, a wine-glassful three times a day, an hour before eating.

The continued use of this medicine will, in recent attacks, cure, and in any case retard, the disease and prolong life.

XI. *Fits*.—Apply cold by means of a tin basin filled with cold water, covered with oiled silk and inverted upon the epigastrium.

XII. *White Maple*.—(*Acer. eriocarpum*.) *Scarlet flowering Maple*—*A. rubrum*.)

These two kinds are frequently confounded. The true white maple is but little known in New England, while the scarlet or flowering maple abounds on the borders of streams or in swamps. The bark of the trunk is gray, with large whitish spots, and is frequently called the soft maple or swamp maple. The inner bark of this kind is the substance used.

Mode of preparation. Put some of the bark, cut in small pieces, into an earthen dish with water, and place it near a fire where it may keep warm. It should *never* boil. When the infusion is of the color of strong green tea, it is right for use.

Use.—As an injection, it will be found one of the best remedies for all irritations, engorgements and weakness of the uterus, for

menorrhagia, for some forms of dysmenorrhoea, and for weakness after parturition. It should not, however, be used in active inflammation of the uterus, nor until about three weeks after childbirth; after which its use would prevent all those cases of weakness and uterine difficulties so frequently consequent upon child-bearing.

Method of using. Inject the warm infusion, retaining the syringe in the vagina each time for about five minutes, so as to keep the infusion in contact with the uterus if possible: throw it up three or four times at one sitting, and repeat the process at least three times a day.—*Bost. Med. and Surg. Journal.*

From the Daily Times.

DR. NEWTON TO DR. LATTA.

MR. EDITOR: Sir—When Dr. Latta's slanderous attack upon me appeared in his paper, the "Methodist Expositor and True Issue," a religious paper, I called upon him and asked the privilege of making my defence in the same paper; he said if I would require no more space than he had occupied in making the charges against me, that my defence should be published. But upon handing him the following article, he refused its publication, after using the most vindictive and unchristianlike language against me, and devoting the largest portion of the reading columns of his paper, not to religious matters, but to engaging in the warm and exciting contests between the doctors—refusing to publish my defence, although it does not refer to a single subject not mentioned in his charges against me and others. Will you do me the favor to publish it in the Daily Times?

To Dr. S. A. Latta, Editor of the Methodist Expositor:

SIR: Your unfair, and I must say slanderous attack upon myself and other Eclectic physicians, requires a summary notice at my hands.

You have charged me directly, and the whole body of Eclectic physicians indirectly, with disgraceful, and as you say, "*God dishonoring*" falsehood and imposture, for which you demand that we shall be expelled from our churches, and discarded as unworthy of the name of gentlemen by all respectable society.

Your charges are based entirely upon falsehood and misrepresentation. When your falsehoods are refuted, and your misrepresentations exposed, the tables will be turned, and it will be seen whether you or myself belong to "a band of deceivers of no ordinary mould," as you express it.

You charge upon all Eclectic physicians a systematic deception, when in reality there is no deception in the case but what arises

from your own falsehoods. You have not a shadow of evidence in behalf of your assertions, except what is derived from your personal accusations against myself. To meet these accusations I am compelled to give a brief narrative of the facts, to show the consistency of my course, and the propriety of my position.

I graduated in the Louisville Medical Institute in the year 1841, fully educated in the most pernicious system of *mercurial allopathy*, which has ever cursed the inhabitants of any country. My common sense revolted at many of the dogmas of my teachers who gave calomel by drachms and ounces, and I endeavored as fast as possible, when I found myself in error, to get possession of truth. As experience and reflection made me a Reformer, I progressed as fast as possible, guided by the lights of experience and research. I soon advanced so far as to discard the use of the lancet, and I am sure that I have not bled twenty patients in my life. Antimonial remedies I had almost totally discarded before I removed to this city, three years since. Calomel I never used as I had been taught, and by a gradual reform I had so far discarded the drug that when I removed to Cincinnati, three years since, I used it but seldom, and in moderate doses. Since my removal to this city, having come into contact with the veteran teachers and practitioners of the Eclectic system, and tested more fully the resources of Eclectic medicine, I have felt it my duty totally to discard the drugs which I had previously almost entirely laid aside, and to adopt with cordiality the entire principles of Eclecticism.

When the Eclectic practitioners were charged with the use of calomel in cholera, I signed, with other physicians, a certificate of refutation of the charge, showing that we had laid aside its use for several years. The language of the certificate might have been made stronger than it was in reference to the other gentlemen who signed it, if they had given separate statements, as they have laid aside mercurial remedies for many years; but as the statement was supposed to be sufficient for the occasion, it was signed by three others and by myself. In signing it, I recollect distinctly the prescription, which you have published, which was the last prescription I have ever given containing mercury. Believing, however, at that time, that this prescription was dated a little more than two years back, I signed the certificate, supposing that a gradual diminution in the use of mercurials for five or six years, terminating in a total suspension of their use for upwards of two years, would justify the language of the certificate. It now appears that I was mistaken, and that the prescription in question, of 4 five-grain doses of calomel, was dated, not two years, but one year and seven months previous to the certificate. That this was an example of "bad memory," I cheerfully admit; but when you proceed to insinuate that I have used mercurial remedies "within the last few months,

if not within the last few weeks," I pronounce the insinuation an inexcusable falsehood.

I shall now proceed to convict you of several hypocritical falsehoods; and although I do not think proper, like yourself, to call upon the Almighty Creator to sanctify a tissue of slanders, I wish it understood that I speak the language of plain and sober truth.

1. You count largely upon the credulity or ignorance of your readers, when you attempt to make them believe that the Eclectic practice is but the same as the old school practice in disguise. You may be ignorant of Eclecticism, but you cannot be quite so ignorant as that. You cannot find a jury of twelve intelligent men who would not pronounce you guilty of a wilful falsehood in this attempt to deceive the public.

2. You represent, that Eclectic practitioners give calomel and salivate their patients. Your only solitary proof is your own false assertion that this has been done by Dr. Wilson. The charge is false; and if any medical man undertakes to sustain it, he will prove himself, in that instance at least, a professional ignoramus, unable to discriminate between well-marked diseases.

3. You have a great deal to say about a certain Dr. C., whose name is not among the members of the society and signers of the certificate, and who is not regarded as belonging to the Eclectic medical profession of this city. This is a misrepresentation merely, and I do not accuse you of intentional untruth.

4. You endeavor to produce the impression that the Eclectic practitioners *secretly* resort to mercurial remedies, and that they use them in large doses. It is true that I did, twenty months since, prescribe in one instance five grain doses of calomel—not secretly, but as publicly as any prescription is given and sent to a drug store, open to the inspection of all; but there is not a single member of the Eclectic Medical Society, beside myself, who has administered any mercurial preparation, within the last five years; the majority of the members of the society have never used a single dose of any mercurial remedy in their lives, and others count a period of ten, fifteen, or twenty years of strictly non-mercurial practice.

5. You affirm that five grain doses given by myself are "*larger doses than the regular profession are in the habit of administering.*" This you know to be untrue. I have never been such a slave to authority as to give the "larger doses" which I was taught to administer, and which your allopathic brethren sanction; and since I have seen their effects and discarded their use, I regard such doses as being, in the language of Professor Chapman, "horrid, murderous and unwarrantable quackery." Mark the contrast, where you wish to insinuate that the practice is substantially the same. The President of the Eclectic Medical Society has followed a *strictly non-mercurial* practice for twenty years, and a strictly non-mercurial practice pursued by all Eclectics, in cholera, has

been attended by a mortality of only $4\frac{1}{2}$ per cent. On the other hand, the allopathic old school practice (which has been attended by a mortality of which I need not say a word, as the sexton's reports have told the story to the public ear,) still uses mercurial remedies in the following style. I quote verbatim a recent prescription of Dr. L., formerly President of the (old school) Medical Society of Cincinnati:

R.—Calomel 1500 grs.
Opium 75 grs.
Ipecacuanha 200 grs.
Gum Arabic and
Castile Soap, Q. S.
Make 100 Pills.—J. LANEY.

May 14, 1849.

Professor Drake, in the Louisville Medical Journal, vol. 7, p. 471, speaking of those who graduated in the medical schools of Louisville, Philadelphia, Charleston, and Lexington, says: "One gave to the extent of a couple of ounces a day. Some of their patients had a pound avoirdupois in their stomachs at a time."

"A gentleman assured us that he, under the direction of a physician, weighed out and administered to a fever patient 1700 grains of calomel and 2400 grains of aloes.

"And a physician informed me that he had given to a patient of the same class 600 grains of a compound of equal parts of calomel, rhubarb and aloes (Cook's pills) for six successive days."

Dr. Harrison in his medical essays, pages 153-4, gives the following:

"Case 6. A. Walker, 70 grains of calomel ordered at 12 o'clock, repeated at night. Second day, one ounce of calomel and tincture of aloes; third day another ounce, and died fourth day."

"Case 7. Took two ounces in two successive days and recovered."

"Case 9. A colored girl ten years of age, took half an ounce and repeated it several times for several days—got well."

"Case 26. Took one tablespoonful the first evening; second day, then one table-spoonful every six hours for three days, when he died."

This ultra mercurial treatment was taught to all who graduated in Louisville or Lexington prior to 1843 for nearly twenty years, and has spread throughout the valley of the Mississippi.

The non-mercurial Eclectic system has erected a barrier against its ravages. To attempt to connect or identify these systems, as opposite as light and darkness, is an insult to the public intelligence, and a slander upon Eclectic physicians. We ask not to fraternize with Allopathics in their devastating system of bigotry and error. We wish it distinctly understood that we do not sympathize with them, and are not responsible for their misdeeds.

6. The results of Eclectic practice are denied or concealed by its opponents. We simply publish the facts in the newspapers, and challenge you to make a similar statement of your cases and deaths in the Allopathic practice, that the community may judge between us. Mark your honesty and justice. If we keep silent, you say the patients die in our hands—if we publish the results of practice, you say we are puffing ourselves, and deceiving the public, when you know our facts are unquestionable. Instead of meeting fairly the facts which are fatal to your case, you resort to falsehood and ridicule. You say that we claim to have lost less than 50 out of 1500 cholera patients, and another Allopathic writer says that we claim to have treated the whole 1500 successfully, when we have stated as distinctly as possible that our loss was sixty-five.

To complete your burlesque, you introduce another falsehood, saying that the Indian Doctor claims to have treated 961 patients, with no deaths. If you make yourself the official organ of the Indian and Negro physicians, you should publish their reports correctly. If you, or your Allopathic brethren will publish correct reports of your practice, I have not the slightest doubt that the most ignorant practitioner in the city, of any class, or grade, or color, will exhibit better results than the mercurial Allopathic system. These are sober facts, and you cannot laugh them out of countenance.

You cannot maintain yourself against *the solid facts* of Eclectic practice, by insulting and ridiculing men who are far your superiors in every quality of head and heart, as well as in established reputation.

7. You deny that the Eclectic Faculty have made any improvements or discoveries, and at the same time accuse them of concealing their knowledge, when you know that they are diffusing their knowledge as rapidly as possible by teaching large classes of students, and by publications in medical journals and otherwise.

As to your denial of Eclectic discoveries and contributions to the *Materia Medica*, I would merely say, that whenever any old school medical journal, of respectable circulation, shall dare to open its pages to a free discussion of these subjects, the Eclectic Faculty are ready to prove every jot and tittle of their assertions upon them; or, if you will yield the necessary space in your own columns, you shall have the evidence that the improvements in the *Materia Medica* and practice, contained in the Eclectic system of medicine, are of more real value than all the improvements recognized and adopted in the Allopathic ranks for the last fifty years.

Respectfully,

R. S. NEWTON, M.D.

Cincinnati, Sept. 3, 1849.

Part 3.---Editorial.

GROANS AND LAMENTATIONS.

Every month we observe in our Medical Journals, additional evidence and confessions of the fact that the Old Hunker profession is going down hill, and that its members are painfully conscious of their increasing unpopularity. Prof. Warren was shocked and startled in the American Medical Association, by hearing its members speak of the *unpopularity* of the profession. The inveterate Old Hunkers of the Lancet, published in this city, have declared that Cincinnati is "the very elysium of quacks," and that the condition of the old profession here in reference to these annoying encroachments is so bad that it cannot be worsted. Dr. Dawson, of Jamestown, Ohio, says in the Louisville "Journal of Medicine:"

"On all sides, the profession in Ohio, at the present time, is beset with almost every form and variety of quackery. Coming from such a diversity of sources, and keeping pace with the lights of science, yea, even outstripping almost every thing useful connected with the improvements of the age, there is good reason for the opinion that we are not yet in the worst stage of the trouble."

"The *steam* and *pepper* fever, so far as we are acquainted in the State, has about come to a *crisis*. In the distance, however, new affections, or rather complications of the old, are beginning to show themselves under the various names of "Reformed Botanical Medicine," Eclectic Medicine," "Hydrotherapy," "Homœopathy," &c.; and, from present symptoms, the most of those formerly affected with the steam and pepper disturbance, are about to take these new troubles in something like the natural way. To drop the figure, the transition from one humbug to another seems *much easier than a return to the solid substantial principles of science.*"

"There is another matter which it may not be out of place to notice. We allude to the standing of physicians at present in the estimation of the people. The time has been, it is said, when there was something dignified and venerable associated in the mind with a mere announcement of the name of a physician. Is this the case generally at the present time? May be it is. If so, we should like to see some one well skilled in diagnosis try his hand in making out what state of mind it is which has given rise to the almost

universal custom of the people, when they address a physician, of calling him "*Doc.*" Again, in speaking of the attendance of a medical man on his patients, the common phrase has come to be "*waiting on*" the patient. Thus, a very common form of expression, when any one wishes to inquire about the sick is, "*Doc, how is that patient you are waiting on?*"

The following allusion to the state of the profession in Alabama, by the Boston Medical and Surgical Journal, indicates that it is no better there than in Ohio:

"ALABAMA STATE MEDICAL ASSOCIATION.—Thos. W. Mason, M. D., gave the annual address before this Association, which is published. He laments the crowded state of the profession—but, doctor, we can't kill off the supernumeraries! "*Medicine,*" says the learned orator, "has been placed in a false position, and the office of the physician most egregiously misrepresented," and he might have added, miserably paid, too."

That these evils are not local or temporary, but are wide spread and incurable, is plainly admitted in the following article from the same Journal of July:

"PROFESSIONAL DECLINE.—On the ninth page of an introductory recently given at the Philadelphia College of Medicine, by Henry Gibbons, M. D., one of the faculty, the following sentence occurs: "Our profession has declined in public estimation within the present century, whilst it has been advancing in its claims and merits beyond all precedent. Mankind appear to have but little more respect for it now than in the days when medical science was but a jumble of superstition and empiricism, and when practitioners were banished from Rome as public pests. To make such an acknowledgment is disagreeable; but if the contemplation of the picture should lead to an effort to correct the evil, and bring about a better state of things, the confession may prove salutary." Mortifying as this declaration is to those intimately identified with this maltreated profession, it is verily true, that the most learned, morally eminent and excellent, in the ranks of medical practitioners, are not placed higher in the mind of the great public, than natural bonesetters, seventh sons, or itinerant mesmerizers. A few indeed, in all communities, appreciate a cultivated understanding, and honor talent and science; but the multitude of men and women care no more about educational qualifications, genius, or experience in a physician, than they do about the police regulations in the planet Mars. A doctor is a doctor, to them, the world over. The more he lowers himself to the vulgar level, the higher place he has in their estimation. The author of the discourse barely speaks this above a whisper, as though it were a profound secret; never-

theless it is just what everybody knows, and what a certain order of responsible, thinking people lament, *without the power of changing* so erroneous a public sentiment."

Indeed the sagacious editor seems to have realized so fully the prospects of Medical Hunkerism, that he has become quite despondent. In his March number he says, referring to Prof. Hun's lecture :

"With such unremitting efforts as have been made to raise the medical character of the country, by those who are prominent in the schools of medicine, in the production of admirable treatises, like the one to which these observations refer, it will be a sad reflection, in the end, *if empiricism becomes predominant*. Although several State Legislatures are giving their sanction to it, by chartering mongrel institutions, in which neither science nor common sense are recognized, such streams of medical literature are flowing over the land, that *hope may be indulged* of the ultimate triumph of rational principles in medicine, and the overthrow of every kind of imposition which wars against them."

The Doctor felt equally uncomfortable in March at the prospect of a charter being given to the Botanical school at Worcester, he exclaimed :

"The profession in Massachusetts, after an uninterrupted effort of forty years to educate men in the best possible manner for the practice of medicine, may now hang their heads in shame and humiliation. If the Legislature, the fountain of law, has no higher perception of what is due to the intelligence of the age, the floodgates might as well at once be opened, and allow every man to do what he chooses, without reference to the opinions or interests of any."

The following paragraph from the August number of the same Journal, indicates that some of the most distinguished of the profession feel as badly as the editor of the Journal, in reference to their unpopularity :

"A medical gentleman of Boston, whose social position and professional prospects would be regarded as enviable by most medical aspirants, has recently taken *Dr.* off his door plate, with a determination to be no longer subjected to the beck, call and caprice of the public. He has made the discovery, that high literary and scientific attainments, combined with a conscientious zeal in keeping pace with the progress of medical discovery, with a view to making one's self useful to men, women and children, when they are sick, is not at all appreciated. A blustering, low minded fellow, who has nothing to lose and every thing to gain, without a

claim to patronage on the score of exact medical knowledge, is taken into favor by the multitude, while real worth, both in character and medical skill, is neglected, if not wholly abandoned.

An opinion is prevalent, that a physician, who is a writer, must be a poor practitioner; therefore, an author, however distinguished, cannot compete with a neighbor who may not be able to write his mother tongue grammatically."

The inconvenience of a loss of public confidence has been so seriously felt that Dr. Hooker has set to work to remedy the evil:

"RESPECT DUE THE MEDICAL PROFESSION.—Dr. Worthington Hooker, of Norwich, Conn., addressed the Medical Society of Connecticut, at the anniversary meeting in May, upon the *respect due to the medical profession, and the reasons that it is not awarded by the community*. Dr. H. is a clear, bold and fearless writer, who does not hesitate to declare where the difficulty exists—and all admit that there is a widening gulf between the people and the regular profession. Moral excellence, combined with the highest scientific attainments, gives a physician no advantages of position worth naming, in New England. He cannot compete with a mushroom pretender to the healing art, who is engaged in the business simply because he could not succeed satisfactorily in something else. Dr. Hooker says there is too much disposition on the part of many physicians, to prefer, decidedly, a popular reputation, because it is profitable! The people are opposed to medical societies, because it is supposed that a State society contemplates the immediate benefit of the physicians."—*Bost. M. S. J.*

Indeed the tables are turning so rapidly that the old Hunkers seem almost disposed to cry out persecution themselves. Professor Drake, some two or three years since, complained in the Louisville Med. Journal that the Queen City was given up to the embraces of quackery, and that the old school gentlemen were in some instances driven to abandon the profession and resort to *agricultural pursuits*. Dr. Smith, of Boston, complains of the self-defence of which Eclectics have been guilty, as though we were perfect Ishmaelites.

Another groan may be expected from Boston, when Dr. Smith hears that the Eclectic Journal, at Syracuse, N. Y., is succeeding beyond all expectation.

The ultra and exclusive Homœopathists too have great fears of the progress of more liberal sentiments, and look to the Eclectic Professorship of Homœopathy, as the terrible Trojan Horse which is to endanger their fortified exclusiveness. The liberal Homœ-

paths on the other hand look forward cheerily to the progress of truth and free inquiry.

The ultra botanics, too, look with apprehension upon the progress of Eclecticism, which is so much more congenial to the common sense of mankind, than any exclusive system. In the last *Physiologico Medical Recorder*, Dr. Curtis expresses his fear that ultra-herbalism, which is now called the "*physo-medical*" system by its teachers, may decline in public opinion and be superseded by something else, as follows :

"Our labors, hitherto, have been based on the hope (almost against hope and entirely against history) that, when men were once taught the pure principles, and convinced of their purity by demonstration not to be resisted, they *would* adhere to them, through all succeeding time: but we have seen so many instances of those who had been thoroughly instructed in truth and right, turning backward to error and evil, "like the dog to his vomit," that we are convinced that "the *heart* of man is corrupt, and is fully set in him to do evil; and we have nearly concluded to abandon the effort to reform medicine, and leave the sons of ignorance and folly, to eat and drink destruction as they list.

"Call it selfishness or what you please (we are both accustomed and casehardened to bad names), we will say it, for it is true, the custom of students who profess true principles attending the Allopathic and the mongrel schools for education, and starting out in practice under the common cognomen or sign of Doctor or M. D., without designating the character of their principles or practice, is a sure indication that medical reform is destined to a fatal overthrow, and that Allopathy, with all its horrors, will yet swallow all reforms and reign again triumphant.

"Under this conviction, we have determined that, unless a large number of students of medicine attend the true physo-medical schools, for instruction, and afterward practice honestly what they learn there, we will soon abandon the business of training *men* for the profession, and go forth into the community and teach *them* (the people) how to protect themselves against the imposition and quackery of the whole profession, of every hue of principle and practice."

P. S.—We may expect to hear loud lamentations from the Allopathic citadel in Memphis, Tenn. The extensive collegiate edifice erected by the city authorities, has been taken from the old school faculty, and given to the Eclectic Faculty of the Memphis Institute! Three cheers for Memphis!—B.

MERCURY

As a metal, is the God of modern allopathic medicine. In ancient times, the mythological Mercury was the God of liars and thieves. Among the modern champions of Hunkerism, the two relations are combined, for Mercury appears to be fervently worshipped as the God *mendacity*, while at the same time Mercury rules the practice of medicine.

That Mercury as the God of liars has no small amount of Allopathic worship, may be discovered in the whole course of the controversy in this city, between Eclecticism and Hunkerism, as heretofore exposed in our pages. The Township Trustees as defenders of the Ohio Medical College, were detected last winter in flagrant falsehoods. The Western Lancet has been repeatedly detected, and lastly Dr. Latta, editor of the Expositor, has been not only detected but conspicuously exposed in his slanders.

The Lancet of this city has never yet retracted or modified its slanders against Dr. Beach, nor even taken any notice of the correction. Of late we have observed these stale calumnies taken up by its readers and repeated. An animated discussion between a friend of Eclecticism and a champion of Hunkerism has been going on in the New Albany (Ia.) Bulletin, in which the latter has repeated the vile story with emphasis, and comments as if it were an established fact that Dr. Beach had been detected in a gross and infamous imposition! Yet the Lancet and its editor lay claim to respectability and virtue. Among intelligent and virtuous men, no station or title can shield dishonesty or render the detected slanderer respectable. We think, therefore, that the Lancet as the organ of the Ohio Medical College, is a disgrace to the Faculty. It has started and maintains in circulation this detected calumny against Dr. Beach in reference to his cholera practice in New York, which was exposed last winter in our pages, and which is plainly refuted by documents which have long been published. The National Medical association is disgraced by the calumnies of its President Dr. Stevens against Dr. Beach, and we are determined not to let this matter rest until the brand of falsehood is indelibly fixed upon these dishonorable assailants.

To an impartial spectator it would be no slight evidence of the entire rottenness of the allopathic cause to find it so generally de-

fended by falsehood and scurrility. The attack of Dr. Latta (its most recent champion) upon Eclecticism, has been exposed by Dr. Newton. His attack upon Homœopathy proves equally false. He gave in his paper the names of nine patients who had died under the treatment of Pulte and Ehrmann. These cases have been examined by the Homœopathic Society. They prove to be rather remarkable examples of lying. One of the patients had not been seen at all by Dr's P. and E. during life—in another instance they had not even entered the street on which the patient resided, and in another instance the patient with whose death they were charged is still living !!

In the last No. of the *Lancet*, the editor endeavors to rebut the Eclectic statistics in the following fashion. He says "The truth is, the regular members of the profession have more than sustained themselves. If they would adopt the same mode of computation as that described above, their losses would not reach one per cent. instead of 4.32, which is the rate assumed by the botanics." That Dr. Lawson should continue to use the term "Botanics," in reference to the Eclectic practitioners, when he understands very well the distinct existence of the Eclectic and Botanic parties, exhibits a great deficiency in the sense of honor, and a determination to persist as heretofore in attempting to deceive his readers upon that subject.

His assertion that the members of the old school profession have more than sustained themselves, looks rather strange alongside of their own reports, which admit a loss of twenty six per cent. even in May, when the epidemic was in its mildest form. As to their losses by cholera not exceeding one per cent., we are amazed at the impudence of the assertion. There have been upwards of 4000 deaths by cholera in this city under old school treatment; if these losses were as Dr. Lawson affirms, only one per cent. of the number of cases, they must have treated about four hundred thousand cases of cholera, in a population not exceeding one hundred thousand persons !!

Do we need any further evidence of the utter mendacity of the *Lancet*—the organ of the Ohio Medical College—the esteemed representative of the interests and views of the old Hunkers of medicine.

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. I.]

OCTOBER, 1849.

[No. 10.]

Part 1.--Original Communications.

ECLECTIC MEDICAL SOCIETY—TREATMENT OF CHOLERA.

At a special meeting of the Eclectic Medical Society held on Monday evening, September 17, for the purpose of discussing the treatment of Cholera, the following remarks were made by the members, which have been reported by the Secretary, Dr. E. A. Lodge, for the Eclectic Journal.

Dr. Morrow remarked that his views of the nature of the disease had not been modified since the commencement of the Epidemic. He still considered that there was some local cause of irritation existing in the alimentary tract; he thought that there was some specific cause of irritation, the precise nature of which was not fully understood; he supposed however, from the efficacy of alkalies in the treatment, that it was of an acid character. He would not say that all the irritation depended upon an acid poison; but believed that there were other influences tending to determine the fluids internally in addition to the local cause of irritation; that the morbid impressions were owing to the joint agency of the general influence of the disease on the whole system, and the local independent cause.

Dr. Morrow further remarked, that whatever might be the primary cause of the disease, the first effect appeared to be the formation of an acid. In Cholera Morbus there was an abundance of acid, and hence that disease has been attributed to the presence of the acid. In Asiatic Cholera we have great indisposition to action, stupor, indifference and carelessness about life, utter prostration of the vital energies, and other symptoms shewing that the brain,

and nervous system, are implicated in the disease. Alkalies have acquired an established reputation in the treatment of Cholera. Dr. Jordan, late Physician to the Cholera Hospital used weak ley abundantly. One of his prescriptions was tincture of prickly ash berries and weak ley, which preparation it was believed he used very advantageously.

In regard to the *treatment*, he considered the most prominent indication to be the production of an equilibrium in the circulation and excitability. This, beyond all question, was the most important and urgent indication to be fulfilled, and the most successful results followed its production. To fulfil this, he had found no other single preparation to have a better influence, in most cases, than the compound tr. guaiac, prepared by adding gm. guaiacum, cinnamon and cloves, of each pulverized one ounce to a quart of best brandy, and given in doses of from a tea-spoonful to a table-spoonful in hot sweetened water and brandy every 15 or 20 minutes until relieved. This has been found to be an excellent stimulant and astringent, closing the mouths of the absorbents, and checking the discharges. In a few instances this preparation did not appear to answer, but as a general remedy he considered it the most useful he was acquainted with. In some cases where excessive nausea was the most prominent symptom, he had found it advisable to commence the treatment by giving an *emetic*; the operation of the emetic relieved the gastric irritability, equalized the circulation and checked the spasms. As an emetic he preferred the Acetous tincture of lobelia and sanguinaria, with the addition of one-third spiritous tr. aralia spinosa. This was given in doses of a tea-spoonful to a table-spoonful every ten minutes in warm catnip tea sweetened. In urgent cases it was given in very large doses and frequently repeated.

The saturated tr. prickly ash berries (*Xanthoxylum frax. bac.*) had been used with great benefit,—he had found it an excellent and prompt remedy. When given in the early stages it would frequently relieve in from 10 to 20 minutes. He had used it in doses of from two to three table-spoonfuls. In cases of severe spasms, vomiting, prostration and profuse rice water discharges, he had given half a tumbler full at a dose with benefit. Of late he had used the tr. Xanthox. frax. bac. and the neutralizing extract as prepared by Mr. Merrell, equal parts of each, and had found this combination prompt and efficient. In the earlier stages of the disease, would consider it a most suitable medicine. Bottles of hot water, hot bricks, &c., were used, and if much pain or spasm, extensive sinapisms. In the advanced periods he had found it necessary to produce full, free and copious perspiration, which would relieve in a majority of cases, say 19 out of 20. He thought that those who lost sight of the necessity of producing this determination to the surface, would fail in obtaining the successful results attending the

practice of those who regarded it as the most important indication to be fulfilled in the treatment.

In cases of partial collapse, when the patients were suffering from severe spasms, he had found *Hunn's Antispasmodic* mixture an excellent remedy. It is prepared by dissolving one ounce each of the oils of cajeput, cloves, peppermint, and anise, in two ounces of alcohol. He had given this preparation in doses of from one to two table-spoonfuls, in hot brandy and water sweetened, every ten minutes, in cases of violent spasm, with great advantage. He considered it peculiarly applicable to such cases, but found that it did not succeed so well where there was great irritability in the stomach.

The *Hot Blankets*, notwithstanding the foolish notions of some who regard their use as barbarous and improper, had been employed frequently with the most decided beneficial effect. In one case the patient was supposed to be dead,—he used the blankets wrung out of scalding water, and she recovered, so that he got the credit of restoring one from the dead!

Camphor was used beneficially in many cases. Dr. M. had succeeded in restoring patients who were pulseless by use of camphor water prepared by adding one drachm of camphorated spirits to half a pint of cold water. This was given in doses of a tea-spoonful every three or four minutes. The external applications were always well attended to during the time of administering the camphor.

Dr. King stated that he had used the following preparation very extensively in the treatment of Cholera. It had also been prescribed frequently by other Eclectic practitioners with advantage in Cholera and Dysentery.

R. Ox Gall 3j
Capsicum
Gm. Guaiac à à ʒiv
Leptandrin ʒiv

This was given in doses of one grain and repeated two or three times a day. He had also succeeded in many cases with a mixture composed as follows:

R. Sulphur subl. gr. iv
Gm. Guaiac gr. ij
Charcoal gr. ij
Camphor gr. j
Opium gr. ss.

Dose, one to ten grains repeated every ten minutes until relief is obtained. In some cases this compound did not appear to exert any beneficial influence.

He had used the spirit vapor bath in two cases: free perspiration was produced and the patients experienced a great desire to sleep.

Brandy and aromatics were administered, and the patients both recovered.

In cases of excessive irritability of the stomach, oatmeal cake coffee was given for the purpose of allaying, and it answered the purpose admirably.

The saturated tr. prickly ash berries combined with tr. opium was used in some cases as an injection, with very good effect.

R. Saturated tr. Xanthox. frax. bac. 3ss

Water

3j

Tr. Opium

gtt. x x

Used as an injection after every discharge. Sinapisms over the bowels and spine as well as bottles of hot water, hot bricks, &c., were used with benefit. The preparation, made by adding one tea-spoonful fine black pepper, one tea-spoonful fine table salt and five tea-spoonfuls vinegar to half a tumbler full of hot water, was used in the case of a young lady who was menstruating at the time. The injection above referred to was also used, and she was relieved. This was also found beneficial in those cases, attended with stupor from the commencement of the disease, and in which cases he always found opium inadmissible.

He had also found Hunn's Colic Drops of almost universal benefit in spasms, pain, &c. In the incipient stage of the disease, in a number of patients, a mixture composed of elixir vitriol, one ounce, tinct. xanthox. bacc. two ounces, ess. lemon, one drachm in dose of a tea-spoonful in a gill of sweetened cold water, and repeated every two or three hours, removed the symptoms speedily, without any other treatment. In the more advanced stages he would not rely on it.

Dr. Newton observed that as to the general application of remedies, there was but little difference in his practice from other Eclectics, but he might hold different views as to the cause of the disease. He did not doubt but that there was present a redundancy of acid; but thought this to be rather an effect than the cause of the disease; he believed that the cause acted primarily on the nervous system, that its influence passed through the circulation, causing a weakened action of the parts, relaxation and consequent escape of the serum. He had observed symptoms similar in cholera patients to those exhibited in diseases where the remote cause acted on the brain or nerves, the same drowsiness, numbness and soreness throughout the system. The symptoms were allied to those produced by opium or some other narcotic stimulant; the patients were very generally careless about death and had little or no apprehension of dying. Such mental derangement as this was not produced by a cause acting directly on the alimentary canal. Narcotic stimulants should therefore be avoided in the treatment, they had a direct tendency to increase the difficulty; hence the fatality of the Opium practice in Cholera.

Dr. N. tested the treatment of Dr. Hawthorne to the full extent at the commencement of the epidemic. He gave one man 10 grains of opium, 3 pints of brandy, and Dr. Hawthorne's stimulating mixture. The external applications recommended were also used as well as some other powerful stimulants and astringents, but the man died. This patient had had rice water discharges four hours before he was prescribed for. He succeeded in getting up reaction at one time, but the opium produced a narcotic influence subsequently, and he could neither keep up the circulation or perspiration. Dr. N. adopted about the same course in the treatment of another case, and he recovered.

He, Dr. N., had used a preparation composed of equal parts,—tannin, capsicum, camphor and kino, with considerable success; he gave it in doses of one grain of each of the articles, repeated at short intervals until the discharges were checked.

He considered the saturated tincture prickly ash berries (*tr. Xanthox. frax. bac.*) the most valuable of all the remedies for Cholera he had tested. When the stomach would not retain it he gave it as an injection. It had a peculiar influence on the system, and having taken the remedy he could speak from experience of its effects. When given as an injection the effect produced was almost instantaneous; the sensation was as if he had received an electric shock, its use was very soon followed by copious perspiration. He had more confidence in this than any other one remedy he was acquainted with.

Dr. N. further stated that he had treated one man who died without vomiting or purging. The patient was working on a boat; in the afternoon he felt a little sick; at 4 o'clock he had two operations, no pain, the discharges were of a natural appearance; in the night he was feverish and restless; at 4 o'clock in the morning he experienced a little nausea; at 9 o'clock he was in a collapsed condition, pulseless, eyes sunken, and he appeared to be as much wasted as if he had had copious discharges from his bowels. He tried in vain to raise his pulse or produce perspiration, and the patient died that night at 9 o'clock.

Dr. Wright remarked that he had been more successful in the treatment of cholera towards the close of the epidemic than he was previously. He was not aware, when he commenced treating the disease, of the importance of removing morbid accumulations from the stomach. He afterwards used emetics more frequently and with great success. He also used the Neutralizing Extract, saturated *tr. Xanthox. frax. bac.*, and the compound *tr. guaiac.* He succeeded best with a mixture of equal parts *tinct. prickly ash berries* and Neutralizing Extract. He had always found it necessary to attend strictly to the surface. The best external application he found was equal parts of capsicum, salt and mustard. In the spasmodic stage he used Thompson's 3rd preparation of lobelia with

advantage. He used injections of neutralizing cordial, tinct. opium, and tinct. prickly ash berries. He was fully convinced of the necessity of getting up a copious perspiration. In typhoid cases he pursued an entirely different course. In these cases he first gave stimulants, and failed. He afterwards used mucilage of gum arabic, ice and ice water; he applied externally cloths dipped in ice water and with these applications succeeded in bringing about reaction after failing with ordinary hot applications. Dr. W. also remarked that many cholera cases presented symptoms similar to those described in Wood's practice, as belonging to pernicious fever.

Dr. Chase stated that the general outlines of the treatment he had pursued resembled that of other Eclectic practitioners. In the early periods of the disease he had used the Leptandrin, combined with Neutralizing Extract very successfully. He thinks opium can be dispensed with in the treatment of cholera altogether. He employed Leptandrin very generally in mild cases—he gave two to three grains dissolved in camphorated spirits or alcohol, and then triturated with sugar, and given once in six hours.

Dr. Hunt stated that his experience was in the main the same as that of those who had preceded him, especially was he impressed with the importance of emetics in all cases where there was any evidence of morbid accumulations in the stomach or bowels, and the patients not too much prostrated to forbid their use. He had commenced their administration in the treatment of cholera upon its first appearance, and continued to employ them until its subsidence, and always with the happiest effect. A good thorough emetic seemed to change the whole features of the case, removing all the unfavorable symptoms and placing the patient in a state of rapid convalescence; he used the emetic spoken of by Dr. Morrow, composed of acetous emetic, 3 parts tr. aralia or tr. xanthox 1 part. He was accustomed in the commencement of its administration to immerse the feet in water as hot as the patient could possibly bear, the temperature being maintained by the constant addition of more hot water. With this and the use of bottles filled with boiling water, and sinapisms, he succeeded in allaying the irritability of the stomach, removing the cramps, checking the discharges, and producing free healthy perspiration, which was afterwards maintained for 8 or 10 hours by using a warm tea of neutralizing mixture and guaiac compound alternately about every 20 minutes, or tr. xanthoxylon, sudorific tr., Hunn's preparation or tr. camphor, as he thought most applicable. Afterwards he directed the patient to be washed off with hot salt and water or weak ley and spirits, the wet clothing to be removed, the patient to be kept warm and comfortable, and the use of diuretics and mild tonics. He had found the use of tonics an important part of the treatment; their use frequently preventing relapse. He had found much benefit result

from the use of tinct. camphor in allaying extreme irritability of the stomach, removing nervous depression and promoting perspiration. When there was great irritability of stomach, no evidence of morbid accumulation and a sense of sinking or weight and oppression about the heart, he used with advantage compound spirits of lavender, tincture camphor à à one ounce, Hoffman's Anodyne half an ounce; dose half to a tea-spoonful every 15 or 30 minutes in warm tea.

He would also commend to the attention of his professional brethren, the *Plantage major*, (common waterplantain,) he obtained a small portion of the extract from Dr. Jones, and for the purpose of ascertaining as accurately as possible its properties, had used it alone, and seemingly with benefit. Did not know whether a more extended use would justify the same conclusion; but from its action in those cases where he had exhibited it, would judge it to be anti-emetic, anodyne, and anti-spasmodic, and beneficial in checking diarrhœa. In extreme cases, he used hot blankets or ice bath, and has seen patients relieved by them when it seemed hoping against hope to suppose they might recover.

Dr. Lodge stated that his treatment of cholera closely corresponded with that of Professor Morrow. He would, however, give a brief account of some remedies, the efficacy of which he had tested. He had used the Compound Tinct. Guaiac, the neutralizing extract, and the saturated Tinct. of Prickly ash berries, (*Tr. Xanth. frax. bac.*) in several cases separately; but afterwards prescribed a mixture composed of equal parts of each of these articles. This compound he used in doses of from a tea spoonful to a table spoonful, repeated every quarter or half hour. In some instances, small portions of Sudorific Tincture and Compound Syrup of Hæmatoxylon, were added with advantage. These articles, given alone or in combination, were generally efficient to check an ordinary diarrhœa. In cases of dysenteric diarrhœa, he had used Leptandrin, combined with the neutralizing extract, 6 grains of Leptandrin, ground up, with one drachm of loaf sugar, and added to four ounces of the extract, had been found sufficient to relieve a majority of cases.

He had used the emetic referred to by Dr. Morrow, very frequently. Many cases were relieved in an hour or two, by an emetic followed by some stimulant to keep up the perspiration produced by emesis, which it is believed might not have terminated favorably, had the emetic been omitted.

Dr. L. made use of an aromatic plaster, composed of the ingredients of the Compound Tinct. Guaiac, to relieve the irritability of the stomach. This would very frequently succeed—when it did not, the emetic was given, the operation of which seldom, if ever, failed to check all nausea and sickness of stomach.

Dr. L. had used camphor quite extensively in the treatment of cholera, and was inclined to regard it, when given in minute doses, as one the most valuable diffusive stimulants in the *materia medica*. He used the saturated tincture usually in doses of about one drop a minute until free perspiration was produced. It was given dropped upon sugar, or mixed in plain or sweetened water. Having heard of the success attending the use of camphor in the hands of *Homœopaths*, he was induced to test its virtues, and to exhibit it alone in cases where no other medicine had been taken by the patients. He administered it in the dose mentioned, to Mrs. G., who had been troubled with looseness of the bowels for about 24 hours before taking the camphor. She complained of nausea, great distress at her stomach, slight twitching of the muscles, &c. The discharges were large, watery, and very frequent. In one hour after taking the camphor, she was in a profuse perspiration, and felt perfectly easy. She had no discharge from her bowels for three days after, when she took a purgative. In another day she was out to meeting, perfectly well.

The camphor treatment was used also in the case of Miss S. She had been very unhealthy for some time before the attack of cholera she was laboring under, when Dr. L. was called in to see her. She had diarrhœa, nausea, slight cramps, and was much prostrated. The camphor relieved her in one night; the next day she took the neutralizing mixture, and the third day was well. She has enjoyed better health since, than she had before for some years. He had used the camphor in some eight cases of mild cholera, with the same good results following its administration. He also administered camphor in connection with ice and ice water, in some collapsed cases, which resulted favorably.

He had used the compound referred to by his friend, Dr. King, composed of sulphur, guaiac, charcoal, camphor and opium, in several cases, but did not succeed as well with it as with camphor alone, and did not believe it was to be depended upon as much.

Where his patients were suffering from violent spasms, he used injections of an infusion of common tobacco with benefit. He would sooner, however, rely upon Hunn's preparation as an anti-spasmodic, given by the mouth, in large doses, and also as an injection. The first case of cholera that he treated was that of an old woman, aged 75, who was troubled with the most severe spasms of the arms, hands and lower extremities. She was relieved by large sinapisms, prepared by sprinkling lobelia seed, pulverized, over the mustard. She was not nauseated at all at any time during the progress of the disease.

Dr. J. Milot stated that along with the various remedies that have been spoken of by Dr. Morrow and others, he had used to a very good advantage, dry cups placed along the spine, where there

was a great deal of internal congestion, as well as a great determination of the blood to the head.

Dr. Buchanan had relied upon the Tincture of Xanthoxylon and Compound tincture Guaiacum in equal parts, with a small portion of the sudorific tincture, and tincture of kino. He was pleased to observe so great a coincidence of sentiments among Eclectic practitioners, in regard to the treatment of the disease. He wished to call the attention of the members to the question, as to what extent evacuations should be attempted. The liver was commonly supposed to be involved, and old school physicians were in the habit of giving large doses of calomel to their patients, and when they had brought away dark or bilious evacuations, thought that they had accomplished an important part of the treatment. Yet the subject had been discussed in the society, and not a word had yet been said about evacuation by any one of the class of physicians who had been most successful in the treatment of the disease. This proved that the notion of evacuations was a tremendous humbug. Dr. B. thought, however, that the old doctrine was not entirely destitute of truth, that there might be necessity for purgation in some cases. He believed that some of our practitioners were in the habit of giving an efficient cholagogue after reaction had been produced; others did not deem it important. He would consider a mild cholagogue, such as Leptandrin, desirable in a majority of cases, after efficient reaction was obtained. The kidneys were often more involved than the liver, and he believed that much of the efficacy of the alkaline treatment of cholera depended upon the diuretic properties of the alkalies employed. He thought that the cholera remedies used should combine stimulant, diaphoretic, diuretic, and cholagogue properties. These might be found in a great variety of remedies which might be successfully used. The neutralizing mixture used so abundantly, was gently laxative. In a large number of slight attacks, a mild aperient, or even a mild cathartic, might remove the disease, but where a decided cholera epidemic existed, the most powerful stimulants would be required. There were several valuable remedies which had not been mentioned this evening. *Turpentine* was important in cholera as an internal as well as an external remedy; it was valuable in bowel complaints generally. He regretted that its value had not been more thoroughly tested. The simple prescription, pepper, salt and vinegar, had been fairly tested, and might be regarded as an efficient, prompt and excellent remedy. It is an agreeable medicine to the patient; it is similar to his every day diet, and its use appears to restore the stomach and bowels to a natural action; it checks the nausea and vomiting, as well as the purging, most effectually.

Dr. B. referred to the fact that cold applications appeared to succeed better than warm in many cases; he thought we should have some distinct idea or principle to regulate their use. In cases

where the patients sunk rapidly under use of warm applications, cold was applied, and they revived. Stimulants and external heat were used in the case of our deceased friend Dr. Parker, without any benefit; they did not appear to rouse him, but cold applications did. Dr. P. had lived very temperately, indeed too abstemiously, and it appeared that his system had obtained such a tone, it would not bear stimulants. Stimulants to excess became sedatives to the feeble and debilitated, and he supposed that patients destitute of any considerable amount of vital power, would be injured by ordinary stimulants in large doses, and benefitted by cold applications. The use of chloroform had been recommended in cholera, and he wished to know what experience the members had had in its use.

Dr. Newton further remarked that he would consider the ordinary reliance upon cathartics in cholera, truly a humbug. After reaction he might use a slight laxative, as neutralizing cordial and anti-bilious physic; when reaction had been established, he would not fear a cathartic. He had treated one case where the disease had been reproduced four times, and was not fully relieved until after use of a cathartic. The cases requiring laxatives he should suppose were rare, as he had given them in but three cases.

Dr. Morrow stated that in the early part of the epidemic he did not give any cathartic worth speaking of. In the last ten cases of cholera he treated, he gave evacuates, and they operated well. As far, however, as his experience had gone, he was not convinced of the necessity of using them to any extent. Since the subsidence of the epidemic, he had used very large doses of active cathartics in dysentery, &c., with signal advantage. He had met with some cases that would not bear stimulation, they were persons of weak constitution, who had lived poorly. Where there had been much irritability of stomach, he found the use of ice water, in small quantities, advantageous.

Dr. Chase mentioned that he had met with cases of cholera in persons who were suffering from mercurial salivation, the statements of certain medical men that salivation was a preventive, notwithstanding.

Dr. Newton informed the meeting that he had used chloroform in one case which terminated fatally, and in three which survived. He could not rely upon it or recommend it; it never arrested the discharges, but acted as a gentle stimulus, increasing the circulation.

Dr. Wright used the chloroform in the case of a boy, the only surviving member of a large family who died of cholera. The boy was thought to be dead, he was cold and pulseless. After inhaling the chloroform a short time, and taking a tea-spoonful, he had several muscular contractions, his eyes rolled, the pupils dilated; he became maniacal, and was sent to the hospital, where he remained some time. He is now going about nearly well.

A SEVERE BURN SUCCESSFULLY TREATED.

Messrs. Editors :

I have taken the liberty of requesting the publication of a case, which may interest some of your numerous readers; and may be considered as another evidence of the excellence of the Eclectic Reform Practice. The subject of the case was a negro boy of about 14 years of age, the slave of W. W. Tucker, Esq., of Florida. This boy was brought into Key West on board of a vessel from sea, where he had received a severe scald, occasioned by the bursting of a tea kettle in which coffee was being boiled for the morning beverage of the ship's crew. At the time the explosion took place, the unfortunate victim was in a stooping attitude, almost directly over the ill-fated kettle, the spout of which being completely obstructed, and the lid firmly secured to the top of the kettle, our second Fulton commenced an experiment which was soon to decide the destiny, or at least the power of steam. And at the moment when he was about to discover that his experiment was about to be crowned with success, he received a puff of steam, together with a large supply of the boiling coffee upon the face, neck, breast and arms, the surface of which became deeply scalded—literally cooked.

I was called to the case immediately on the arrival of the vessel in port, which was on the evening of the 14th of August, the unfortunate circumstance having taken place on the 12th, about 5 o'clock in the morning, making three days from the time the accident occurred until I saw him, in which time nothing having been done for his relief, his sufferings were terrible. Large masses of the skin and flesh were hanging from the wounds, which had approximated very near to a state of *gangrene*. I found that all the internal surfaces of the system were under a high state of inflammatory excitement, with a hot skin, and obstinate constipation of the bowels. The pulse was feeble, and beat at about 120 to the minute.

TREATMENT.—The general treatment in this case was not materially different from the ordinary Eclectic mode in similar fevers of a typhoid type, the external surface of the body being frequently sponged with soft, tepid water, which with the operation of an emetic, soon reduced the inflammatory condition of the system. The anti-bilious physic was then administered as a cathartic, which, with alterative doses of Leptandrin, administered three times a day, prevented any engorgement of the liver and intestines. These evacuations were assisted by the free use of sudorific drinks, with a repetition of the emetic on the third day; I considered my patient then convalescent from general morbid derangement.

TREATMENT OF THE WOUNDS.—After the loose, or sloughing portions of the skin and muscle were removed, and the wounds well

cleansed with castile soap and water, they were immediately covered with plasters well spread with the Yellow Salve and Stramonium ointment $\bar{a} \bar{a}$, over which, linen bandages, which had been previously saturated with cold water, were applied and often renewed; the refrigerating effect of which, assisted in preventing the return of inflammation. The plasters were renewed three times a day, for the first three days; the remainder of the time only twice a day. Under this process, the ulcers upon the face, neck, breast, and right arm were perfectly healed in six days, and on the seventh, the treatment to them was discontinued. The left arm however, being more deeply scalded than the other parts, and to such an extent that the deep sloughing of the muscular fibre had nearly laid bare the main artery as well as the tendons of the inner portion of the arm, it became evident that a more rigid course was necessary to save the limb. The whole ulcer at this time presented a general mass of fungus. Dry dressings were now resorted to, viz: *Myrica Cerifera*, Pulv., and common soot, $\bar{a} \bar{a}$, with which the ulcer was completely filled, and a repetition of the wet bandage made over the whole surface of the limb—the powder being applied twice each day, and the bandage continued—under this modification of the treatment the proud flesh entirely disappeared within about two days and nights, when the wound assumed a healthy condition. The powders were then dismissed for the substitution of the following wash:

R Sulph. Quinine, gr. xlvjjj,
Aq. Distilla, 3vj.
Mix with a few drops of Sulph. acid.

With this simple solution of quinine, the ulcer was washed three times a day, and immediately covered with raw, dry cotton, for dressing, when at the full extent of the fourth day, the arm was perfectly sound, and further treatment was unnecessary.

I have been in the practice of using the simple solution of quinine for an application to ulcers of all kinds; but have never known more happy effects resulting from its use than in the above case—in fact, the rapidity with which the ulcer healed under its use was astonishing. I have long been acquainted with the great virtues of Quinine in the treatment of ulcers; but have never, except in one or two instances, made the fact known to others. I am aware that its peculiar and superior virtues are not appreciated by the Faculty generally. To all who are not aware of its general indication in the treatment of ulcers and tumors, but more particularly in ulcers, I would say, give it a fair trial, which is the only true test of its worth.

S. H. WITHAM, M. D.

KEY WEST, Sept. 4th, 1849.

ECLECTICISM IN INDIANA—LETTER FROM DR. COWDREY.

LAFAYETTE, Ind., Sept. 4, 1849.

T. V. Morrow, M. D.

DEAR SIR.—Striving for the promotion of generous principles and thought in medical science, as you and your colleagues have done, I suppose this communication may not be altogether uninteresting, as it adds another proof to the multitude already given, of the triumph of liberal views.

Every day's experience establishes more firmly the basis, as well as the friends of medical reform; while the timbers of the temple erected to *Hydrargyrum* show more clearly their rottenness. I mention the following facts for the purpose of lending an encouraging voice to you and others while engaged in this work of toil, self-denial, and benevolence. Your friends are *not all* within the bounds of your city; there are Aarons and Hurs abroad, who watch with anxious delight every stroke you make in favor of truth, and will stay your hands till your sun has set, that the Amalekites prevail not. And these Aarons shall minister to the people, when you (like Moses) have ascended the *mount*.

We have just passed through as severe a scourge from cholera as that which has visited Cincinnati. The census of our town would not fall short of 4,300, but during the epidemic, it was diminished to about 3,300. Out of this number 242 have died from July 1, '49, to September, '49, 164 deaths by cholera, and 78 from cholera infantum, dysentery, (flux,) etc. (This is as correct as can be ascertained from reports made by the superintendent of grave-yards, cemetery, and alms house, &c.) We are precisely in the same fix with yourselves, as to the difficulty of estimating the ratio of deaths from cases treated, except from five Allopaths who acted as a Board of Health, and from June 23 to July 13, made five reports, in all 32 cases of cholera, and 13 deaths. These, as far as I can learn, were Allopathic patients. Here, then, we have in the very commencement of the disease, (which was mild compared to that when the Board ceased to report) a mortality of more than two out of every FIVE. What man is there who would not grow pale at the thought of cholera, when his physician is obliged to render such a report as this? Such need not be the mortality if met by a rational treatment, as has been proved here as well as in many other places. But treated as it has been here, with the "regular" administration of "regular" poison in "regular" doses, what are we to expect but "regular" deaths in the "regular" way.

The amount of it is just this. *Hydrargyrum cum creta* &c., has had to enter the throat of nearly every patient. Not only for

cholera, but in the simplest form of diarrhœa, Dr. Cartwright's has been introduced to the sufferer as *the* reputed panacea. And, even now to witness the enervated forms, broken constitution, and mercurial pestilential breath of quackery, is enough to convince the most stubborn that there is need not only of reform in Therapeutics (as generally practiced) but that the remedies used have done more mischief than the original disease could have done, if left alone, or that over one third who have died, were killed by the treatment.

We have 26 or 28 practitioners. From 18 to 20 Allopaths, 2 or 4 Reformed Thomsonians, 2 *Primitives* (steamers,) 1 Homœopathist, and 1 or 2 Eclectics, and many of them are men of talent and genius and refined feeling, worthy of a better system of practice. Every one has stood manfully to his post, not one has flinched from the fearful combat, but fought, each in his place, with weapons of their own choice, from 16 to 24 hours per day, and in the honesty of their souls, each strove to rid their friends from the grasp of death, and gain for themselves the name of conqueror. As to the success of the Eclectic practice here, I can only give you the result of my own, and let these facts speak for themselves. There are many interesting things which I would like to mention connected with the plan of treatment, &c., during this epidemic; but my time and your patience are wanting; it is enough to say that it was purely Eclectic, and after the general plan pursued by the Eclectic schools.

During the months of July and August, I treated *seventy-three* cases of cholera; out of this number *two* died. One was a female, Mrs. D., who was given up as a hopeless case by an Allopath before I arrived. In fifteen minutes I stopped the vomiting and purging, restored general warmth, and once a feeble but flickering pulse. She aroused from her comatose state, but nature was already too far exhausted to be fully resuscitated.

The other one who died was a man of rather feeble constitution, who had just recovered from a severe attack, and by his own imprudence was taken with a relapse, very severe, at 6 P. M., and did not send for me until five or six hours after. I found him in a fully collapsed state, without pulse, &c. He died in a short time after. Previous to the first attack, he had a chronic diarrhœa for more than six weeks, and had used but little medicine to arrest it, &c. This is the only case which I have lost of cholera where I was the first to attend. As to the other one I mentioned, I have good reason to believe that the application of proper remedies one hour sooner would have restored her to health. Owing to severe sickness in my own family, and being deprived of help, I have not been able to attend to business as I otherwise would. But *during the last two months* I have issued *over 400 prescriptions*, and since the 1st of January, have had all I could well attend to. Yet I

challenge any one to mention over seven cases which have died from any disease within the last eight months, *to whom I have given or issued the least medicine*, while I am ready to prove that five out of this number were regarded as past help, either by friends or other physicians, before I gave medicine.

It has been hinted by some that I must have had but few hard cases to treat. This certainly is a quibble which none but a fool or punster would make. Who does not know that the majority will not, at first, apply to any but an Allopath, and as the last resort, rather than die, they are willing to try a Thomsonian or Eclectic, or some other ignoble. And, do we act as many of the Old School have? No! Let them come; we will not say "I wish not to take any case that has been handled by a Quack." As to myself, I know of no case that I have refused to prescribe for, if it were possible; and never have I declined treating one because others had done so before me, or because the disease was intractable.

I rejoice that I commenced the practice of medicine a whole souled Eclectic. When I first established myself in this place (some three or four years since) and hung out my *shingle* as an Eclectic, many a sneering lip was curled, and, as usual, many a contemptuous remark was made of the system and its representative, by those who were ignorant of both, but who stood in their own estimation as the personification of medical wisdom and skill. The struggle here has been hard for many reasons, aside from prejudices imbibed under the long reign of "Hunkerism." There was much rubbish to be removed, thrown in the way by ignorant Steam Doctors and Root Peddlers, until the community loathed the sight.

The principles upon which we practice had first to be taught before a living could be made. This opposition has long since ceased. Very many who at first were bitter opposers now look to the Eclectic system as the only safe and rational relief in disease which man can offer, and this number is daily increasing. The tables are fast turning, and a position now gained never to be lost so long as there remains a judicious Eclectic here. I might cite many instances of the effect of the reformed practice over the prevailing one. Let one suffice. Dr. R., an Allopathist of good standing and practice, had a case in his own family (an only daughter) of Cholera Infantum, which had exhausted his skill and some others who were counselled. He finally called on me, I treated the case and the child recovered. This opened his eyes to see new truths, and finally he was led to embrace with all his heart the Eclectic system. This occurred about 20 months since. Knowing that the anathemas of his former medical brethren would constantly follow him if he remained here, he concluded to remove, and is now practicing on the Eclectic system and rejoices in the change. There are many interesting things connected with this

case which I do not feel at liberty to make public, but which show under what absolute fear the old school rest, as to the opinions of their brethren respecting medical orthodoxy and heresy. An execration from the sacerdotal chair of Rome cannot be regarded with more timorousness, than do most of the disciples of Allopathy the mandatory curses of its Apostles and Teachers.

This town is one of as much importance as any in the Wabash valley. Its rapid growth, lovely, improved, and rich country, and facilities for every kind of business, will soon render it one of the largest cities in the State. It already commands an influence not to be disregarded. We want as much as any thing, more Eclectics; men of the best disciplined minds and clear heads. Can you not send us three or four of this sort who are willing to sacrifice for a short time their reputation and ease? Such would soon reap a full reward.

Our cause is a righteous one and our system the true one; but we should remember that these cannot of themselves ensure success. The blade may be of the purest steel, and the hilt firmly set; but if wielded by a clumsy or ignorant hand, the enemy may, if he be skilful, disarm us, with a far weaker weapon than that which we possess.

I ask pardon for forcing upon you this tedious scroll, but remember me as a warm and sincere friend, and I shall remain

Yours truly,

JAMES S. COWDREY.

LETTER FROM ILLINOIS—EXTRACT.

“Dr. J. R. Buchanan.

DEAR SIR.—I studied medicine in the allopathic school. Becoming dissatisfied with “king calomel” and all his preparations, I opened my mind to conviction, read every theory, obtained books of every school, read, considered and digested, and at last fell in with “Eclecticism.” I went to New Orleans last fall and practiced there till this summer. I became acquainted with Dr. A. Kendall of N. O., an excellent physician of the *Eclectic* School. I obtained much good sound information of him in regard to the Eclectic practice, and had good success by treating after that plan. I am now engaged in practice here and have splendid success. The whole country is against the use of Calomel, and though but just commenced I have as much already as I can attend to. There is a great stir in the camp here; the people are all awake: there are sore mouths, loose teeth, and rotten jaw bones in every direction. Calomel is the great hobby in all these parts with the allopaths. I let the people do the controversy and keep cool with all. This country must be revolutionized. The people have suffered enough by the deadly effects of quackery.”

Part 2.--Homœopathy and Hydropathy.

HOMŒOPATHIC TREATMENT OF CHOLERA.

As there is some difference of opinion among the friends of Homœopathy, we have thought proper to publish the following extracts from a communication of Dr. Hempel, in the New York Tribune. We were not aware that there had been any such results in the Homœopathic treatment of Cholera as Dr. Hempel mentions, viz.: "an average loss of 25 per cent." The average results in Europe of which we have seen any accounts, have been a loss of about 10 per cent. A number of less favorable reports have been received from New York, but we are inclined to think there must be some mistake in Dr. Hempel's figures. At any rate, we shall endeavor to publish the best information we can obtain on these subjects, and doubt not Dr. Hempel's remarks will be freely criticised by others.—B.

"The Committee recommend the Spirits of Camphor, Ipecacuanha, Veratrum and Cuprum, as the best Homœopathic remedies for Cholera. This is the old routine practice which was adopted by Hahnemann and his disciples when the Cholera first made its appearance in Europe. The reason which led them to adopt these remedies in preference to others, was some vague similarities existing between the external symptoms of Cholera and the *apparent* effects of these remedies upon the healthy body. But all internal and essential relations between the pathological character of the disease and the physiological action of these medicines was entirely disregarded.

"During the present invasion of the epidemic in Germany and England, the Cholera has been treated in the same way as before, though several new remedies have been proposed by Homœopathic Physicians. The success of their treatment has by no means been commensurate with the otherwise well-founded pretensions of the Homœopathic school to a superior treatment of disease, unless an average loss of 25 per cent. be considered a great gain. Indeed, who that has seriously reflected on the internal, essential, and physiological action of Ipecacuanha upon the human organism, can seriously recommend this agent for any of the phenomena characterizing an attack of Cholera! And Cuprum—does Cuprum affect

the nervous system in the same way as Cholera? By no means. Veratrum may act as a palliative in some cases, and Camphor, it is well known, acts in a case of Cholera as in other cases, as a general neutralizer of poisonous miasms, but by no means as a true and specific remedial agent.

"Yet, there must be a specific for the Cholera. Of all the known acute diseases Cholera is, perhaps, the most simple and elementary. All the phenomena of Cholera, however distinct and varied they may seem to our senses, can be traced to one and the same generating principle. This, however, is not the place for entering upon such an investigation; although I am fully prepared to offer a rational and satisfactory solution of the problem. Suffice it here to say, that Cholera is the most acute form of neurosis, and that the irritation is seated in the peripheral system of nerves. It is through the spinal nerves that the Cholera-miasm invades the organism, the invasion being characterized throughout by spasms and subsequent congestions. Peripheral spasms, and congestion are the characteristic phenomena during an attack of Cholera, and for these states Nature has provided a remedial agent and that may be truly said to be irresistible. This agent is the *ACONITUM NAVELLUS*. It would take several columns of your Journal to demonstrate the specific curative adaptation of this agent to Asiatic Cholera; all I can do here, is to point it out to the profession and the public as the most reliable safe-guard against that dire disease. No matter how severe the spasms, *ACONITE* will overcome them, not only speedily but most triumphantly. In other words, it will restore the functional power of the prostrated nerve, and the congestions of cramps will disappear as a matter of course.

"Without pursuing my general remarks any further, I will give patients the following directions for the use of the medicine:—

"As soon as diarrhœa sets in with or without cramps in the stomach and bowels, with or without vomiting, coldness of the extremities, etc., dissolve five drops of *tincture of Aconite* in ten table-spoons full of clear Croton water, and take two tea-spoons full every half hour, until an improvement sets in; then continue every two hours until you feel entirely well. Eat very little, and only light food, gruels, weak tea and toast, etc.

"If the diarrhœa should be very bad, attended with or without cramps in the bowels, spasms in the extremities, vomiting, or if the paroxysm should set in immediately with great force, dissolve ten drops of the *tincture of Aconite* in ten table-spoons full of water, and give the patient two tea-spoons full every five minutes until the pulse improves, the extremities become warm, and a moisture is perceived on the skin; then continue every twenty minutes until the improvement is strikingly manifest, and finally continue every two hours until the patient is entirely recovered. The liquid should be swallowed very slowly, and the water should not be too cold. The

patient should at once be brought to bed, wrapt up in warm blankets or flannel, and friction should be used on the calves and palms of the hands. With this treatment, if applied in time and otherwise accompanied with proper precautions, the patient may consider himself safe. I have used the *tincture of Aconite* in hundreds of cases of spasms and congestions, with collapse of pulse and cold extremities, in nervous disorders, cholera morbus, sporadic cholera, etc., and have never failed in a single instance to effect a rapid and brilliant cure."

PRETENSIONS OF ALLOPATHIC PRACTICE.

"Let us inquire then, in the first place, what are the just pretensions of the prevalent or allopathic practice to certainty and safety; what title it has, on the whole, taking together all the cases in which it is followed, and all the physicians who follow it, to be regarded as a method in which we should confide, and with which we ought to be content, of prolonging life, counteracting disease, and alleviating or preventing pain. We cannot do better, in this inquiry, than to take the declarations of men who have devoted the labor of their lives to this practice, and who, if any could, should be able to pronounce his eulogy.

Boerhave, an illustrious name in medicine, uses the following remarkable language:

'If we compare the good which half a dozen true disciples of *Æsculapius* have done since their art began, with the evil which the immense number of doctors have inflicted upon mankind, we must be satisfied that it would have been infinitely better for mankind if medical men had never existed.'

But Boerhave, it may be said, lived a hundred years ago, and was himself a reformer in medicine; since his time the methods of the art have become more rational and more safe. Hear then, Dr. Pereira, himself a vehement adversary of the homœopathic practice. In his lectures on Pharmacology, published in 1835, in the London Medical Gazette, he says, speaking of the common practice:

'We can hardly refuse our assent to the observation of the late Sir Gilbert Blane, that in many cases patients get well in spite of the means employed; and sometimes, when the practitioner fancies that he has made a great cure, we may fairly assume the patient to have had a happy escape.'

Here is a confession of great uncertainty and great danger in the ordinary practice of medicine at the present day. If so many patients recover in spite of improper treatment, how many must perish by improper treatment; if what is supposed to be a cure by medicine, is sometimes only an escape from its effects, it is equally

probable that the deaths which are supposed to be caused by disease, are sometimes caused by the prescriptions of the practitioner. But let us look a little more closely into the nature of this uncertainty and danger, and in doing this, I propose to take as our guide an able writer of the present school of medicine.

Dr. Abercrombie of Edinburgh, an eminent physician, in his book entitled '*Inquiries concerning the Intellectual Powers and the Investigation of Truth*,' remarks that the uncertainty, and of course the danger, of medical practice is principally felt in two respects; first, in regard to the character of disease, and secondly, in regard to the remedies employed. Of the first he says:

'Since medicine was first cultivated as a science, a leading object of attention has been to ascertain the characters or symptoms by which internal diseases are indicated, and by which they are distinguished from other diseases that resemble them. But with the accumulated experience of ages bearing upon this important subject, our extended observation has only served to convince us how deficient we are in this department, and how often, even in the first step in our progress, we are left to conjecture. A writer of high eminence has even hazarded the assertion, that those persons are most confident in regard to the characters of disease whose knowledge is most limited, and that more extended observation generally leads to doubt.'

As to the effect of medicines upon the patient, Dr. Abercrombie remarks:

'An equal or even more remarkable uncertainty attends all our researches on the second head to which I have referred, namely, the action of external agents upon the body. These engage our attention in two respects, as causes of disease, and as remedies; and in both these views the action of them is fraught with the highest degree of uncertainty.'

Observe the terms chosen by this sensible and cautious Scotchman, 'the highest degree of uncertainty.' Let me here remark, that where so much uncertainty exists in regard to the effects of medicines, there must be frequent mischief done by the practitioner. Prescribing, as he must do, according to his best conjectures, he must sometimes prescribe hurtfully, and in such a manner as to occasion the death of his patient. He who shoots in the dark is not only likely to miss his aim, but is in danger of maiming or killing those whom he would gladly spare.

Again, after showing what exactness has been attained in other branches of science; with what confidence, for example, in chemistry, certain results are expected from certain preparations, and how this confidence is never disappointed, Dr. Abercrombie proceeds to say:

'With what different feelings we contemplate a case of dangerous internal disease—its probable progress and termination, and the

effects which our remedies are likely to produce in arresting it—those best can tell who have most experienced them.’

I shall make but one more quotation from this writer, and it is remarkable for the force of its language. He is speaking of the difficulty of making use of previous medical experience.

‘When in the practice of medicine,’ says this acute writer, ‘we apply to new cases the knowledge acquired from other cases which we believe to be of the same nature, the difficulties are so great, that it is doubtful whether in any case we can properly be said to act upon experience, as we do in other branches of science. The difficulties and sources of uncertainty which meet us at every stage of such investigation, are in fact so great and numerous that those who have the most extensive opportunities of observation, will be the first to acknowledge that our pretended experience must in general sink into analogy, and even our analogy too often into conjecture.’

How much truth there is in these remarks, all who have observed with moderate attention the course and results of medical practice can testify. We all know with what confidence the young practitioner begins his career, sure of curing diseases by the methods laid down in his books; we see him meeting with disappointment after disappointment, and after many failures we find that he has unlearned that confidence, and in its stead has been taught the melancholy lesson of doubt, the wisdom of cautions and wary conjecture, the surest wisdom of the present school of medicine, and the parent of its safest practice. We see how often those very prescriptions which are meant for remedies, and which are applied with the best lights of the practitioner, are followed by an immediate increase of the malignity of the disease, and probably accelerate death.”—*Bryant on Homœopathy.*

CHOLERA MORTALITY.

In the following reports copied from the N. Y. Tribune, it appears that the mortality of cholera patients at New York, has been, in the Homœopathic practice, 14.4 per cent, and in the Allopathic practice 71.4 per cent, or about five times as great.—B.

CHOLERA—WEEKLY REPORT.—Twenty-four Homœopathic physicians of the cities of New York and Brooklyn, have reported to me the following results in the treatment of Cholera, as reported by them to the Board of Health:

| | Cases. | Deaths. |
|-------------------------------------|--------|---------|
| For the week ending the 16th inst., | 47 | 5 |
| Total to August 16, | 236 | 33 |

B. F. BOWERS, Sec. Hom. Soc. of N. Y.

113 Bleeker St., Aug. 17, 1849.

[See next page.]

TUESDAY, Aug. 21.

BOARD OF HEALTH.—Dr. Greer, the resident physician, reports 70 new cases of Cholera and 30 deaths, as having occurred since his report of yesterday, returned in the following order:

| | Cases. | Deaths. | Cured. |
|----------------------------|--------|---------|--------|
| Private Practice, | 53 | 22 | |
| William St., | 4 | 3 | 8 |
| Thirteenth St. Hospital, | 3 | | 1 |
| Thirty-fifth St. Hospital, | 3 | | 2 |
| Stanton St. Hospital, | 7 | 5 | 1 |
| | <hr/> | <hr/> | <hr/> |
| Total, | 70 | 30 | 12 |

THE WATER CURE.*

BY MRS. M. S. GOVE NICHOLS.

THE WATER CURE is the scientific application of the principles of nature in the cure of disease. It is not the mere application of water, but it enters into all the causes of disease, and assists all the efforts of nature for its cure. It prescribes a pure and healthy diet, carefully adapted to the assimilating powers of the patient; it demands pure air, and strengthening exercise, with other physical and moral hygienic conditions. The applications of water, according as they are made, are cleansing, exciting, tonic or sedative. Water clears the stomach better than any other emetic; produces powerful and regular evacuations of the bowels; excites the skin—the great deterging organ of the system—to throw off masses of impurities; stimulates the whole absorbent and secretory systems; relieves pain more effectually than opium; dissolves acrid and poisonous matters; purifies the blood; reduces inflammations; calms irritations; and answers fully all the indications of cure—to fulfil which, physicians search their pharmacopœias in vain. The proper application of the processes of the WATER-CURE never fails of doing good. Its only abuses come from ignorance. The Water-Cure physician requires a full knowledge of the system, and a careful discrimination in applying it to various constitutions, and the varied conditions of disease.

Medicines, too often, instead of aiding, check the curative process of nature. They deaden and stifle diseases, instead of casting them out. Often they change acute affections, which, left to their own course, would result in health, to chronic and incurable diseases. The pa-

*From a Tract recently issued for gratuitous distribution.

tient, after being rid of the particular action of the disease, still retains the causes that produced it, with the addition of the medicine he has taken. Often, in the Water-Cure, patients throw off large quantities of mercury and other poisons, which have lain in their systems for years, producing rheumatic, neuralgic, and other nervous and chronic diseases.

As nature is making constant efforts to free the body from disease, and as Water-Cure strengthens and invigorates all the powers of nature, and assists in its great processes of dissolving and expelling morbid matter, it is applicable to every kind of disease, and will cure all that is curable. It cools raging fevers, and gives tone and energy to the most exhausted nervous system; it soothes the most violent pains, and calms the paroxysms of delirium; it brings out the poisonous matter of scrofula, and gives firmness to the shaking hand of palsy.

Unassisted nature, where there is a large stock of vitality, may triumph over both disease and medicine. The success of the Homœopathic practice shows, that the less medicine taken, the oftener Nature asserts her rights. But the Water-Cure equalizes the circulation, cleanses the system, invigorates the great organs of health, and, by exciting the functions of nutrition and excretion, builds up the body anew, and re-creates it in purity and health.

Health, once established by the Water-Cure, is maintained by it ever after. It is rare indeed that a Water-Cure family ever needs a physician the second time. The system threatens in this way to destroy all medical practice. Mothers learn to not only cure the diseases of their families, but, what is more important, to keep them in health. The only way a Water-Cure physician can live, is by constantly getting new patients, as the old ones are too thoroughly cured, and too well informed, to require farther advice. This is a striking advantage to Water-Cure patients, if not to Water-Cure physicians.

The efficacy of the Water-Cure depends always upon the amount of vital energy or reactive force in the patient; and this in low and chronic diseases must be economized with the greatest care. Mistakes and failures in Water-Cure, have come from not knowing how to adapt the treatment to the patient's reactive power. The same treatment that would cure one, might fail entirely with another. The practice of this system, therefore, requires profound science—the best judgment, and the finest discrimination. These are especially needed in chronic, nervous, and female diseases. In all these, the Water-Cure is the only effectual remedy. Thousands of women are every year doctored into premature graves, who might be saved by a knowledge of the Water-Cure. The world is scarcely prepared to believe that its processes relieve childbirth of nearly all its danger and sufferings—yet this truth has many living witnesses.

The writer has had a large obstetric practice for several years,

and has never had a patient who was not able to take an entire cold bath, and sit up and walk, the day after the birth of a child. I need not say, that life would often be the forfeit of even rising from the bed, at an early period after delivery, where patients are treated after the old methods. The water treatment strengthens the mother, so that she obtains a great immunity from suffering during the period of labor, and enables her to sit up and walk about during the first days after delivery. In all the writer's practice, and in the practice of other Water-cure physicians, she has never known an instance of the least evil resulting from this treatment.

Dyspepsia yields readily—slowly often, but very surely—to the Water-Cure. There is no patching up, but a thorough renovation. Some of its greatest triumphs are in nervous and spinal diseases; and cases of epilepsy and insanity are cured in so many instances, as to encourage hope for all. In all diseases of the digestive organs, and the nerves of the organic system, medicines are worse than useless. The only hope is in some application of the Water-cure—the more scientific, the better.

The diseases of infancy—as croup, measles, scarlet fever, &c.—lose all their terrors under the Water-cure system. Death, by any such disease, in this practice, is unheard of, and could only result from the grossest ignorance in the physician, or some terrible complication of hereditary disease in the patient. Colic, diarrhoea, and dysentery, in children and adults, are perfectly manageable in the Water-cure, and yield to its simplest applications. Fevers and inflammations of all kinds, are controlled with so much ease, and are so shortened in duration, as not to excite the least uneasiness. It is a maxim in Water-cure, that one who has strength enough to have a fever, has strength enough to be cured. The small-pox yield readily to the Water-cure, and is cured without leaving the slightest mutilation. In typhus and ship fever it is equally effectual; and in cholera, the writer has never seen a case that did not yield readily to its applications. The Water-cure is a perfect preventive.

It may be proper to state, that all these acute diseases are shortened, because the system, in the Water-cure, is enabled to throw off as much bad matter in three or four days, as it could get rid of in as many weeks if left to itself, or weakened by medication. Thus fever and ague is cured in four or five days, without danger of relapse, as frequently happens after the poisoning of quinine. In all acute diseases, the Water-cure operates so promptly and effectually, and nature, when not weakened and interfered with by bleeding and drugs, carries on her work so beneficently, that there is not the least fear of an unfavorable termination.

The writer has treated lung, typhus, scarlet, ship, and brain fever, and has never lost a patient; and in only one instance has the fever continued over six days. In measles, varioloid, and small pox, she has found the treatment equally effective. In one instance, where the patient was fast sinking from suppressed measles—not

having slept for seven nights—a single wet sheet pack induced sound sleep, and brought out the measles thickly all over the surface of the body; and in three days' treatment the patient was comfortable and out of danger. In severe pain, in neuralgia, or *tic dolo-reux*, in *delirium tremens*, and in other severe nervous affections, the wet sheet pack has a more certain soothing effect, than any preparation of opium, or other anodyne, without after bad consequences.

Consumption is considered an incurable disease; but there have been many cases in the practice of the writer, in which it has seemed to be permanently cured, and others in which existence has been greatly prolonged. Her own case is one of perfect recovery from consumptive tendencies of the most alarming character; and there is little doubt, that in most cases the disease might be arrested in the earlier stages of its progress, by the Water-cure, while drug medication never fails to aggravate the disease and hasten its progress.

The processes of the Water-cure, skilfully directed, are never painful, and seldom disagreeable. If irksome at first, they soon become pleasant, as the nerves acquire tone. They may be gone through at all seasons, and in many cases without materially interfering with the ordinary business and amusements of the patient. They can be applied to all situations where it is possible to get pure water, fresh air, and a proper diet. It is desirable, in many cases, to live at a Water-cure house; but many of the best cures are made by patients who apply the water at home under competent advice. Summer is favorable for some cases, winter for others, and spring and autumn for all. A few days' treatment suffices for an acute disease, but a chronic one may require weeks and months of persevering attention, according to the vitality of the system, and the nature of the disease.

The great trouble with Americans is, they are in too great a hurry. They are in a hurry to eat and drink, and to get rich. They get sick as fast as they can, and they want a short cut to health. Chronic disease that has been inherited, or induced by wrong doing through half a lifetime, cannot be cured in a day by any process now known to the world. What we want for Water-cure, is a fair trial for a sufficient length of time.

The Water-cure is the most economical system of medicine. It supports no druggists, and requires few practitioners. Water is everywhere free, and the best diet is cheaper than the worst. The universal practice of Water-cure would lead to universal health. A single consultation and prescription is often all that is necessary; and contrary to every other system of medicine, the means for gaining health are also the means of preserving it. For these reasons Water-cure is destined to be the greatest blessing ever bestowed upon a diseased and suffering race.

CASE OF FEVER—HYDROPATHIC TREATMENT.

BY JOEL SHAW, M. D.

I was called the 2d of June, 1849, to visit Joseph Lee, aged 18 years, living with his parents at Cypress Hills, Long Island. On Monday previous to going to the city of New York, he was attacked severely with chills. Arriving at John street, his father's place of business, severe reaction or fever came on, so much so, that he was compelled to lie for hours on the floor. He declared that it would not be possible for him to return home that day. He was also very stupid with the fever. A physician was called who administered some medicines. He was afterwards conveyed home to Cypress Hills. His mother remarked that he had appeared stupid for two or three days previously.

The young man had been mostly at sea since eight years of age, having sailed twice to China, and twice to England during that time. Leading a sea-faring life, his habits were not good. He had also, like sea-faring men generally, indulged freely in the use of tobacco.

After returning home the day after the attack, he continued to grow worse; but little sleep could be obtained; and that was unrefreshing and disturbed. More medicine was given him, from time to time, by the directions of a physician of the city, but his mother fearing its effects, restrained herself in its use. He experienced no more chills; but the fever and consequent debility continued to grow worse. On Thursday following the Monday of his attack, a ten grain dose of calomel was administered; and also other medicines. He became delirious, remained so during the whole night, and obtained no sleep. The next day, Friday, there was no abatement of the symptoms, and the night was worse than the preceding. In the morning a neighboring physician was called, who administered an opiate. This caused either stupor or partial sleep; the delirium, however, continued the same; he imagined that soldiers were coming after him, firing after him, and he declared that himself and mother must part. He undertook to dress himself and go out, but having no strength to enable him to be up, he was prevailed upon again to take to his bed, and wait until the next train of cars before he should go away.

In this condition I found him. There was high burning fever, wildness, delirium, and the various symptoms usually attending such a state. The pulse was above a hundred; the face was flushed, the eye suffused, and the heat very great. It was about ten o'clock when I first saw him. It should be remarked that water had been freely given him to drink, and cold wet clothes had been used about his head. I think some slight bathing had also been applied.

Treatment.—The first thing done was to bring a wash-tub into the room, with two buckets of pure soft water. The latter was moderated in temperature, so as not to shock the system too severely at first. Patients in delirium are soon quieted by cold water; but it is better to begin a little gradually at first; at any rate there is no need of doing violence to the system. A bucket of cold water was also placed beside the tub, the patient was then raised from the bed, and made to sit down in the tub, the back side of it being a little elevated with a block of wood, and his feet were left outside. By means of cups, water was poured constantly over the surface, from the crown of the head down. Very soon he became as still and quiet as if he were going to faint. This is common with patients in delirium. Finally, cold well-water was poured over him, little by little, a tea-cup full at a time; the head and back of the neck and spine were especially subjected to this process. Very little rubbing of the surface was practised, as there was no need of this. The great object was to abstract the unnatural heat from the system, and at the same time allow the parched surface to absorb as much water as might be.

The ablution was continued some fifteen minutes or more, at which time, judging from the temperature of the arm-pits, the morbid unnatural heat was, for the time, all removed. A heavy linen sheet, which had before been made ready, was now wound all about him. It was large, so that folded three double, it passed from the arm-pits to below the knees. It is better in many cases of fever to apply the sheet in this way, as thus the patient can move and be moved far more readily than if the sheet extends over the whole surface. Wet towels may be placed about the remaining parts, if necessary. Enough of the sheet was at first wet to pass around the body once, so that there were three thicknesses of the wet. Wet cloths were also placed about the head. Besides this wet sheet, there was only a single dry one placed over him. The object was *gradually* to abstract the morbid heat. If too much covering were allowed, the heat would accumulate, and thus the patient be made worse. Cold towels were applied to the head, and often changed; he was made apparently very quiet and comfortable by these applications. The windows on each side of the room were kept open, and by a pleasant breeze at the time, the air was rendered as pure and fresh as could be imagined. It was not long before sleep came on.

After this, the patient appeared more rational; but the heat rising after about two hours, he was again subjected to the ablution. After this the entire sheet was wet and placed about the body, as before, so that there were *six thicknesses of wet linen covering about almost the entire surface*. The sheet was left as wet as could be without dripping. We did not at any time chill the patient very much; but if such an occurrence had taken place, we could easily

have covered him more; and if necessary have placed moderately warm applications to the feet.

After the second application, which was between three and four o'clock, speaking from memory, he again slept. In about an hour more, the surface becoming rather warm, the sheet was changed. He continued to sleep much of the time, and when he awoke appeared to be entirely calm and in his right mind.

I then left at about five o'clock in the afternoon, having been present with the patient much of the time for five hours, leaving directions with his very worthy and intelligent mother, as follows:—"Continue on with the wet sheet a considerable part of the time; one half at least; re-wet it as often as the patient becomes too warm, and if need be, without any reference to times or frequency; administer the baths to keep down the heat; give all the water to drink the patient desires, but no nourishment of any kind before morning, and not any then unless he calls for it."

The next day I returned between eleven and twelve o'clock, when I found that a most wonderful change for the better had taken place. The patient had rested well during the whole night; had gained strength astonishingly; was perfectly in his right mind, and gradually improving in every respect. It had not been necessary to repeat the bathing very often, but the wet sheet was a number of times applied. Another ablution was given at twelve o'clock, after which the patient rested again in the wet sheet. He was now able to sit up in bed, having chairs to lean upon a considerable part of the time, and took some light nourishment, very small, however, in quantity.

After dinner, preparing to return home, I left directions that the patient should be bathed and have the wet sheet at least twice a day, and oftener if necessary, to keep down the heat. I remarked, that with present prospects, there would be no need of my coming again to see him. The intelligent mother now understood the great indications of treatment, namely, *to keep down the morbid heat*; and she had now more than ever, confidence in the treatment employed. The patient continued day by day, to grow better; and I think the third day of the treatment, was able to walk out. At all events, just one week from the time when I first saw him burning with fever and raging with delirium, so that he had had neither his senses nor any rest for the greater part of three days; he had rode to the city of New York, and could go about like others, comparatively well.

On visiting the patient the second time, it was most gratifying to witness how great a change had been wrought. For nearly a week an anxious mother had watched over him by night and day, with all the care and solicitude of which a mother is only capable. It can be easily imagined she was care-worn, fatigued, exhausted, with her anxiety, night-watchings, and toil; but the second day, on com-

ing near the house, her countenance plainly bespoke how great had been the change for the better with her only son. Both he and herself had enjoyed a good night's rest. It is now to be hoped, that this young man will do, as he is determined to cleanse himself wholly from that vile narcotic which has injured him hitherto so much. If he will but do this, and observe good general habits in eating, drinking, sleeping, and every thing else that pertains to life and health, then no such attack of fever can ever again come upon him. He will, as far as human foresight can know, enjoy, month by month, and year by year, firm and enduring health. No fever, cholera, or other pestilential diseases or maladies of less severity can invade his system while such a regimen is followed.

This case, we have every reason to believe, would have resulted in severe, and perhaps dangerous typhus fever, had it not been arrested by the timely and most vigorous application of cold water.

I will say, in conclusion, let not those who trust themselves to that best of all *febrifuges*, cold water, be at all discouraged if they do not in any case, succeed so well as was true in the above instance. Persevere for days, and weeks if need be, in *keeping down the fever*. Go on thus, and if you do not succeed readily in a day, fly not to drugging and poisoning, as too many are apt to do; but rather, let the patient die, if die he must, a *natural death*.

Water-Cure Journal.

WATER-CURE IN CHILDBIRTH.

To the Editors:—Allow me through the medium of your interesting Journal, to call attention to a late signal case of the wonderful effects of the Water-cure system. Perhaps in primitive ages this would have been thought nothing of, but in these “degenerate” times, when mothers have such protracted periods of “getting up,” causing so much discomfort as well as pain, I contend that the following case is a blessed example of the benign workings of this new system.

Upon the 5th inst., my wife, under the attention of that eminent hydropathist, Dr. Shew, gave birth to a large healthy boy. The child was not two hours old, before the mother was lifted from bed and placed in the sitz-bath, and from that time commenced a rapid recovery—suffice it to say, she kept her bed for one day only—the second day she sat up—the third day walked about the upper floor at different intervals—fourth day came down stairs to her meals, and the fifth day took a short walk in the street, and now, though but two weeks since confinement, is enjoying herself with her family in the country.

Now, some may say that my wife was “only one in a thousand” who could stand it, but although I do not consider myself compe-

tent to judge, as to what others can do, yet I can only add that she has suffered as others have in previous "confinements," and "confinements" they truly were—kept in close, hot rooms, for perhaps a month.

As to the treatment, though so effective, yet it was truly simple. She, of course, took no medicine, took daily four or five baths, enjoyed the refreshing air from open windows, and that absence from nervous languor previously experienced. Her appetite on the fourth day was ravenous, and she enjoyed her usual meals with peculiar satisfaction.

I have been induced to make this family affair public, from a desire to influence others to wean themselves from that dreadful prejudice which leads them to submit to the old-fashioned, lengthy and severe treatment, and to try the effects of the new, simple, but beautifully effective system, as practiced by the disciples of Priessnitz.

JOHN WHEELER, JR.,

81, Clark St., Brooklyn.
Water-Cure Journal.

HYDROPATHY; OR THE WATER-CURE. ITS PRINCIPLES, PROCESSES, AND MODES OF TREATMENT. *Compiled in part from the most eminent authors, ancient and modern, on the subject; together with an account, of the latest methods adopted by Priessnitz. Illustrated with numerous cases of cure.* By JOEL SHEW, M. D.

The publication of the first edition of this work of Dr. Shew's, about five years since, is to be considered as having been the first grand impetus to the new system of hydropathy in this country. Indeed, at that time, the Water-cure had been heard of among us by only a few. The first, a large edition, was sold in a few months. Since that, however, owing to the fact that numbers of smaller works have been published on the subject, its sale has not been so rapid.

"There is one feature of the present edition which, it is believed, will render it a much more acceptable one than either of the former. While on a second visit at Graefenberg, in the winter of 1847-8, the author was careful to obtain of Priessnitz his methods of treating the principal diseases to which the human system is subject. These were not trusted to memory, but were written down on the spot. These methods, simple as they may appear, are the results of this great man's experience, gained through many years of persevering toil. His opinions must necessarily have great weight with all who have confidence in the new system of water."

This book is now stereotyped, and is beautifully printed on good paper. It contains 360 pages of large 12mo, and is cheap considering the amount of matter it contains. Any one remitting one

dollar, free of postage, can receive it from the office of the Water-cure Journal, by mail. No family, we think, should be without this highly interesting and practical work.—*H. Hope, M. D.*

THE WATER-CURE AT BRATTLEBORO' VT.—A correspondent of the Hartford Courant, writing from Brattleboro', Vt., says in relation to the Water-cure :

A lady was brought here two months since from Lowell, Mass., on a feather bed. She was given up by her physicians, and so low that they were eight days bringing her on; her limbs were utterly useless—so much so that she had not used them for twelve months. She now walks over these mountains as nimbly as any girl; and you would hardly suppose that she had ever been sick.

The water appears to possess the property of ejecting from the system everything impure and not necessary to sustain life. Men are here whose systems are perfectly saturated with mercury, and when they come out of the sheets in the morning, after sweating an hour or so, they are stained with mercury; in fact it brings out every impurity.

The course we have to go through is this—first, sweating in a wet sheet in the morning; from a wet sheet we are plunged into a cold bath and rubbed down for about fifteen minutes, and then started off to walk some three or four miles before breakfast; at eleven or twelve o'clock a douche bath, or stream of water falling at a distance of from fifteen to twenty feet on all parts of the body; rubbed down, and walk again; at five o'clock a hip bath, and at night a foot bath. During the intervals we walk and drink water to the amount of thirty glasses per day.

VEGETABLE DIET AND WATER-CURE.

During the last month, two more books have been added to our rapidly increasing reform and hydropathic literature. The first is Dr. Alcott's work on *Vegetable Diet*, published by Fowlers and Wells. The author is widely and favorably known by his various writings on moral, medical, and physiological subjects. The present work brings together the testimony of medical and scientific men, whose minds have been particularly directed to the subject, and the experience of all ages, in favor of vegetable food in preference to animal. The second work alluded to is entitled "*Bulwer and Forbes on the Water-treatment*," edited by Dr. Houghton, of this city. With the exception of some fifty pages of "Observations on Hygiene and the Water-treatment," by the editor, it is a republication of Bulwer's celebrated letter, Dr. Forbes' able paper on the Water-cure, Dr. Wilson's remarks on Bathing and the Water-treatment, and the opinions of Mr. Mayo and Sir Charles Scudamore, with two or three other medical men, on the same subject.—*Water-Cure Journ.*

Part 3.—Miscellaneous Selections.

ANIMALCULÆ AND CHOLERA.

MICROSCOPIC APPEARANCES OF THE DISCHARGES AND MUSCULAR FIBRES OF A PATIENT WHO DIED OF EPIDEMIC CHOLERA.—By W. J. Burnett, M. D.

Dr. Burnett, by request, recently read a paper before the Boston Society for Medical Improvement, on this subject. It is published in the American Journal of Medical Sciences, for July.

On Sunday, June 3d, a man at the northern of the city was attacked with the premonitory symptoms of cholera. The case ran a rapid course, and in a few hours he was in a state of collapse; and on the next morning, at 10 o'clock, he died.

A post-mortem examination of his body was made, on the afternoon of the same day, at half past three o'clock. At this autopsy I secured a quantity of the "rice-water" liquid found in his intestines; also a portion of one of the pectoral muscles. These specimens I submitted, on the morning of the 5th, to careful and repeated microscopical examinations, and obtained the following results:

1st. "*Rice Water*" Liquid.—This was found loaded with epithelium of both varieties, viz., the *cylinder* epithelium, and the *tesselate* or pavement epithelium. These cells were floating about not only singly, but in large flakes of one-thirtieth to one-tenth of an inch in size, and attached uninjured to the "basement membrane" from which they grow; so that it would appear that this "basement membrane" had been stripped off, bearing the cells upon it. The cloudiness and opacity of this liquid seemed entirely due to the presence of immense quantities of these epithelial cells, since no mucous corpuscles or any other corpuscles whatever, as well as no shreds of lymph, could be detected from repeated examinations.

It is well known that the *tesselated* or pavement epithelium covers the mucous membrane of the mouth and œsophagus, while the mucous membrane of the remaining portion of the alimentary canal is covered by the cylinder epithelium. Therefore the presence of both varieties of this epithelium in these discharges would show that they came from the surface of the *whole* of the alimentary canal, instead of from its intestinal portion only.

Loitering here and there, in the field of the microscope, was an occasional crystal of the *oxalate of lime*.

For a long time, I could perceive nothing in this liquid but the two substances just mentioned, viz., the epithelium and the crystal

of oxalate of lime. But, after increasing the power of the instrument, a third element appeared, and was then so apparent that I greatly wondered I had not before seen it. This was the presence of thousands of thousands of *animalculæ* swarming and sporting about in every direction. For a time, I thought that this must be a mere accident, but very many subsequent examinations afforded the same results; and that I might not be the only person to vouch for their presence here, I showed them to my friend, Dr. D. H. Storer, of this city, who made the remark, that he distinctly saw them "writhing about." By a power of five hundred linear diameters, they could clearly be seen, some as *linear* moving bodies, others having a more globular character—the former seeming to be only a linear aggregation of the latter. They seemed, therefore, to be *vibriones*, and by measurement the single animals were from 1-16,000 to 1-20,000, and the compound chain-like animals were from 1-8000 to 1-4000 of an inch in diameter. I state these facts in this precise manner, since some, it is probable, may think that all this is simply the *molecular motion* so often observed in the secretions. But that they were distinct animals having voluntary motion, I have no doubt, since Dr. Storer, as well as myself, saw them moving in a serpentine manner over the field.

2d. *Muscular Tissue*.—Not thinking of seeing any of these appearances, I examined a small bit of muscle, with reference to ascertaining, if possible, on account of the involuntary muscular contractions during life, the proximity of the *striae* of their *fibrillæ*. But my perception of these relations was not very acute, from my astonishment to find in this tissue these same *animalculæ* in great numbers. A little distilled water, used to soften the tissue, brought out great numbers of them into it, so that they were seen, as in the intestinal liquid, sporting about hither and thither. In these examinations, all possible care and precaution were used, to prevent the introduction of any foreign bodies into the field of observation.

The great fact to be borne in mind, as the result of these examinations, is that the same *animalculæ* were found in great numbers both in the intestinal liquid and in the muscular fibre. And the fact of their being in the muscular fibre would argue, I think, decidedly against the supposition of their mere accidental presence in the liquid of the alimentary canal.

I much regret that, before these observations were made known, I should not have had the advantage of more specimens from patients who have since died here of this disease. And although it may seem premature that these results from a *single* case should thus be made known, yet they are exposed as simple facts, and upon future examinations I shall rely for the proof, either, on the one hand, that these *animalculæ* were simply *accidental* to *this* case alone; or, on the other hand, that their presence is constant in this disease; and if the latter is found to be correct, as would

seem thus to have been foreshadowed, there will then be sufficient time to attempt to trace their *causative* relation with this dire disease now among us.

Furthermore, should future investigations show that these *vibrios* are equally common in the tissues and secretions of patients dying of other diseases—in other words, that their presence in this disease is not specific—yet the above note will not, perhaps, be considered without value—since it may serve to call the attention of better observers than myself to this interesting subject.—*Am. Jour. of Med. Science.*

Dr. J. T. Plummer, of Richmond, Ia., makes the following remarks in the *Western Lancet*:—

I hasten to lay before the medical public a discovery which may ultimately prove important to mankind. If, however, it should eventuate in nothing serviceable, I will have accomplished my present purpose, of giving to others an opportunity of testing the accuracy of my observations so far as they extend; and of carrying out the discovery to an extent which the means at my command will not permit me to do.

During the prevalence of the epidemic cholera in this place, I have availed myself of every opportunity of examining chemically and microscopically, the alvine evacuations of the patients under my care. These researches, together with the history and treatment of the disease as it appeared here in 1832, 1833, 1834 and 1849, with various collateral subjects, I will probably submit to my medical brethren at a future day; but the principal object at present is to announce the discovery in cholera evacuations of different physical characters, or animalculæ, with which I have had no former acquaintance.

Some weeks ago, while contemplating the sizes of the globules (apparently mucus globules) in a drop of the sedimentary portion of a cholera stool, I was surprised to see one of the apparent globules start into active motion. Not being of a very sanguine temperament, I at first suspected the motion might be owing to a temporary current suddenly created in the fluid, carrying the globule along with it. But why were other globules and particles, in the course of the supposed current, motionless? I had no cause to attempt to answer this question—for directly, another and another globule (as I shall still call them for convenience) began to frisk about, moving in different directions, some stemming actual currents set up in the fluid under examination, wriggling what appeared to be their heads, rapidly from side to side as they progressed; others performing gyrotory motions; some seemed to be spinning upon their own axis; others performing various other evolutions. These living atoms were of

somewhat different sizes, but all of them appeared to be smaller than what I considered the mucus corpuscles.

Apparently, these animalcular dots had the power of contraction and expansion; but in this observation I may have been deceived. Well aware of the danger of optical illusions in microscopic as well as other visual appearances, I repeatedly changed the drop of liquid and continued my examination of the foregoing and other phenomena, by candlelight, for hours. During my nocturnal observations, I perceived a number of the animacules to be paired, so as to be in close contact. Once I discovered a separation to be taking place between what appeared to be a pair; and keeping my eye on them, I observed them finally to have a fair space between them; but yet, as one moved, the other followed as if dragged by some invisible connexion.

My thoughts were now turned to the query, whether these were *monads*? They were certainly not *vibriones*; if they were infusory animacules, they were probable monads. Here were the apparently globular form and fissiparous generation of monadic life. But were these animalculæ really *infusory*? That is, did they take possession of evacuation after its passage from the intestines? The evacuation was six or seven hours old before it was submitted to examination; this made it possible for infusory life to have begun. I then reasoned, that if these were infusorial, their numbers would increase. Twenty hours afterward, I therefore examined the same evacuation, and found globules still moving. Cold water was added to dilute the drop; it appeared to produce no effect upon the moving atoms, the number of which was not increased.

I repeated my observations upon another portion of the liquid, forty-four hours from the time of its dejection, all apparent life *was now extinct*. The conditions, then, ostensibly most favorable to infusorial life, proved destructive to these animalculæ. I now resorted to the probability of their being inbred in the human system or imbibed; and waited for further opportunity of prosecuting my inquiries; one soon offered, and a most favorable one.

About the thirtieth evacuation from a dying man was, within two minutes after its passage, enclosed in a well cleansed vessel prepared for the purpose, and in ten minutes was under the microscope.—The stool was almost as limpid as water. All my former observations were now confirmed; but with the aid of a somewhat more powerful glass than mine, belonging to Dr. Smith, (whose corroborative observations were now added to mine,) I discovered the animaculæ to be discal or perhaps lenticular; and to possess appendages resembling legs or paddles. And the application of them was very obvious in the performance of those gyratory motions already mentioned; on the inner side of its circuit, the fluid was quiet, while the fluid in immediate contact with the opposite or outer side

of the animalculæ, was evidently *rippled* by the use of its extremities in performing its gyrations.

Beside the infusoriæ, I can think of but two other substances which could be mistaken for the cholera animalculæ. One is, the molecular base of the chyle; the molecule of which are said to exhibit vivid motions, and the other is the blood-corpuscle when multiplying itself by fissiparous generation, according to Dr. G. O. Rees. With respect to the first, it is not likely that my microscope is sufficiently powerful to bring the molecules to light; and as to the second, I do not know that blood-corpuscles have heretofore been suspected to have legs. I now think of one other substance which I may have mistaken for the apparent entozoa. I mean the detached epithelial cells, while their ciliary powers are yet active. But the whole subject is now in the hands of those who are better prepared for such investigations than I am; and acknowledging my comparative ignorance of microscopic research, I submit the foregoing *facts* to the reader.

JNO. T. PLUMMER.

Richmond, Ia., Nov., 1849.

Microscopic *infusoriæ* in the alvine dejections of cholera patients have been mentioned by others. M. Pouchet, of France, has recently observed vast numbers of these animalculæ in rice-water discharges. The peculiar *motion* witnessed by Dr. Plummer, could hardly be attributed to *ciliary* bodies, for the epithelial cells of the alimentary canal are destitute of ciliary prolongations.

[*Editor of Western Lancet.*

PROCEEDINGS OF THE NEW YORK STATE MEDICAL CONVENTION.

Pursuant to notice generally circulated through the State of New York, the friends of Medical Reform met in general Convention in the city of Syracuse, Tuesday, September 11, at 2 o'clock, P. M. The Convention was called to order by Dr. S. H. Potter, who stated that the objects dictating the call of a State Convention, were to secure a perfect organization of the vast number of Botanic Physicians and their friends throughout the Empire State, in order that they might secure to themselves the facilities of *self elevation*, by adopting measures to obtain a thorough medical education of all its members, and the universal adoption of the practice. The astonishing success of practitioners, comparatively ignorant, far beyond those of other modes, prove most conclusively that to save the human race from that rapid and fearful deterioration which they have been and are still suffering under the ordinary mercurializing and depleting treatment, as well as to restore again to mankind good, vigorous, and healthful constitutions, and save them from premature

graves, the cause of suffering humanity and the welfare of the race, all demand that we now proceed to organize in a judicious manner, so as to enjoy the aid and co-operation of all, learned and unlearned, and extend the salutary influence of Eclectic Medical Practice, until its benefits and blessings can be universally enjoyed.

Dr. P. then moved that Dr. C. S. Totman, of Syracuse, be chosen President, *pro tem.* Adopted.

Dr. S. O. Gleason, of Glen Haven, was chosen Secretary.

On motion, a committee consisting of five members to draft and present a Constitution, was chosen.

On motion, Drs. Potter, Gleason, Ellmore, Totman and Chaney were constituted said committee, and were instructed to report at half past seven o'clock this evening.

On motion, Drs. Lawrence, Gazley, Horton, Heath and Fowler were appointed a committee to present business in due form for the action of the Convention.

Adjourned to the above time.

Tuesday, 7 1-2 o'clock, P. M. The Convention assembled pursuant to adjournment,—the President in the Chair.

Dr. Potter, Chairman of the committee to draft a Constitution, made report, which was accepted, and the Committee discharged. The report was then taken up, each article separately.

The first article read as follows:

ART. 1. This Convention shall be called the New York State Eclectic Medical Convention.

The term Eclectic elicited much very interesting discussion, in which many members participated. Every possible objection was urged to the name Eclectic, and more than fully answered, and the first article was *unanimously* adopted. The balance of the report after being carefully considered, and undergoing some amendments, was also adopted with great harmony, all seeming to entertain similar views.

On motion, a committee of seven from different parts of the State to nominate officers to serve this Convention the coming year, was chosen. Adjourned to 10 A. M. to-morrow.

Wednesday, 10 A. M. The Convention assembled, the President in the Chair, when the committee on nominations made the following report, viz:

S. M. Davis, M. D., of Buffalo, President.

P. Lapham, M. D., of New York,

W. B. Stanton, M. D., of Albany,

Dr. M. M. Mallery, of Sherburn,

Dr. J. Frank, of Oswego,

Dr. — Sweet, of Mexico,

Dr. P. H. Hays, of Cuba,

Dr. E. W. Sabin, of Rochester,

B. S. Heath, M. D., of Syracuse,

Dr. M. W. Hill, of Buffalo,

} Vice Presidents.

S. O. Gleason, M. D. of Glen Haven, N. Y., Secretary.

S. H. Potter, M. D., of Syracuse, Corresponding Secretary.

Dr. C. S. Totman, of Syracuse, Treasurer.

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|------------------------------|---|-----------|
| Dr. I. Chaney, of Liverpool, | } | Auditors. |
| Dr. I. C. Morse, of Jordan, | | |

DIRECTORS.

| | |
|--------------------------------|----------------------------|
| W. Beach, M. D., of New York, | Dr. Potter, Oswego, |
| Dr. Hassan, do. | " T. A. More, Manlius, |
| " Winchester, do. | " Robinson, Seneca Falls, |
| " C. B. Rivenbaugh, do. | " Wm. Elmore, Geneva, |
| " E. W. Sabin, Rochester, | " Purington, Truxton, |
| R. Burton, M. D., Albany, | " Hobert, Homer, |
| A. P. Russel, M. D., do. | " Reynolds, Elmira, |
| Dr. E. S. Davis, Little Falls, | " Horton, Port Byron, |
| " Cyrus Thompson, Syracuse, | " S. Look, Prattsburgh, |
| " G. E. Lawrence, Sherburn, | " L. D. Stone, Auburn, |
| E. J. Mattock, M. D., Troy, | " G. Sheldon, Cazenovia, |
| Dr. Salisbury, Herkimer, | " G. W. Whitman, Weedspt. |
| " J. T. Goodin, Utica, | " G. D. Kuchler, Clarence, |
| " Tyler, Rome, | " A. H. Davis, Randolph, |
| " Teal, Lockport, | " Wm. A. Wallace, Avoca, |
| " H. L. Hall, Buffalo, | " W. Ransom, Panama. |

The report was received and unanimously adopted.

On motion adjourned.

The Convention again assembled at the hour appointed. The President elect, Dr. S. M. Davis, of Buffalo, having arrived, took the Chair.

The business committee presented the following resolutions, each of which was discussed and unanimously adopted, and the committee discharged.

Conscious of the fact, that to be able to elevate and sustain ourselves, and to fill up a life of usefulness in "doing good," we must adopt measures to secure the general diffusion of useful knowledge in a form *acceptable and available to all*; therefore

Resolved, That we most heartily approve of the establishment of Central Medical College, of Syracuse, N. Y., and pledge the cordial co-operation and support of this Convention to the extent of our influence in sustaining the noble enterprise.

Resolved, That a committee consisting of twelve members be chosen by this Convention, whose duty it shall be to co-operate with the incorporated State Eclectic Medical Society, in making arrangements for the erection of a suitable College edifice, and to secure to Central Medical College every other facility for its permanent and prosperous establishment.

In pursuance with this resolution, Drs. Totman, Russel, Chaney,

Gleason, Robinson, Goodwin, Stone, C. Thompson, T. A. More, Sheldon, Hill and Higbie were unanimously chosen said committee.

Resolved, That this Convention is highly pleased with the beautiful and captivating appearance of the Eclectic Medical and Surgical Journal, the correct and very able manner with which it is conducted, as well as the doctrines which it advocates, as also the kind yet dignified spirit manifested in it, and most cordially yield to it our united patronage and support.

Resolved, That we consider a judicious, well conducted Medical Journal, the soul of Medical Reform, and on that account most respectfully recommend our Eclectic friends everywhere, to immediately subscribe for the Eclectic Medical and Surgical Journal, and advance the small amount necessary, even if they have to sacrifice a little to do it, and we will also make every exertion to extend its circulation.

Resolved, That in the opinion of this Convention, Hydropathy has claims to our attention among other efficient remedial means, and as Eclectics we recommend that a spirit of liberal investigation be fostered by our Medical School in this interesting field of research.

Resolved, That we very much admire the brilliant and heroic course of Miss Elizabeth Blackwell, M. D., and recommend our Institution at Syracuse to receive female students and grant them equal privileges with the males.

Resolved, That we recommend Prof. Kost's *Materia Medica* and *Therapeutics* as an excellent and well arranged work on those interesting branches of Medical Science.

Resolved, That we are highly gratified to learn that Prof. W. Beach is issuing a new and splendid edition of his *American Practice*, in 3 volumes, with 300 colored plates, and most cheerfully and cordially commend it to the Eclectic profession, as well as tender our gratitude to the distinguished author for his talents and untiring perseverance.

On motion, resolved that the proceedings of this Convention be published in the Eclectic Medical and Surgical Journal, and other Reformed Journals be requested to copy; and that we print 2000 extra copies of the Proceedings, Constitution and By-Laws for general distribution.

On motion adjourned.

S. M. DAVIS, M. D., *President*.

S. O. GLEASON, M. D., *Secretary*.

ROCHESTER AND SYRACUSE SCHOOLS.—Among other important items of business which came before that body, [the State Eclectic Medical Society,] was a generous proffer, on the part of the Rochester Eclectic Medical Institute, through Prof. William W. Hadley, M. D., Dean of that Faculty, as a committee appointed expressly for the purpose, to enter into a union with us in order that

all the strength of Eclectics in this State might be concentrated, and rendered available in promoting the cause. We are happy in having the pleasure of informing the *particular* friends of this and that interest too, as well as all those who *only* care for the general good, that the terms were so commendably liberal, that it was not only in our power, but our privilege and interest to accept them; and that we no longer have *separate* objects, but our interests and theirs are *one* in heart and action. Many letters had been written to us from different quarters, urging this move, in all of which was the very forcible and time honored quotation, "in union there is strength." One circumstance is worthy of particular attention. The class of students at Rochester, in the exercise of the pure feelings of philanthropy, unbiassed by any local or personal considerations, voluntarily assembled in the hall of their Institute, and passed resolutions unanimously, but respectfully requesting both Faculties to take the matter into serious consideration, and make any concessions deemed indispensable to effect a union. This was in the highest sense commendable to the hearts as well as heads of those students, and is so ominous of their future brilliant career of usefulness, that it would be idle for us to say that a new and glorious era has arrived, and the golden harvest all ripe, will soon be graced with a valiant band of bold and worthy laborers. It is due however, to the Faculties of both schools to state, that in the action of these worthy pupils at Rochester, they only recognize what had long been the promptings of their own convictions of duty; and they all, without exception, in this important matter, have manifested a readiness to yield any interest or opinion of their own, that is *worthy* of the great and good cause in which they are engaged.—*N. Y. Eclectic Medical Journal.*

MEDICAL SCHOOL AT ROCHESTER.—We had the pleasure of visiting the Eclectic Medical Institute at Rochester, a short time since, and must say that a more interesting and promising class of medical students, in appearance, need not be desired, and much larger than we had expected could have been raised at this season of the year, and on so short a notice.

We listened to the lectures of Professors Jones, Hadley, and Hill, with interest and instruction. They are in energy, matter and diction, among our very best medical lecturers. We had a very pleasant interview with the professors and some of the students, and felt ourselves amply repaid for our trouble and expense. Our cause cannot do otherwise than prosper when sustained by such teachers and students.—*N. Y. Ecl. Med. Jour.*

CANADIAN PROVINCIAL ECLECTIC MEDICAL
ASSOCIATION.

By special request, we took a journey to Kingston, C. W., last week, and attended the annual meeting of the Canadian Botanic Society at that place. The Society held its meetings two days, having some four sessions, all of which were deeply interesting. We were pleased indeed to find so many intelligent, scientific and efficient men among our Canadian brethren, as also among them all, the true spirit of self elevation, general investigation and improvement, as well as compromise, for *union* for the good and promotion of the cause, which is highly commendable.

We shall give the proceedings in full in our next Journal, which must be read by all our friends in the States with the deepest interest, when we tell them an outline of their nature. They adopted the name Eclectic, pledged to give all their influence to Central Medical College, and extend the circulation of our Journal in Canada, and act in co-operation and concert with us in elevating the cause, by establishing a flourishing medical institution in Syracuse, as well as in every other measure to secure the general adoption of scientific Eclectic medical practice. They have an able and spirited medical periodical published at Toronto, and edited by Dr. Dick, than whom few are better qualified to conduct such an organ of reform at this important crisis with them.

The laws in Canada are very stringent, giving no man the right to prescribe a single dose of pills, without subjecting himself to a fine of five pounds or imprisonment, unless he belongs to "The College of Physicians and Surgeons," and no man can belong to them, however scientific and successful he may be, unless he *bleeds*, gives *mercurials*, *antimonials* and arsenic, with large quantities of opium. Dr. Dick speaks out in a spirit, and with sentiments and ideas that shake the temples of error and death to their very foundation, and make the rebels of the "regular inquisition," tremble at the manful exposition of their glaring usurpations of law, their suppressions of anything like successful and salutary practice, and the work of death and desolation which follows in their train. Their journal is entitled "The Unfettered Canadian," and it already publishes 2000 copies, and its list of subscribers is rapidly increasing. We have made arrangements with Dr. Dick, to publish a Canadian edition of our Journal for circulation there, and he the same with us, for the circulation of his interesting paper here, which saves the pre-postage in crossing the line, and which will prove highly advantageous to both journals.

We have only time to add, we have seldom been so much attached to any people in so short a time, and saw in few, more to admire. Great harmony, good feeling and dignity marked their

entire proceedings, and many important steps were taken and plans adopted, that look to the ultimate triumph of the cause.

We were most forcibly reminded of one fact, that is, for men to love the truth and be aroused to manfully defend it, they must be persecuted. Dr. Gregory, of Montreal, and other distinguished men, had already been prosecuted and fined for healing the sick and relieving the suffering too quick, and without poisoning and crippling their constitutions. It would have done any reader good to have been present and looked upon those veteran soldiers in medical reform, and to catch some of the same spirit. I often most sincerely wished that all our Eclectic friends could be fined five pounds, to rouse them to decided and efficient action.—*N. Y. Ecl. Med. Jour.*

GLYCERINE IN DISEASES OF THE EAR.

BY SURGEON T. H. WAXLEY.

The adoption of the plan of treatment recommended by Mr. Yearsley, was an appropriate recognition of the value of his labors. The success which attended the use of the simple operation which he recommended was, as I have already remarked, very striking in the first instance. In several cases, the effect of the application of the wetted cotton, in which the tympanum had been perforated by ulceration, was even extraordinary. But it too frequently happened, that the relief obtained was of an ephemeral duration. On applying the wetted cotton, the power of hearing, in several instances, which had been lost for a very long period, was instantaneously restored—an event which excited the most profound astonishment in the minds of the patients and their friends. Too soon, however, was it perceived that the newly acquired power gradually subsided, and the sense of hearing returned to its previous imperfect condition. The relapse frequently produced a feeling of dejection in the spirits and hopes of the patient which it was painful to witness. The benefit derived from the application, in the first instance, was undoubted, and could not be mistaken:—hence arose the question—Why was it of so evanescent a character? This inquiry naturally suggested a minute investigation into the nature of the materials employed, and also their immediate and remote influence on the parts to which they were applied. A brief investigation, a few experiments, and by attentive consideration of the subject, induced me to attribute all the conferred advantages to the effects produced by the water, and to reject the cotton, as nearly, if not entirely, useless. It even appeared that after the water had evaporated, the retained dry cotton became an additional impediment to the function of hearing. What was to be done? What were the indications which such facts seemed to establish? Evidently the use of some

agent, which, by offering a successful resistance to evaporation, should retain its moisture, and continue to lubricate the auditory canal. Clearly enough it was from the moisture that the benefit was obtained, and from a continuance of the moisture was the advantage to be prolonged. On duly considering all that I had observed, it appeared to me that *glycerine* was the only agent which was at all likely to accomplish the object I had in view. After consulting with Lloyd Bullock, of Conduit street, relative to the composition and properties of glycerine, my opinion as to the propriety of giving it a trial was confirmed; and Mr. Bullock kindly manufactured for me a small quantity of that preparation in its purest form. This portion I obtained from Mr. Bullock in the first week of August, 1848. and employed it immediately in several cases, with apparently the most complete success. One of the patients, aged 19 years, was a relative of Mr. Braithwaite, the celebrated engineer. In this instance, the deafness had existed from infancy. They were the first I had treated with the new agent. In all these patients the wetted cotton had failed to produce a lasting benefit. Two of the four patients are now completely cured; and the other two are so far recovered as only to find it necessary to resort to the glycerine at distant intervals. The success of the new remedy, in these and many other instances, has attracted much notice; and I have now used the glycerine in upwards of three hundred cases of deafness. On many occasions it has been employed without any advantage whatever. In other instances the benefit was considerable for a short time, and then disappeared. In numerous cases, however, by the use of it, the power of hearing has been completely restored. It was only after much experience in the application of glycerine, and from observing its action in a great number of cases, that it could be ascertained what were those conditions of the ear in which it was most likely to prove of advantage. Contrary to what might have been anticipated, the use of the remedy was successful in persons in whom the deafness had been of many years' duration—one, for example, thirty years; and also in cases where the existence of the malady could be traced to the eruptive fevers of childhood. In instances of deafness caused by inflammation, followed first by suppuration, and then by a horny, dry condition of the auditory canal, the application of glycerine has been attended with signal advantage. Equally marked and peculiar is the success when it is used in cases where there is a partial or total absence of ceruminous secretion. In many instances of deafness belonging to these classes of cases, the employment of glycerine has been followed by a perfect restoration of the power of hearing. In other examples of deafness, where the membrana tympana had evidently become thickened and hardened, and on examination with the speculum, denoted a whitish or pearly appearance, the use of the glycerine was followed by strikingly beneficial and gratifying effects.

It is evident, therefore, that the application of glycerine is equally admissible, whether the tympanum be in a sound state, or whether it has been destroyed by ulceration.

A description of the composition and properties of glycerine, abridged from Turner's "Elements of Chemistry," may not be uninteresting on this occasion.

Glycerine was discovered by Scheele, and Chevreul proved its exact composition and constitution. Its formula is, $C_3 H_7 O_3$ aq. It is found in fatty oils combined with oleic, stearic, and margaric acids; its specific gravity is 1.252. Glycerine is a syrupy liquid, miscible both with alcohol and water, insoluble in either, slightly inflammable, inodorous, and of a sweet taste.

The most convenient mode of preparing it is by the saponification of olive oil, by means of litharge and a little water. Sulphuric acid will separate the oily matters, leaving an aqueous solution containing the alkaline salt along with the glycerine. The mixture is evaporated to dryness, and treated with alcohol, which again dissolves the glycerine, and leaves the alkaline sulphate undissolved. The glycerine may be purified from oxide of lead, by passing through it a current of sulphuretted hydrogen—*London Lancet*.

"EXTRODUCTION" OF THE BOUGIE FOR STRICTURE.—*By Prof. Brainard.* Prof. Brainard, in the N. W. Med. and Sur. Journal, gives the history of a case where the patient had suffered for eleven years from stricture of the urethra following gonorrhœa; retention of urine had almost become perfect; the patient complained of great pain and a constant desire to void urine, without the ability to pass only a few drops at a time. Various careful but ineffectual attempts were made to pass the bougie, the bladder had risen several inches above the pubis nearly to the umbilicus. The bladder was now punctured above the pubis with the long curved trochar and the stylet withdrawn. As soon after the operation as the state of the parts would admit, long and persevering attempts to pass the bougie were made, but without success. Near the posterior extremity of the spongy portion of the urethra was a knotty projection, beyond which the instrument would not pass. The thought now occurred to Dr. B., that the prostatic and membranous portion of the urethra could be explored by means of an instrument passed into the bladder through the opening made by the puncture, and still occupied by the canula. The attempt was made by means of a small-sized bougie rendered firm by means of a stiff wire bent to form the segment of a circle. Very little difficulty was met with in the attempt to pass it. By a very little exertion the point of the instrument was brought to within two inches of the orifice of the urethra and then seized by means of a pair of forceps, the wire was withdrawn and the open end of the bougie passed into the bladder.

The instrument was allowed to remain three days when it was withdrawn and a larger one substituted. Larger instruments were used from time to time until one above the medium size passed without the least difficulty. One month after the first operation the cure was nearly complete. The following practical deductions are drawn by Dr. B., from this case.

1st. The puncture of the bladder above the pubis, if care be taken to prevent infiltration of urine, is a slight operation, and should not be deferred till extreme distention takes place. In further proof of this, we would refer to a case published not long since in the Buffalo Medical Journal, by our friend Dr. J. P. White, of that city. In that case a puncture of the kind served as a substitute for a urethra for a long time with but trifling inconvenience.

2d. This puncture may be made useful in catheterism. For this operation of passing a catheter forwards, which so far as we are aware, has not been done before, a friend has suggested the name of *Extroduction*. It may be performed with a properly curved instrument very readily, and if difficulties should occur, they may be obviated by passing the finger into the rectum. If the cases in which it is likely to be useful are rare, they are extremely urgent, and when they occur this operation may prove a valuable means of relief.—*N. Y. Jour. Med.*

NURSES' SORE MOUTH.—By *J. Yale Ware, M. D.* This is a very troublesome complaint of mothers, and one that is rapidly increasing in this section. An infallible remedy, when it does not purge the bowels, is Griffiths Myrrh Mixture, in table-spoonful doses three times a day, internally, and a solution of nitrate of silver, gr. viii to 3 iv of pure water, for a gargle; and if the soreness extends towards the stomach, swallow a tea-spoonful three times a day. Of course, if need be, the stomach should be cleansed by a light emetic or gentle laxative, antecedent to the above treatment. I believe, if perseveringly used in season, very few mothers need wean their children from this cause; indeed, I have never known it fail to relieve the mouth.—*Amer. Jour. Med. Sci.*

APHTHA.—By *J. Yale Ware, M. D., Mass.* The following simple prescription has proved a specific in my hands in many hundred cases of aphtha. I learned it of Dr. Eli Ives, New Haven. R. *Ipecac.* gr. vi; *tinct. opii*; *ess. pep.*, aa gtt. iv; boiling water xiv teaspoonfuls. Sweeten with loaf sugar. Dose, a teaspoonful every two hours. At the same time apply to the tongue equal parts of a powder of borax and loaf sugar, which the child will carry over the mouth. I have never known the above to fail in any case of infants' sore mouth. It generally cures in two days. Occasionally, in delicate subjects, the disease returns again, when the remedy needs repeating.

Part 4.—Editorial.

HOMŒOPATHY.

The fact that a great majority of our readers are unacquainted with this system of Medical Reform, and have not tested its merits in their own practice, renders it desirable that we should occupy a portion of our pages in showing its results and its comparative success in practice. These facts we present as the credentials of the system, showing its claims to a courteous recognition and investigation, as a portion of medical science. In addition to these, we propose to introduce, from time to time, sketches of the Homœopathic doctrines and modes of practice, with a view to encourage the study of Homœopathic books, and the trial of Homœopathic remedies.

Homœopathy (strictly speaking) means not the use of infinitesimally small doses, but the selection of a remedy which bears the proper specific relation to the disease, and acts properly and especially upon the morbid organs. Homœopathy lays down an important method of ascertaining which is the specific medicine, by experiments upon persons in health. This proceeding is strictly philosophical, and in many cases it leads to the adoption of remedies for certain diseases, which have long been known to be valuable in such cases. There has been in truth, a great deal of Homœopathic practice in all schools long anterior to the time of Hahnemann, but the philosophical principle upon which it was based, was not known until developed by him. Much of our current Eclectic practice is Homœopathic, (i. e. the remedy has the Homœopathic relation to the disease) although the doses are not of the attenuated character of those commonly used by the followers of Hahnemann.

It is true that the great majority of those who practice Homœopathically also practice infinitesimally, but there are many Homœopathic practitioners who do not rely exclusively upon these attenuations and dilutions, but use their remedies in sensible doses when they think proper.

If we discover by critical investigation the truth of the Homœopathic law which determines the selection of remedies, (that the remedy should be a medicine capable, when excessively used, of producing symptoms similar to those of the patient's disease,) we need not be deterred from regarding that law in our prescriptions, by the fact that we are not devoted followers of Hahnemann. The experience of Homœopathic physicians will also teach us the practicability of reducing our doses with advantage whenever our remedy sustains the proper specific relation to the disease, and will give us confidence in these reduced doses.

Thus will medical men generally profit by the instructive examples of Homœopathy—while Homœopaths themselves, enlarging their resources as many are now doing—employing more potent doses when necessary, and profiting by all the knowledge of other schools of medicine, we shall find the sectarianism of medicine disappear, and a truly learned and liberal profession will take the place of the bigoted and narrow-minded factions, which at the present time war against the propagation of the *whole truth*, and the knowledge of *all science*.—B.

MEDICAL CONTROVERSIES.

“The New York Journal of Homœopathy, (Dr. Kirby, editor,) has contained an ungenerous assault upon the Eclectic Medical Institute and its Homœopathic professorship. This rather disgusted the more liberal Homœopaths, for Homœopathy like other sciences has its liberals and its old Hunkers. Dr. Richmond has published a satirical reply, in which he is rather severe upon Dr. Kirby.

In defence and explanation of our position, we have addressed a communication to the Journal, which Dr. K. has politely published. The only material remark he makes in reply is the statement that the Homœopathic text books, recommended in our circular, are such as would impart not a *pure Homœopathy*, but such doctrines as would suit the Eclectic or “Rational Homœopathists.” We are happy to recognize the existence of Eclectic or “Rational Homœopathists,” and hope there may be an ample supply of medical literature from the pens of such writers, for we admire their liberal and philosophical spirit.

B.

THE HOSPITAL MONOPOLY—is giving way before an enlightened public opinion. The Faculty of the Ohio Medical College have recently adopted a resolution requesting the Trustees of the Commercial Hospital, to issue a Hospital ticket, which might be accessible to individuals not connected with the Ohio Medical College. We have not yet had any official announcement of the new regulation, but presume that the price of the Hospital ticket will be fixed at the usual rate of five dollars.—B.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.—We would again urge upon Eclectic physicians, the importance of attending the next meeting of the National Eclectic Medical Association, on the first Monday of November, 1849, and of bringing with them as full statistics as possible of their practice, according to the form recommended by the Association. The cholera has totally disappeared, and its ravages have already been almost forgotten by our busy population, who are now enjoying a season of health. We hope to hear from various sources, the results of Eclectic treatment of the late epidemic, in contrast with those of the Allopathic old school practice.—B.

PLANTAGO CORDATA.—An important error has occurred through inadvertency, in the remarks upon Cholera, page 439 of this number. Instead of the *Plantago Major*, or common water plantain, as given in the remarks of Dr. Hunt, it should have been the *PLANTAGO CORDATA*—which was also referred to in a previous number by Dr. Morrow, as valuable in cases of cholera.—B.

MEDICAL INTELLIGENCE.—Dr. Shotwell has been transferred to Dr. Harrison's chair of *Materia Medica*. The Faculty of the Ohio Medical College consists, at this time, of Professors Drake, Muzzy, Locke, Shotwell, Bayless, Wright, and Lawson.

In the Louisville Medical Institute, the Professors at present, are Drs. Gross, Bartlett, Cobb, Silliman, Miller, Rogers, and Yandell.

Dr. S. Hanbury Smith, of this city, has been appointed to the chair of Practice in the school at Columbus, to fill the place of the late Dr. Butterworth.

Part 1.---Miscellaneous Selections.

EXTERNAL USE OF CHLOROFORM IN LUMBAGO.

In the *Gazette des Hopitaux*, of October, 1848, it was announced that Dr. Moreau, of Tours, had discovered that chloroform, applied to the skin over the seat of the disease, had proved very efficacious in the treatment of lumbago.

Numerous experiments made since that time, both in France and elsewhere, with this most astonishing agent, have very conclusively established the efficacy of its external use, not only in lumbago, but in numerous other nervous diseases. No later ago than yesterday, a professional friend, of this city, related to me a case of the most distressing facial neuralgia, which had been immediately and permanently relieved by a single application of chloroform. The same gentleman has used it with equal success in neuralgic pains in other parts of the body. I have myself used it with entire success in two cases of the most intolerable ear-ache.

A brief account of some of the cures reported by Dr. Moreau, may prove interesting:

1. Lapiere, epileptic, aged 19 years, of lymphatic temperament, was seized about three weeks ago for the first time, with lively pains in the loins. The pains soon became intolerable, and even extended into the left thigh. A large piece of batting, moistened with chloroform, was applied *loco dolenti*. The pain disappeared entirely in the course of twenty-five minutes, and has not since reappeared.

2. A man, aged 59 years, who had suffered from repeated attacks of articular rheumatism, was suddenly seized, on the evening of the 21st ult., with a most violent lumbago. The pain was felt principally in the left loin and hip. The least change of position or movement produced the most excruciating suffering; difficulty of respiration excessive; chilliness, general perspiration; considerable febrile reaction; tongue loaded. On the morning of the next day,

chloroform was applied in the usual manner. Relief obtained in twenty or thirty minutes.

The above cases are very similar to those which were reported in a preceding number of the Gazette. The third case, the termination of which is equally satisfactory, is of greater value than either of the others, from the fact that the pains to which the patient was very subject, almost invariably lasted from fifteen days to a month. Under the use of chloroform, he was completely relieved of them in three days.

3. M. Trubin, of robust habit, but subject for many years past to rheumatismal pains, the seat of which was especially in the region of the kidneys, was seized with one of these pains, which was very intense, and occupied the right lumbar region, from whence it reached to the hip and thigh of the same side. The slightest movement augmented it very greatly; the patient walked with great difficulty, dragging his leg. Pressure produced no pain at any point. Twenty-four hours after the appearance of the disease, chloroform was applied over the seat of the pain. Its usual effects were produced. The patient experienced a smarting sensation, and the skin reddened. In the evening a very sensible amelioration had occurred. The next day the pain had disappeared; there only remained a feeling of numbness and weight in the regions which the evening before had been painful. The next day, the third from the first application of the chloroform, the cure was complete. The skin desquamated over the points touched by the chloroform.

We may here make a remark which is of some importance in a therapeutical point of view. It is necessary to act promptly and with vigor; this is the price of success. The more recent the lumbago the greater are the chances of cure. It is equally important not to be sparing with the chloroform. M. Moreau seldom employs less than from one to two ounces; and he also contrives that the batting shall cover as nearly as possible the whole of the painful part. After the application of the chloroform, the patient must be put to bed, and covered in such a way as to protect him almost entirely from the action of the anæsthetic vapors. The unsatisfactory result of the following case may, we believe, be attributed to the quantity of chloroform employed being too small.

4. Ardan, aged 30 years, had never suffered pains of any description, until on the 25th of October, when he was suddenly seized with intense pains in the loins; he was bent double, without power to straighten himself; the pain was felt most between the shoulders. On the morning of the 28th, an application was made along the course of the vertebral column, of batting, upon which had been poured at most about 50 drops of chloroform, and which was allowed to remain only about ten minutes—M. Moreau wishing to avoid producing vesication, which had occurred in a case that we will presently report. The pain was almost instantly calmed,

but it reappeared in the evening, though less distressing than it was in the morning. The patient, moreover, complained of excessive heat in the part with which the chloroform had been in contact. The next day the pains were very slight, but they did not entirely disappear until two days later.

The rapidity with which the pain yields has always appeared to be in proportion to the extent of the injury done the skin, and that a slight and partial vesication, disseminated here and there, has been produced. The contrary is the case when the chloroform has only determined a more or less vivid redness. In the following case there was complete vesication and very rapid recovery :

5. Favier, aged 55 years, has suffered towards autumn, for many years, with rheumatismal pains, sometimes articular, sometimes muscular, of which the mean duration was from six weeks to two months. The patient remembers to have had his first attack of lumbago at the age of eighteen years. The vague and sometimes very acute pains that he feels in different parts of the body, alternate ordinarily with violent pains in the head.

On the 3d of November, attacked with lumbago, the intensity of which rapidly increased, and prevented all motion. On the 11th, chloroform was applied in the usual manner. Favier first complained of an icy coldness in the part to which the chloroform had been applied ; then soon after a sharp and growing heat, which he compared to that of a red iron. The apparatus was removed at the expiration of twenty minutes, when the skin was of a crimson red. The pains had disappeared as if by enchantment. The next day the patient got up, walked about, went up and down stairs without exciting any pain. The chloroform, in this instance, produced a true vesication ; the epidermis was raised and filled with serum. Four days after, the patient still felt in the parts a sensation of heat and numbness.

The curative action of chloroform is not always equally prompt and instantaneous. This, however, is only the exception to the rule, for in two cases only out of seven was it necessary to renew, after a considerable interval, the application of the remedy.

6. B. has been subject, for three or four years past, to rheumatismal pains, which, two or three times a year, manifest themselves in the left shoulder. These pains appeared in the early part of December ; it was impossible for B. to move his arm without crying out ; the pain extended to the finger points. Blisters and cups were applied without affording any relief. The diseased shoulder was then enveloped in batting saturated with chloroform ; the pains yielded, but slowly ; nevertheless, B. was able to resume his work the same day. The next day the pains reappeared ; another application of the chloroform overcame them in less than thirty minutes.

7. M. Malson, director of the hospital, has been subject to lumbago for a great number of years.

On the 13th of December, an intense pain arose in the lower part of the loins; it was continuous, with frequent twitchings; the slightest movements were impossible; the patient was obliged to keep his bed. Frictions, with a complicated liniment, sinapisms, and injections of turpentine were of no avail. On the 16th, chloroform (about one ounce and a half) was employed. To a sensation of burning, which was easily borne, succeeded a quiet, agreeable heat. At the end of eight or ten minutes, the patient was able to turn himself in bed without exciting any pain. The chloroform not appearing to act with its customary energy, the bathing was allowed to remain for half an hour. In the evening the patient got up, dressed himself, walked about in his chamber, and to his office, without experiencing anything save a slight pricking sensation in the loins, similar to that produced by the application of sinapisms. About six o'clock, however, the pains returned, though much less intense than at first, dull, and without anything twitching or shooting in their character. The night was passed in this condition, and on the morning of the next day, the pains had assumed a certain violence. Chloroform reapplied. The skin scarcely presented the redness produced by a slight sinapism, when, in an instant, as was the case in the first instance, all pain ceased, and the patient was repossessed with entire freedom of motion. The next day the patient felt a certain stiffness in the loins, numbness, etc. The same day he set out for Paris in a carriage, remained absent for many days; no suffering has been felt since. The last consideration that I shall offer upon this subject relates to a neuralgic affection other than lumbago. M. Moreau employed chloroform in a single case of sciatica and failed. He has, nevertheless, communicated the outlines of the case, which contain certain peculiarities of a nature to induce us to believe that chloroform was not entirely innocent of the cure which was obtained in less than twelve days.

8. Madame F., a woman employed in the hospital, had suffered for some days with a very acute sciatic pain. The disease had commenced by a lumbago, induced in consequence of a strain. The first application of chloroform only very slightly allayed the pains; the second produced no effect whatever; nevertheless, the liquid had produced a large erythematous patch upon the skin. The next day the hip and the superior part of the thigh were covered by a large blister, the surface of which, after the removal of the epidermis, was touched at different points with the bathing saturated with chloroform; a little while after this the pains had disappeared. In the night, the pains shot about anew. The next day the patient got up and walked about. It was still, however, not until seven or eight days later that she was completely relieved and able to resume her work.

The mechanism of the action of chloroform, used in this way, appears to be this:—There is first rubefaction, and then revulsion

produced by this rubefaction of the skin; afterwards, absorption and direct action of the anæsthetic upon the muscular and tegumentary extremities of the nerves.

D. W. Y.

—*West. Jour. Med.*

ETHERIZATION IN LABOR.

BY JOSEPH PARRISH, M. D., BURLINGTON, N. J.

The use of anæsthetic agents in parturition, claiming general interest in the profession at this time, we hereby offer our testimony in its favor, after repeated trials, and give in evidence the following case:—Was called to see a young female in her first labor, and informed that she had been suffering considerable pain for twelve hours, and that she had, from feelings of delicacy, refused to have me sent for at an earlier period. An examination per vaginam revealed a rigid os uteri, but slightly dilated, and unyielding to pressure; the vaginal muscles were considerably contracted, and seemed to resist the entrance of the finger. The membranes had been ruptured, and the waters discharged. I anticipated a tedious and protracted labor, and betook myself to an easy chair and book, determined to propose the use of ether, after seeing my patient suffer two or three more pains. In about half an hour, she told me that a neighbor to whom I had administered the ether, in a recent labor, had urged her to have it, if she should experience any difficulty. But the mother objected; the nurse had read numerous newspaper stories of its fatal effects, and would not take it for the world. A kind friend who was present, would be very sorry to interfere to the detriment of the patient, but her advice was to take the "safe side," and to go on in the "old-fashioned way." As the young lady was entirely unacquainted with the "old-fashioned way," I explained to her that she would experience an increase of her sufferings, and probably not be relieved for many hours, and that I believed she would be on the "safe side" if she would inhale the ether, as my experience with it had all been in its favor. She insisted on proceeding with the inhalation. I had with me about four ounces. She soon began to be affected by it, and at first produced a sort of hysterical laughter that was uncontrollable. She would cry, and talk about her being foolish, and losing her reason; sometimes she would cry out that she was on her way to happiness, and was hastening to paradise, &c. Of course this was supposed to be reality, and they would have withheld the sponge, had they been able to extricate it from the grasp of the patient. As soon as the sponge became a little dry, she would call for more ether, and it was given to her freely. In about twenty minutes she experienced its anæsthetic effect, and the labor progressed rapidly. The

secretions from the vaginal walls became much more abundant, and the head presented at the inferior strait, without much difficulty. Here there was some obstruction, the head was large, and the diameters of the strait rather contracted. I determined to apply the forceps and reduce the diameters of the head. In a few minutes they were adjusted, and the delivery was accomplished. The placenta was taken away, the roller applied to the abdomen, and the patient turned upon her side—she as yet made no remark about her situation. Everything being now accomplished, I went to her bed side, and aroused her. She asked how she was getting on. She was told that her labor was done, and her baby born. She could not realize it. She did not believe it, till the infant was presented to her. She assured me that she was entirely unconscious of the application of forceps, though she had an indistinct idea of suffering. She knew she was in labor, and felt that she was making an effort, but she experienced no pain. She did well afterwards, and had a speedy recovery. On the tenth day she was sitting up, and has stoutly arrayed herself among the advocates of etherization.

CASE OF DIFFICULT LABOR.—Was requested about 10 o'clock, on the evening of the 14th inst., to wait upon a young female in labor with her first child. Found a tall, muscular woman, complaining of frequent sharp pains in the "small of the back," attended with considerable bearing-down effort, which she had suffered since noon. On examination, found the os uteri dilated to about the size of a shilling piece, and as her pains seemed gradually to increase, I concluded to remain in the house, and retired to bed, expecting to be called in a few hours. Early in the morning I rose, and found my patient quite comfortable. She had slept but little, and suffered but little. I left her, and called again about noon on the 15th; learned that her pains had not increased, but that there was a slight "show." In the evening was requested to see her again. The os uteri was dilated to the size of a half dollar, and the pains quite developed. The rigidity of the soft parts, and the evacuation of the waters which had already occurred, gave promise of a tedious effort. Having received while here, a call to another parturient female two miles distant, I concluded that I might obey the call, and return in time to be of service to my first case. At 11 o'clock, P. M., I left her, and found patient No. 2 in the first stage of labor, the membranes entire, and the pains going on as well as could be desired. I was back in an hour and a half to No. 1, and found her in the same condition, making but little progress; left her the second time, and delivered No. 2 of a fine healthy boy, after about an hour's labor, and returned again to my first patient; her pains by this time had increased in violence, and the head was passing slowly from the uterus. I had already suggested the use of ether, but was refused; the rigidity of the perinæum was yet so decided, that it was proposed again to employ ether, but the

mother was unwilling, and the husband was afraid. It was not used. The labor went on, and the strength of the patient was rapidly failing; the pulse was feeble, and she could not make the effort which the pains required. Hodge's long forceps were applied, and a strong cord attached to the handles, so that by the successive turns of the cord upon them, the blades were drawn together, thus compressing the child's head, and shortening its lateral diameter; considerable traction effort was necessary in order to overcome the resistance of the perineal muscles, but by slowly and cautiously continuing the effort, the labor was accomplished, and a large female child was born about 6 o'clock on the morning of the 16th; notwithstanding the patient had been in labor since noon on the 14th, and the waters had been early discharged, thus allowing of a greater degree of compression upon the child, it was living, and is now perfectly healthy. The following measurements will indicate its size. Its length was $24\frac{1}{2}$ inches, from the crown of the head to the foot; across the head from ear to ear, the distance was $7\frac{1}{2}$ inches; and around the forehead and occiput, $12\frac{1}{2}$ inches.

The mother, however, was in an alarming condition. I had directed that she should not be moved from the position in which she was left after delivery, until my next visit, as she was extremely feeble. In about four hours I saw her again; some officious neighbor had moved her up in bed; the hemorrhage was increased, and the extreme exhaustion which she suffered, threatened speedy dissolution. The pulse was small, thready, and beating 150 in a minute; the cheeks and extremities were cold; the abdomen distended, tympanitic, and painful; the countenance pale, and the voice tremulous and indistinct; external stimulants were immediately resorted to, and quinine and brandy given freely by the mouth. Two grains of quinine, and a desert spoonful of brandy were administered every hour, with animal broth, for twenty hours successively, before there was any marked improvement; then the pulse began to increase in volume, and diminish in frequency; the cheeks grew warmer; the countenance assumed a more natural expression, but the abdominal distention continued, with a tendency to syncope, so that a steady perseverance in stimulating and tonic remedies, with supporting diet, was necessary in order to ensure convalescence. The alarming symptoms have now subsided entirely, and she is rapidly getting well.

How far the history of the two cases reported may correspond, and how far they may be considered as fair examples of the use and non-use of ether, it is left to the reader to decide. The child in the last case is much the larger of the two, the mother has a more ample pelvis, she is a larger woman, bone and muscle well developed, and of mature age. The first case is an unmarried female not yet 18 years old, a short, compact person. Both required the use of forceps; the waters had escaped early in both, the soft parts

were rigid, and the os uteri in each scarcely dilatable. The one was delivered without pain, recovered speedily, and had not a single unfavorable symptom; the other had a tedious labor, suffered all a woman could suffer under such circumstances, came near losing her life after the birth, and will require a longer time for recovery.
—*New Jersey Medical Reporter.*

PATHOLOGY AND PRACTICAL MEDICINE.

Statistics of Pulmonary Consumption, by Prof. WALSH. The following summary of important results is found appended to an elaborate report, derived from the records of the Hospital for Consumption, London, and contained in the *Med. Chir. Rev.* for January last:

1. There apparently exists a greater proneness to early marriage among phthisical, than non-phthisical persons; this greater proneness exists in both sexes, and, in the cases analyzed, prevailed to the same amount in males and females.

2. Of a given mass of patients entering the hospital in all stages of the disease, and in every variety of general condition—between the actually moribund state and that of but slight constitutional suffering—the number leaving it, on the one hand, *improved or unadvanced* was more than double that, on the other hand, leaving in *a worse state or dying within its walls* (the exact ratio is 67.84 : 32.16.) If the cases, in which death was actually imminent at the period of admission, were excluded, the result would be very materially more favorable than this.

3. In 4.26 per cent. of the cases, complete restoration to health, not only as regards apparent disturbance of the functions generally, but as regards local evidence of active pulmonary disease was effected.

4. Complete removal of symptoms was more frequently effected in the male than in the female: but, on the other hand, the results were, on the whole, slightly more favorable in the latter than in the former sex.

All patients whose condition grew worse, while they were in the hospital, had reached the stage of excavation before their admission; and all patients, whose tubercles were yet unsoftened on admission, left the hospital either improved, or having had a *statu quo* condition kept up.

Improvement is more probable than the reverse, even where excavation exists on admission.

6. In a given mass of cases, the chances of favorable influence from sojourn in the hospital will be greater, in a certain (undetermined) ratio, as the duration of the disease previous to the admission has been greater,—in other terms, natural tendency to a slow course is a more important element of success in the treatment

of the disease, than the fact of that treatment having been undertaken at an early period.

7. The mean length of stay in the hospital in the most favorable class of cases, nearly doubled that in the least favorable.

The chances of benefit are more in favor of those whose trades are pursued out of doors (wholly or partially,) than of those who work altogether within doors.

9 The results did not appear to be influenced by the laborious or or non-laborious character of the trade individuals might have pursued.

10. The age of the sufferers did not exercise any very material influence on the character of the results.

11. Patients coming from the country have, on an average, a slightly stronger chance of improvement, than the residents of London and the suburbs.

12. Patients admitted during the warmer half of the year, benefit by a sojourn at Brompton, to a slight extent, more than those received during the six colder months.

14. If no distinction of sex be made, it appears that the softening point is attained with no very unequal rapidity in the right and the left lung; but such difference as exists signifies that softening is, on an average, more quickly accomplished on the left side than on the right.

15. But the law seems very clearly to differ in the two sexes in regard to this point: the disease is more rapidly evolved in the right lung of males, and in the left of females.

16. Age exercises some influence over the course of the disease in the two sexes; the excess of frequency with which the right lung had reached the second and third stages was within 2 per 100, the same before and after the age of 30: whereas in females the excess of frequency with which the left lung was found in those stages was about 45 per 100 greater, after, than before, that age.

17. Hæmoptysis is a symptom of extreme frequency,—occurring in about 81 per 100 of the cases.

18. It was of very slightly (2 per 100) more frequent occurrence in males than females.

19. Hæmoptysis to a medium amount is about four times less common than to very slight or to profuse amounts (both taken together.) Very profuse hæmorrhage from the lungs is more common in males than females.

20. Medium frequency of recurrence of hæmoptysis is materially less common (and this in both sexes) than a single, or than repeated attacks. Further, repetition of hæmoptysis is more common in males than in females.

21. It is materially more common for a first hæmorrhage to be more profuse than subsequent ones, than for subsequent ones to be more profuse than the first.

22. Hæmoptysis is more frequently met with (and this is independently of any influence of duration of the disease) in persons who have reached the second and third stages, than in those whose lungs have not yet softened. This proposition is more markedly true of males than of females.

23. There does not appear to be any notably greater tendency to hæmoptysis, where the right lung has reached a more advanced stage than the left, nor vice versa, where the left has taken the lead. It seems improbable that either lung is more effective in causing hæmoptysis than its fellow.

24. The frequency of hæmoptysis increases with advancing years in both sexes. The increase is more abrupt in females than in males, and in the former appears connected with the catamenial function.

25. This greater frequency of hæmoptysis in persons of more advanced years, does not depend altogether on greater duration of the disease; for those who had had hæmoptysis, had been phthisical for only a mean period of eight months longer than those who had not spit blood.

26. The most common periods for the occurrence of hæmoptysis, were, at the very outset, or after the expiration of the first month, unless it has actually appeared as the first, or among the first symptoms. The phrase "first symptom" here, is to be understood with the qualification already explained.

27. In upwards of half the cases of notable hemorrhage (beyond 4 oz.) this occurs, or has occurred, as the "first symptom," corroborating the inference as to the excess of amount of first over subsequent hemorrhages.

28. Hemorrhage of this amount is rare as a coexistence with other first symptoms (in 1.13 of these cases) appreciable by the patient.

29. Streaked or tinged sputa are, on the contrary, of very common appearance amongst the earliest symptoms.

30. But streaked or tinged sputa are rarely (or never) the "first symptom" singly and alone.

31. Season does not appear to exercise any marked influence on the occurrence of a first hemorrhagic attack.

32. Hæmoptysis never appeared as the *bona fide* first symptom in these cases, the phrase being understood in its absolute sense without qualification.

33. Pulmonary apoplexy is not the cause of phthisical hæmoptysis; the coexistence of pulmonary apoplexy and tubercles in a person who has had hæmoptysis, more or less recently before death, is at the least very rare. The common cause of hæmoptysis in tuberculous persons, is intense congestion ending in molecular ruptures.

34. Expectoration of blood in persons laboring under chronic

bronchitis, with or without emphysema, but without notable disease of the heart, justifies in itself a suspicion of the existence of latent tubercles.

35. A given mass of cases of cancer of the lung will be attended nearly as often with hæmoptysis of all amounts, and greatly more often with hæmoptysis above an ounce at a time, than an equal mass of cases of phthisis. But cancerous disease of the lung is, comparatively speaking, so rare, that this proposition does not materially affect the diagnostic value of hæmoptysis in phthisis. Besides, the distinction of the diseases is, clinically, easy.

36. Not only does chronic empyema not give rise in itself to hæmoptysis, but empyema, established in a phthisical person, appears to a certain extent prophylactic against the hæmoptysis which is almost an appanage of the latter disease.

37. I have never once seen cardiac disease, of such kind as to cause hæmoptysis, coexistent with *phthisis*, using the term in its practical sense; but in a fair number of instances I have seen advanced cardiac disease in persons whose lungs contained *crude tubercles and gray granulations*, which had been completely, or almost completely *latent*.

38. Contrary to common belief, it may be affirmed, that when the *nisus hæmorrhagicus* in women menstruating imperfectly, directs itself to the lung, and leads to the evacuation by that organ, of a quantity of blood, amounting to or exceeding an ounce, here is motive for suspecting the existence of tubercles.

39. All these propositions tend to exhibit in strong light the diagnostic signification of hæmoptysis *quoad tubercle*; but it is to be remembered that they will only hold completely true, if applied to *latent* as well as *obvious* tuberculization.

40. The diagnostic importance of hæmoptysis as a symptom of tuberculization of the lungs is, indeed, extreme,—even sputa, simply streaked or tinged with blood, are not without significance under certain circumstances.

41. Hæmoptysis is rarely “directly” fatal; more frequently so in males than in females.

42. Frequently-recurring hæmoptysis does not reduce the mean duration of life in any given mass of tuberculous cases.

43. A first hæmoptysis having been severe, it is unlikely that a subsequent one will kill “directly;” and a first hæmorrhage being moderate, subsequent ones are not likely to be severe.

44. The prognosis of hæmoptysis is materially more unfavorable in males than in females.

AMERICAN MEDICAL EDUCATION SOCIETY AND THE CLERGY.

To the Editor of the Boston Medical and Surgical Journal :

DEAR SIR.—In your Journal of the 8th inst., some anonymous medical correspondent makes many anxious inquiries respecting the above named association, of which the subscriber is the Secretary and humble servant, and “reports himself from 25 Cornhill, Boston.” Though it may seem uncalled-for to notice an article which the writer had not confidence to acknowledge by his signature, yet as there is no good reason why any portion of the community, especially the medical profession, should remain in the dark upon this subject, a few paragraphs will be given in reply.

The principal object of the Society, as the gentleman is aware, is to provide the public with a class of women, termed, in good scripture phrase, *Midwives*, who shall be qualified by instruction and practice, as they eminently are by nature, to pursue the very feminine vocation of waiting upon ladies in their confinement. That the object is desirable, no one will deny; that it is practicable, all past history, and the present practice in other countries, and to some extent in our own, and in this city, conclusively prove. The formidable difficulties which the gentleman suggests, to frighten timid people, are frequent, as he states, under the *present* system, by which they are mostly occasioned, and they are strong reasons for restoring the more natural and safe administration of these affairs. To effect this, the Society proposes to establish, in Boston, an Institution for instruction, with an accompanying Maternity Hospital for practice, and for the accommodation of charity patients. A beginning has been made, by the instruction of twenty women, with such facilities as could be commanded without funds; and they have attended before and during, but mostly since taking lectures, over two hundred cases, and with the best of success.

The Society numbers above five hundred members, all good men and true; most of them heads of families, who naturally and rightfully feel an interest in this subject, which is well worthy of the attention, not only of the husband and parent, but of the philanthropist and the legislator. Among numerous other well known citizens, who have given the weight of their influence by connecting themselves with the Society, are the Hon. Horace Mann, Charles Francis Adams, George B. Emerson, Jonathan I. Bowditch, Hon. Nathaniel Silsbee, N. Silsbee, jr., (Mayor of Salem,) Jonas Chickering, James Cheever, Timothy Gilbert, Francis Jackson, and between forty and fifty clergymen of the different denominations. As to the management of the Society's affairs, the annual appointment of its officers, the “Secretary's salary,” &c., perhaps the

inquirer will trust that matter to the good judgment of its somewhat numerous members.

Your correspondent is out, sharp as a lancet, against certain Doctors of Divinity, and others of the clergy, who have had the temerity to give their influence to this movement, and that, too, after having received *gratuitous services* from physicians. That clergymen have given the Society their influence, notwithstanding this feeling of obligation, shows their strong conviction of the importance of the object, and that they regard the general good more than the interest of their medical friends. So far from having meddled with that which does not concern them, clergymen have never done an act more in accordance with the precedents and precepts and spirit of scripture, and the dictates of humanity and propriety. Indeed, they should *all* feel it their imperative *duty* to aid, by their *influence* and *example*, in restoring this office to women, to whom it "naturally and legitimately" belongs.

This movement has nothing to do with schools of *medicine*, but as to this matter of *gratuitous services*, and ingratitude in encouraging medical heresies, it has been for some time a subject of discussion and complaint, and resolutions have been brought forward; but no medical association, in council assembled, has as yet been willing to entertain, for a moment, the idea of giving up the privilege of attending *gratis* in clergymen's families, well knowing that the patronage of the pastor aids in securing that of his society. And, after thus *seeking* this patronage and its benefits, it is neither polite nor wise in physicians to accuse clergymen of ingratitude, when they happen to interest themselves in the physical welfare of the community, or prefer to use cold water or other domestic remedies, or homœopathy, or even to patronize a female *accoucheur*. The sooner the clerical profession discard these obligating gratuities, and relieve themselves from the condition and feeling of beneficiaries, the better, both for them and their hearers, who could then well afford to increase their salaries by adding the amount of their physicians' fees! And, moreover, two so influential professions should not be too strongly bound together. Checks and balances are important in the social, as in the natural, and in the political world!

The writer does not believe that your correspondent expresses the sentiments of the profession generally, but that the majority of them possess sufficient magnanimity and disinterested regard for the public good, to wish well at least to this enterprise, though they may not feel at liberty to give it their *active* support.

Very respectfully yours,

SAMUEL GREGORY.

Boston, Aug. 28, 1849.

[*Boston M. & S. Journal.*

ARTERIAL COMPRESSION AS AN ANTIPHLOGISTIC.—Dr. Henroz de Marche has published a work on the value of compressing the brachial artery in cases of whitlow to check the inflammatory process in the finger; this seems but an exaggeration of M. Gerdy's principle of keeping the limb elevated so as to lessen the force of the arterial circulation in the inflamed part. Dr. Henroz was one day in his garden pruning an arbutus, and got a prick of a thorn in his left ring-finger at the inner side of the third phalanx; the thorn was extracted, and for twenty-four hours he felt no uneasiness in the part; the finger at this time began to swell rapidly, and to grow red, and the inflammation extended by degrees to the palm and back of the hand. On the fourth day, the pain was pulsatile and severe; he could not sleep; had great thirst; skin hot, and pulse frequent; the axillary glands were swollen but indolent. Stupor, leeches, poultices, opiates, mercurial frictions, were in their turn tried without advantage. It then occurred to M. Henroz to try compression of the brachial artery, which he did immediately with his thumb—instantly, the severe pain which he had endured for five days ceased, as if by magic, and he was able, without the slightest uneasiness, to put his hand into any position he pleased, and even the redness disappeared completely. However, as it was impossible to maintain the pressure in this manner for any length of time, he contrived an instrument for the purpose, so simple in its construction as perhaps to make a valuable aid in such cases in the country, where more perfect ones could not readily be had. It was applied on the brachial artery, and the same good effects immediately followed as when compression was made with the thumb; it was left on for three hours, during which the pain in the hand did not recur for an instant; it was pale and cool, and the swelling had diminished. Fearing that a longer interruption to the circulation might produce ill consequences. M. Henroz suspended the compression for three-quarters of an hour. The pain returned; pressure was again made; but this time it was on the ulnar not the brachial artery, and the symptoms were as suddenly relieved as in the former case. Compression on the artery was thus continued from half-past twelve at noon until five o'clock in the evening, as well as the palm and dorsum of the hand with firm compresses of the wadding, at which time the tumefaction of the hand and finger was permanently reduced, as also the tenderness; the symptoms of reaction had ceased, and there were no longer pain or fever. In the evening, pressure was again made, and continued all night; the next day the cure was complete.

The same treatment was employed by M. Henroz with the same result on a young girl who had a very severe whitlow; in this case, in which the affection was eight days progressing, the pain left the part the instant the compression was applied, and the cure was complete in thirty-six hours.—*Jour. de Med.*

REGULAR QUACKERY.

Whilst enumerating the various causes that have contributed to bring the profession into its present condition, I purposely deferred, to this place, the mention of one other important cause. This cause is to be found at home. It lies at our own doors, and is in and among ourselves. Great numbers have got into the profession with few or no qualifications for it; some without a sufficient preliminary education, and many with very imperfect professional study. The libraries of many instructors have been very defective, and their talents for teaching meagre. Many young men have been initiated into the profession without any adequate knowledge of its requirements. The acquisition of a diploma was the chief object of their study. This obtained, they have no further use for medical books. Perhaps they read nothing at all; or, worse than this, fill their heads with the nonsense of Dickens, or the phantasms of Bulwer—or, not having sufficient professional employment, they devote a part of their time to other pursuits, which tend to disqualify them for their own avocation. Practice and experience, unaccompanied with reading and reflection, do such men but little good. Their medical horizon soon becomes very contracted. A few things comprise the whole of their system of therapeutics. Perhaps the lancet, mercury, antimony or opium, are the great guns that they always fire on all occasions. Salts and senna, rhubarb and soda, with some extraordinary pills, powders or plasters of their own compounding, make up the sum of their daily prescriptions; and whoever sends for a physician of this sort expects to be bled, blistered or vomited, or submitted to some other painful or nauseous medication. And who can blame any one, if, in view of such treatment, he should prefer to taste sugar mites, or to seek relief in the downy arms of homœopathy? Perhaps physicians generally are too inattentive to the daily improvements of the science. Their private libraries are seldom what they ought to be, and their means of information defective. Many take no medical journals, and seldom add a new volume to their scanty stock of old books. Such men seem to suppose, that having cyphered clear through the book, there cannot be anything more for them to learn. What would be thought of an attorney who gave up reading law books? or a politician who read no newspapers? Such men must certainly be behind the times. If intelligent physicians desire to overthrow quackery, let them endeavor to live it down. Let no smell of it be upon their own garments. Let them discard all quackery and quack medicines. Let them endeavor to make the calling what it should be, elevate it to its proper station, and give it its just influence. Let each one resolve that he will do his duty faithfully, so that the vocation shall not be disparaged by him.

Let him devote his time and thoughts to it, and see that his information is posted up to the present hour. When he sits down at the bed-side of a patient, let him feel conscious that he possesses a knowledge of all known means for his relief, and let him see that they are timely and faithfully employed. Let him cultivate all the moral and social virtues. Let gentleness and kindness attend all his intercourse with the sick, whilst the strictest virtue, and most perfect integrity are always observed. This is the way to destroy quackery. These are the sure and only remedies. DAN KING.

Taunton, June 1st, 1849.

[*Boston M. & S. Journal.*]

KREOSOTE IN ERYSIPELAS. *By P. Fahnestock, M.D., of Pittsburgh.*—Allow me to state that, during a practice of many years, I have been in the habit of using kreosote in erysipelas of the face, (as well as on all other parts of the body,) in both its simple and phlegmonous forms, confining my local treatment to this article alone. And such has been the success of this treatment, that I have as yet to witness a case that has not yielded to it.

In every case of local erysipelas, I immediately apply the purest kreosote with a camel's hair brush over the whole of the affected surface, extending it some distance beyond the inflamed part, and at the same time administering a dose of chlor. hydrarg., followed by a sufficient portion of jalap to insure free catharsis. This, in the majority of cases, is all I find necessary. But when the mucous membrane of the mouth and fauces is also affected, I pencil those parts with a strong solution of the nit. argent., say from 3ss. to ʒi. to ʒi. of distilled water.

In the phlegmonous form it will be found necessary to repeat the application more frequently than in the simple, with the addition of a bread and water poultice, applied nearly cold and well sprinkled with water strongly impregnated with the kreosote, or a cloth kept constantly wet with the solution, especially for the face.

The kreosote when applied, should cause the part to become white immediately. If this does not occur, it is not pure. Thus you will perceive that success depends upon having the best quality of oil. It is worthy of remark that the skin does not become in the least marked by the application, no matter how often it is applied.

I was first induced to make a trial of this remedy, by a remark made by Dupuytren, in a small pamphlet which fell into my hands, in which he supposed it might be a good remedy in the disease.

The result of an extensive and exclusive use of this article in erysipelas, has induced me to place the most implicit confidence in it; and all I ask of the profession is a fair trial for it, confident that whoever once tries it, will abandon all other articles in its favor.—*Am. Jour. Med. Sci.*

CONTAGION OF ERYSIPELAS. *By S. P. Hildreth, M. D.*—On the 18th of January, 1849, Mr. G. C., a young man of 25 or 26 years, landed from a steamboat at Marietta; being very ill, he put up at the house of Mr. D. R., a family connexion. I was called to visit him, and found the patient suffering from a large diffused abscess, occupying the whole space under the right pectoral muscle, and extending into and beyond the axilla. The contents had found a partial discharge the night before, from an opening made by the absorption of the integuments. He had experienced high fever and acute pain for three or four weeks past, and now labored under a cough, with free expectoration, apparently occasioned by the absorption of pus. On stripping him to examine the abscess, his flannel shirt and other body garments were found saturated with matter. The offensive garments were removed, his body washed, and clean clothing put on. He supposed the abscess was occasioned by spraining the muscles of the arm, in handling the heavy oars of the flat boat in which he had descended the river to New Orleans with a load of produce. Of this, however, he was uncertain, and subsequent events showed it to be phlegmonous erysipelas. As new abscesses formed, they were discharged from time to time with the lancet. The cough continued with night sweats, assuming the form of hectic fever. This, however, gradually gave way as the formation of pus ceased, and in about ten days he was able to bear a removal to his home in the country, where he slowly recovered his health, but leaving his right arm lame and weak for several weeks.

His friend, Mr. D. R., who had assisted in dressing the abscess the day of his arrival, had, at the time, a small ulcer or sore, on the index finger of his right hand, from some trifling injury. The next day after, it began to inflame and become painful, following up the track of the lymphatic vessels to the axilla: occasioning tenderness and severe pain in the pectoral muscle, extending round to the fibres of the trapezius, where they are inserted into the spinous processes of the superior dorsal vertebrae. There was more tumefaction here than in the pectoral muscle, for a few days—at the same time chilliness was felt, followed by high febrile action. I saw him soon after, and hearing the facts accompanying and preceding his illness, attributed the cause of his sickness to the absorption of diseased pus from the abscess of his sick friend. Tepid cataplasms, composed of wheat bran, and a weak solution of potash from wood ashes, were applied to the affected parts, with the hope of correcting the absorbed virus. He took calomel and cathartics to lessen the fever and alleviate the swelling and pain, which, however, gradually increased until the sixth day, when it was found necessary to bleed to the amount of twenty-five or thirty ounces, which was followed by a remission of the most urgent symptoms, and a free perspiration; although the fever and pain

abated, there was still a steady progress in the suppurative process going on, and the 3d day of February, the fifteenth day from the infection, the abscess was opened, just under the fold where the pectoral muscle rises upon the humerus, and discharged several saucers of matter, apparently of a bland character. From this period he began gradually to convalesce; but did not return to his occupation in a dry goods store, until the first of March.

Being aware of the infectious character of the discharge, I had been careful in washing my hands with soap and water, after each dressing, lest any of the contagion should be communicated to some one of my other patients. On the 12th of February, a little before noon, I was attacked with a chill which lasted three or four hours, followed by high fever, some headache, and severe pain in the loins. There was soreness and rigidity in the muscles of the neck, especially on the left side, and an increase of cough from a catarrhal affection, which had been on me for two or three weeks, and to which I am subject in the winter months. Feeling unable to prescribe for myself, my friend, Dr. R., was called in. The weather for some days previous, and at this time, was very cold, and it was thought that such an addition as had been made to my catarrhal affection, would result in pneumonia. The pulse was at 120 that night and for two or three days after, attended with watchfulness and slight delirium. The next day the cough and expectoration had not much increased, but there was more rigidity in the muscles of the neck, with some swelling of the lymphatic glands, below the left ear in the course of the mastoid muscle. It was sore and tender between the ear and mastoid process, with patches over the hairy scalp, which were thickened and irritable, especially on the margin of a large eschar over the right parietal bone; from an abscess when a child. I now began to suspect that the cause of my illness was erysipelas, inoculated from a small particle of the matter lodged under the nail of the index finger of my left hand, and applied to a scaly humor behind the ear, which had troubled me with its occasional itching for several years. On the morning of the 14th, the fiery eruption of erysipelas had covered all the back of the ear, and in a few hours enveloped the whole of that organ, which had swollen as thick as one's hand, and was rapidly spreading on to the temple and cheek. There was now no longer any doubt as to the character of the disease, and the lunar caustic was freely applied in substance. Cloths wet in ice water, made still more cold by enveloping the tin vessel with a layer of snow and salt. These were changed every ten minutes, being sometimes in a frozen state. The most convenient and useful application was a bladder filled with snow—which at that time was abundant—as it did not saturate the neck and pillow with moisture, like the cloths wet with ice water. For the application of ice and snow, I am indebted to the article of Dr. Davis, published in the November

number of this Journal. Free catharsis was kept up with pills of aloes, rhei, and calomel; but the most effectual relief was obtained from senna and salts, as this removed the torturing pain of the loins. For four nights and days I was without sleep, or was not aware of any forgetfulness. The ardent thirst was allayed most pleasantly and effectually by small pieces of ice, allowed to melt slowly in the mouth, and pass gradually into the stomach, a luxury I often allow my patients in acute fevers. Forty-eight hours of the cold application subdued the erysipelatous inflammation, and I willingly compounded with the disease, with the loss of the whiskers on the left side of the face, and part of the hair over the temple. The ethiopian dye of the cuticle peeled off in a few days, and in a little more than a week I was able to appear abroad and visit some of my patients.

Amongst those who had received the attention of my friend, Dr. R., during my illness, was a lady on whom I had waited in childbed on the 8th of February. Some hours after the delivery, she was attacked with severe flooding, which was suppressed by the use of the sponge tampon. It was followed by puerperal fever, attended with colliquative diarrhœa, of the most alarming character. I saw her for the first time since the 12th, on the 21st of the month. By a course of alteratives and tonics, assiduously pursued by my friend, she had considerably improved, but was still in a very doubtful condition, when on the 27th of February it was ascertained that erysipelas had made its dreaded onset, in addition to her other disease. It first appeared on the inside of the right thigh, near the vulva, and spread gradually over the nates of both sides as high up as the loins, when in about four days its further progress was arrested by the application of nitrate of silver and cloths wet with cold water. She was at this time under the full influence of the alterative course, and either on that day or the next, a decided mercurial action was set up in the salivary glands and mucous membranes of the mouth. From this period all the symptoms improved, and yet she was gradually restored to her ordinary health. It yet remains a doubt in my mind as to the mode in which the erysipelas was communicated to this woman. Two days before my own attack, I used the catheter on Mrs. W. It was ten days after this before I saw her again—on the 21st. Four days subsequently, or on the 25th, the eruption was first noticed by the nurse, on the right nates. The fever had ceased, and the eruption dried up on myself, three days previously to my seeing her. My friend, Dr. R., had visited every day, the patient from whom I took the disease, as well as Mrs. W.; but this man had no eruption, the type being entirely phlegmonous or suppurative, as well as that in Mr. G. C., who came back with the disease, from his voyage down the river. He was careful not to touch any of the discharge, or even to assist in dressing the abscess, in the course of his visits, putting that service on his wife. How, then, could the disease have orig-

inated? Was it sporadic, or communicated to Mrs. W. by one of her physicians? During the following spring months, several cases of erysipelas appeared, which were treated successfully by nitrate of silver, ice water, alteratives and cathartics. The malignant form requiring stimulants and tonics, has not visited Marietta, but has for several years prevailed in the counties north of us, and been described by Dr. Brown in his valuable and interesting article, published in the fourth number of this Journal.—*Ohio Med. and Surg. Jour.*

OBSERVATIONS ON THE PREVENTION OF SEVERE INVASIONS OF SCARLATINA. *By Thomas Carroll M. D. of Cincinnati.*
To the Ohio Medical Convention :

Gentlemen: The subject upon which I propose addressing you is one that has for a long time engaged my attention. The conclusions at which I have arrived are founded, not upon ideal theory, as I believe; but upon the observations of facts which have not been confined within a narrow period, nor limited to a single locality. I think I have found them calculated to ameliorate much of the suffering produced by a most severe malady, and not unfrequently to aid in averting the hand of death from the sufferer. I therefore submit them to your consideration, in the hope that some of your body may be induced to put them to the test in their practice.

I first observed scarlatina during the year 1829. Between that period and 1832 I often witnessed it in various neighborhoods; and in some of these it was attended with great mortality. I had the misfortune, in the year 1832, to lose, by this disease, two patients in one family, within a few days; and some time during 1832 I lost two more, with the same affection, in another family. A third victim in one of these families was reserved for the hands of a steamer. These disasters sunk deep into my mind, and produced a train of thought, which led to the following conclusions:

That the attack of scarlatina might possibly be mitigated in its tendency to destroy life, by preparing for its reception, by a strict course of dieting, and by a proper attention to the condition of the alimentary canal. I therefore determined, that when I should again be called to treat a case of this disease in a family, which consisted of more individuals who might take the malady, to advise those to be subjected to a rigid course of dieting. That animal food should be prohibited, with the exception of milk—and that a mild cathartic should be administered to each individual, and be again repeated within the ensuing four or five days. After experience taught me that, where children were laboring under diarrhœa, it was of great importance to effect a cure of it, if possible, before the invasion of the scarlatina.

This course I have pursued most undeviatingly ever since 1832, and I have, I believe, in all cases been able to persuade families to adopt it. The result has been that, since the time named, I have on no single occasion lost more than one case of scarlatina in a family during the continuance of any epidemic. Indeed, I do not now recollect that I have at any time lost more than one case in a family since that period.

The foregoing has been the result in my private practice: but at the Cincinnati Orphan Asylum my experience has been still further extended. In this institution I have met with the disease but once in an epidemic form, but on two or three occasions a very few sporadic cases have appeared. It very generally pervaded the inmates of the house in 1846, during the latter part of February, through March, and a part of April. There were but about thirty children susceptible of the disease; of these one died. When the first case made its appearance, I directed a strict abstinence from animal food, and in two or three days a cathartic of one grain of calomel and ten of jalap, was given to each inmate over two years of age, and half that amount to those under that age. But one set of purgatives was given; but the dieting was persevered in throughout, and I think with the happiest results; for all the cases, with the single exception mentioned, terminated favorably. Indeed, the disease was mild in nearly all the cases.

I am aware that cases may occur in which it would be improper to altogether withdraw animal food; and also, that in some cases, severe purging should be avoided, as in diarrhœal cases where debility and anemia exist. Here it would be necessary to restrain diarrhœa, and remove debility. Indeed, in cases coming under these denominations, I have tried the plans mentioned with the happiest effects. Yet, what can be done with the unhealthy, can be best effected before the development of the specific affection, for all know how uncertain is the safety of a patient laboring under scarlatina, who has had it superadded to some chronic malady.

I am fully aware that a long succession of favorable results may occur, where but little is due to any mode of medication. This may take place from the fact, that the disease very often appears in a mild form, and recovery is very general under any mode of treatment. But it must not be forgotten that I have been in the habit of pursuing the foregoing plan of preventing severe invasions of scarlatina during a period, now approaching twenty years; and whether in public or private practice, it has but on one occasion disappointed me. I have now resided in Cincinnati more than eight years, and during more than seven years of this time, I have been physician to the Cincinnati Orphan Asylum; and have, notwithstanding, lost but four patients by this disease, including both my private and public practice. I do not know that my mode of treating this malady is better adapted to prevent mortality than that

of my professional brethren, and therefore I attribute whatever of superior success I may have had, to the preparation of the constitution, in the manner indicated, for the reception of the disease.

Ibid.

TREATMENT OF ULCERS OF THE LOWER EXTREMITY.

Brief remarks upon a notice, in the recent number of the British and Foreign Medico-Chirurgical Review, of an essay by me on the "Treatment of Ulcers of the Leg, without Confinement, by Bandaging and Water-Dressing," HENRY T. CHAPMAN, F. R. C. S. &c.

The chief practical object of the publication in question is the advocacy of the treatment, not alone of indolent ulcers, but of those intractable cases, confirmed irritable ulcers, by a modification of water-dressing and bandaging, in following which I have met with a greater degree of success than under any other method of treating them.

Applied to the simply indolent ulcer, or to ulcers but slightly irritable, this proceeding differs from the mode of water-dressing employed with the bandage, by many surgeons, in such cases, in the following particular:—After dressing the sore with a compress of wet lint, before the bandage is put on, I encircle the part of the limb on which the ulcer is situated with from three to six, or more, *moistened strips of linen or calico*, of the same length and breadth as the straps employed by Baynton, drawn tightly, and crossed in precisely the same manner as the adhesive plaster. These wet strips adhere to the skin as closely and smoothly as the strapping; and as each one overlaps the upper third, or half, of that previously applied, they afford an amount of support, or compression, very little, if at all, inferior to it.

This apparently trifling peculiarity may be practiced by others as well as myself, since such a combination might readily suggest itself to any one accustomed to employ water-dressing, and desirous of escaping the evils so frequently incidental to the use of plaster; but I have never witnessed the application in either hospital or private practice,* nor have I seen it described by any writer on the subject. Believing it to be an essential improvement upon the ordinary form of treating ulcers on the leg by water-dressing, I have simply stated the result of my own experience of its operation; and have spoken of it as "bearing a very close affinity to the method of Baynton;" but as possessing its advantages without its

*The compresses of linen occasionally folded round the leg, over the dressing, act in a very inferior manner; they gave no support, independently of the bandage; the wet strips adhere firmly before its application, and their pressure is distributed in a perfectly equable ratio.

disadvantages. May I add a recent case to those I have already given, as further evidence that indolent ulcers will heal more speedily and soundly when these strips are superadded to the usual water-dressing and bandage.

Ann G—, aged sixty-six, grazed her shin in February, 1848. Considerable inflammation ensued, leaving an intractable sore, which had resisted various plans of treatment, under more than one surgeon, between that period and when I first saw her.

Sept. 15th.—She became a patient at a public institution which I was then attending in the absence of the surgeon, and was treated in the manner I have described.

On the 30th of September the sore was almost healed, and I left her under the care of my friend, who had resumed his duties.

Oct. 26th.—She called at my residence with the ulcer nearly as large as ever, and extremely sensitive, having been dressed, in the meantime, with wet lint, and the bandage, but the strips of calico being omitted. I re-applied them; and at the third dressing the surface had again entirely skimmed over, and was soundly cicatrized by Nov. 3d.

To this distinctive feature the reviewer makes no allusion whatever, the version which he gives of the treatment advocated by me being as follows:—

“Ulcers which are indolent and irritable, from a morbid condition of the capillaries of the ulcer, are to be treated by cold water dressing and compression; ‘the grade of temperature calculated to stimulate the contractility of the dilated capillaries, without depressing too much the vitality of the part, having been ascertained’ that temperature is to be uniformly maintained. The system of irrigation beneath a sheet of oiled silk, so long practiced, is of course the most effectual means of doing this; but it requires confinement to the bed or sofa.”

Any one reading this passage would imagine that *irrigation* was the mode by which I proposed to cure these varieties of ulcer.* It is obviously the impression of the writer of the article; whereas the extract quoted by him has no reference to the management of ulcers, but to the employment of cold in *inflammation*, in which it is unquestionably a point of high importance to guard against reaction; and I expressly remark, in the next paragraph but one, (p. 80,) that “there is not, however, in these cases (ulcers of the leg,) the same liability to reaction from the irregular application of cold, nor the same mischief to be apprehended from its occurrence as an inflammation. On the contrary, so far from being injurious, I am persuaded that the reaction excited by the renewal of the cold application is a beneficial stimulus to indolent and callous ulcers.”

*I am aware that Dr. Macartney speaks of thus treating them, stating that irrigation mainly conduces to effect cicatrization by the “modelling process;” but his views do not appear to have been adopted in practice to any great extent.

I am not at a loss to account for this misapprehension, and cannot easily reconcile with it the concluding sentence of the passage on irrigation just cited: "Mr. Chapman uses water-dressing as most surgeons have done for the last dozen years, covering wet lint with a piece of oiled silk." It is true the reviewer has given the entire description of the treatment in my own words, but few, I fear, will take the trouble to read it, prefaced by so very uninviting a summary of its contents.

But it is to the management of confirmed irritable ulcers—the source of more embarrassment to the surgeons than any other variety of the disease—that I have been solicitous to draw especial attention; and as this part of the subject is scarcely glanced at, will you permit me to trespass yet farther by a few words thereupon.

The perpetually recurring necessity of exercising one's ingenuity to devise new dressings, which may haply succeed in tranquilizing the inveterately fretful morbid sensibility of such cases, when a round of applications of established reputation had been tried in vain, is adverted to in strong terms by John Bell, Home, and Abernethy, (see page 62,) and has again and again been felt by all of us. Cold water and gentle support, (according to Baynton's method or by the simpler means I have indicated) will very commonly relieve a moderate degree of irritability; but, when present in excess, the sore will not tolerate cold, nor can the very lowest grade of compression be borne until this morbid affection of nerve be subdued. "Emollient and soothing measures, with rest, will generally accomplish this; but these means, exclusively resorted to, have a tendency to weaken still more the tone of the capillaries, and render them incapable of carrying on those operations which are essential to healthy granulation. The great desideratum appeared to me to be, a combination of these apparently incompatible measures, if they could be brought to act in unison; a method by which the morbidly irritable nerves might be soothed and gradually inured to the compression requisite for the support of the vessels, and of the part generally."

Instead, therefore, of persisting in the use of poultices, until the excess of morbid sensibility was reduced, and then resorting to the bandage, I determined to try the effect of emollient fomentations in co-operation with it. After carefully cleansing and bathing the leg for some time in tepid water, or decoction of poppies, the sore is dressed with lint dipped in the same; moistened strips of soft linen are folded smoothly round the limb, as in the treatment by cold water-dressing, but drawn less tightly; and over them the bandage is carried lightly. It is necessary at once to bathe the whole freely with poppy decoction, until the severe pain caused by the first application of the roller is allayed; and this must be repeated as often as any return of morbid sensibility occurs, the leg being carefully enveloped during the intervals of the dressing, in a sheet of oiled

silk. Under this treatment, tolerance of the bandage is generally induced within twenty-four hours, and the ulcer will soon be able to bear a greater degree of compression, and, perhaps, the tonic influence of cold.

Case xvi., p. 136, is an instance of the extreme intractability above alluded to, and likewise of the speedy and perfect success of this combination; and I have it in my power, at the present time, to show to the reviewer, or to any other party interested in such cases, what remains of a large and irritable ulcer—complicated by a varicose state of the viens—of more than twenty years' standing, which has baffled all the means hitherto had recourse to, although neither pains nor expense have been spared to obtain a cure, and which is in rapid progress toward cicatrization, after five weeks of this tepid water-dressing, aided by one or another of the astringent lotions spoken of in the section on cold water-dressing, the patient using her limb, and following her ordinary avocations throughout the process.

That indolent ulcers of the leg have been treated by water-dressing and the bandage, "for the last dozen years" may be perfectly true,—in the introductory observations, p. viii., I have stated as much; but, judging from my own experience, and, I may add, that of many other surgeons with whom I have conversed on the subject, it is, on the whole, a far less efficient mode of treatment than the old established method of Baynton, and, on that account, doubtless is not very generally followed. To ulcers characterized by extreme morbid sensibility, unless tolerance of the bandage be brought about by the means I have suggested, it is totally inapplicable. It is not, therefore, so much in favor of water-dressing as of the simple expedients described above as adjuncts to it, that I have sought to appeal.

THE MECHANICAL LEECH OF MM. ALEXANDRE & Co., OF PARIS.—This apparatus consists essentially of two parts—an instrument for puncturing the skin, and another for promoting the flow of blood by removing atmospheric pressure from the punctured part. The puncture is effected by a lancet, the blade of which has the form of the cutting apparatus of the leech. This lancet is fixed in the mouth of a tube, and projects about the eighth of an inch beyond the edge of the tube. It may be elevated by a small lever, so that its point shall be within the tube, in which position it is secured by a catch. Attached to the opposite end of the tube, by a piece of vulcanized India-rubber, which acts as a spring, is a piston, which is pressed down by a rod, and on removing the pressure, is drawn back by the India-rubber spring. The piston being pressed down, the open end of the tube in which the lancet is fixed, is placed over the part to be punctured; the pressure is

now removed, when the piston is drawn back by the spring, and exhausting the air within the tube, the skin is forced up into the mouth of the tube. On loosening the lever, by which the lancet has been elevated, the latter is drawn down by a spring, also of vulcanized India-rubber, so as to effect the puncture. The cutting instrument is now removed, and a glass tube with a piston, similar to that already described, is placed over the puncture, the air within being exhausted so that the tube adheres to the part, and the blood flows freely into it. Half a dozen or a dozen tubes, each of which would draw as much blood as a large leech, might be thus attached in two or three minutes. The apparatus, consisting of a cutting instrument and six or twelve suction tubes, together with sundry implements for cleaning the lancet and tubes after use, are contained in a small case. It is very neatly got up, and we understand from those who have used it, is very efficient. The idea, however, is not new; so long ago as the year 1813, the silver medal was awarded at the Society of Arts to Mr. J. Whitford, of St. Bartholomew's Hospital, for the invention of a somewhat similar apparatus for the same purpose. In Mr. Whitford's apparatus the exhaustion was effected by a syringe, which was found to be inconvenient. The use of vulcanized India-rubber springs, attached to the pistons, by which efficient suction tubes are economically formed, is a great improvement in MM. Alexandre & Co.'s apparatus.—*Lond. Med. Jour.*, March, from *Phar. Jour.*, Feb. 1849.

NEW METHOD OF TREATING URETHRAL PAINS FOLLOWING GONORRHOEA.—M. Vidal (de Cassis) having frequently remarked that these pains were relieved by pressing the penis with the fingers, has been led to try compression for their treatment, and has found it useful, affording a perfect cure in many cases, and a marked alleviation in others. The operative procedure, says M. Vidal, is so simple that it is scarcely necessary to mention it. "The surgeon takes a long strip of diachylon plaster, one centimeter (two-fifths of an inch in breadth,) and rolls it around the penis in the same manner as a common bandage, beginning at the glans; or, still better, he may apply it more accurately by using a number of small strips of plaster, each of which shall only be sufficient to encircle the organ once, and the two extremities of each strip should be made to cross upon the urethra, for the purpose of insuring the firmness of the dressing. The principal point to be attended to, is the degree of compression, which ought to be as firm as possible, without interfering with micturition, which would, of course, necessitate the removal of the dressings. The compression should be continued for a considerable period after the cessation of the pains, to prevent their return." M. Vidal cites two cases, from amongst great numbers which he had treated, in favor of this mode of practice.—*Monthly Retrospect*, from *L'Union Medicale*.

IDIOPATHIC TETANUS IN A HORSE, SUCCESSFULLY TREATED BY
CHLOROFORM. By T. L. Maddin, Student of Medicine in
the University of Louisville.

In August last, I tried the effects of chloroform upon a horse affected with Lock-jaw, and also violent convulsions of the entire muscular system. The circumstances of the case were these: A farmer, residing in North Alabama, at whose house I was living, discovered early in the morning that one of his horses was very singularly affected, and upon examination found that he had tetanus, or lock-jaw; and after a short time tetanic convulsions of the entire body supervened—which continued to grow more violent during the day.

Having been absent from home all day, when I arrived at his house late in the evening, my landlord remarked that he had a horse dying, and also mentioned his symptoms.

The opportunity, I conceived, was an excellent one to test the efficacy of chloroform, and immediately I suggested the trial of the remedy. The owner of the horse remarked that he did not think anything could possibly do him good, for he did not appear as if he could live longer than ten minutes, but that I was at liberty to do as I pleased.

The horse was down, and could not raise his head; his limbs were in an extreme state of rigidity, and his jaws firmly clenched. I first gave him half an ounce of laudanum, with twenty-five grains of camphor dissolved in it. This did not make any impression upon the symptoms whatever. I then caused him to breathe chloroform, and in less than two minutes he was fully under the influence of it. He remained thus for fifteen minutes; during which time his limbs were quite flexible; his muscular system generally relaxed; and his jaws could be opened about two inches. At the expiration of this time, there were symptoms of a return of the convulsions. I brought him rapidly under the influence of chloroform again, and thus warded them off. It was now twenty minutes before the anæsthesia passed off, and it was then found that he was able to get up and walk about. In less than three hours from this time he was grazing about the lot, and next morning appeared perfectly well.

I have believed that an account of this case would be acceptable to the profession, notwithstanding that the subject of it was a horse, for it shows very conclusively the perfect control which this potent agent possesses over tetanus, and convulsive diseases generally, which are among the most intractable that the medical man has to combat.—*Western Journal of Medicine.*

GLYCERINE.—Mr. Burnett, Tremont Row, has this new and elegant article, which is beginning to have a reputation with the profession for the amelioration and cure of various cutaneous eruptions. Without attempting to describe the process of making glycerine, it is proper to observe that in soap-making, in some common method familiar to pharmacutists, this oily, almost inodorous substance is obtained—vulgarly known in olden times, as oil of lead. Dr. Durkee, of Howard street, a gentleman devoted to the management of diseases of the skin, and whose success is acknowledged by the community, speaks very favorably of it, we understand. This suggestion, we trust, will have the effect of directing the attention of physicians to a preparation that may be serviceable, where others have failed. The article has also been recommended by Mr. Wakley, of London, as has been seen by a recent number of this Journal, in cases of partial deafness.—*Bost. Med. and Sur. Jour.*

COLLODION IN CHILBLAINS.—In chilblains I have used it with the most decided success. In one case, the patient had her feet for some time exposed to severe cold, which produced an erythematous inflammation of several of the small toes. They were swollen, red, tender, and itching. I completely enveloped them in a thick coating of collodion, and the contraction which took place on its drying, produced so much compression of the vessels, that the toes were as pallid as frozen ones. The pain and itching were immediately relieved, and in twenty-four hours, these members were nearly well. I have cured pernio of the heel, also, with this article, but I do not believe it a panacea for all cases of chilblain, even in its erythematous stage.—Dr. C. Green,—*Buffalo Medical Journal.*

LUPULIN AS AN ANAPHRODISIAC.—(*Am. Jour. Med. Sci.*) Dr. Page called the attention of the Philadelphia College of Physicians to the lupulin as a means of controlling the painful erections occurring in venereal cases. He has employed it now for two years, and has found it a better and more effectual remedy than any other he has tried. He gives it in the dose of from five to ten grains, and has never known an instance in which the second dose did not succeed in subduing the painful erections, so troublesome in cases of gonorrhœa. It does not cause the headache, constipation, and other unpleasant effects consequent upon the use of camphor and opium. He has found the remedy useful also in cases of involuntary seminal emissions. It will not cure the disease, but prevents the discharges, so long as the patient remains under its influence.

Dr. Edward Hartshorne has employed it successfully in one case to destroy venereal appetite in a man addicted to onanism.

OPIATES IN CHOLERA.—Dr. J. W. Sterling of the N. Y. Quarantine Hospital, writes as follows in the N. Y. Jour. Med.:

"In general, the narcotic effects of opium and morphine were scrupulously avoided; for such effects were highly pernicious; and even when these anodynes merely removed pain and allayed irritability of the stomach and bowels, the tranquility and calm which supervened boded no good; healthy reaction was thereby suspended or arrested, death was not the less certain, often more speedy, and no favorable crisis could be predicted without a decided restoration of the natural functions.

"Finally, I would observe, that patients lying in the same room with one laboring under the cholera were very susceptible of this disease. It may be excited by panic, contagion, or by atmospheric influence; whichever it be, I presume it is a matter of indifference to the recipient, after he gets it, from what source obtained. I have, however, seen patients seized with it while lying in a state in which they were altogether insusceptible of panic; and if the pernicious condition of the atmosphere be the sole exciting cause, we would not see so much of its peripatetic excursiveness. I cannot, therefore, help believing that something must be attributed to contagion, and be this something ever so little, prudence, if not humanity, demands the separation of cholera patients from those afflicted with other diseases, and especially from the subjects of typhus."

COD-LIVER OIL.—A discussion on the properties of this article took place at the Westminster Medical Society, February 3. The majority of the Fellows stated that they had found the oil to possess a very marked effect in almost all cases of scrofula and phthisis. In the first class of cases, it was not only given internally, with the effect of much improving the general health, but it was applied locally to scrofulous sores, with the most marked benefit. In phthisis it appeared to exert its influence at once, by its nutritious properties. It checked perspiration, and removed emaciation; and appeared, by keeping up the tone of the system, to arrest the further deposition of tubercular matter. Some thought that any oily substance, as butter or almond oil, would have the same effect; others considered the cod-liver oil to have some specific influence. One gentleman had found it rather injurious than otherwise in some cases of phthisis, from its tendency to disorder the digestive organs. Altogether, however, the opinion generally was decidedly in its favor as a palliative agent in consumption.—*Lancet*.

Part 2.--Homœopathy and Hydropathy.

THE PRACTICAL ADVANTAGES OF HOMŒOPATHY.

BY HARRIS DUNSFORD, M. D.

The homœopathic system has been so often misrepresented,—and medical men have without reflection, or due examination, so frequently given opinions unfavorable to homœopathy,—that it is hoped these few pages, written with a view to correct misrepresentation, to remove prejudice, and to induce an impartial investigation of the system, will not prove altogether unsuccessful.

The progress homœopathy has made within the last few years is such, as to justify the expectation that it will gradually obtain the confidence of the public, and ultimately be adopted as a safe and effective substitute for the uncertain and often very injurious treatment of the ALLOPATHIC PRACTICE; in which it is admitted by a justly celebrated physician and learned writer, the late Dr. Gregory, of Edinburgh, *that the greatest danger may often arise from the improper or untimely use of remedies*:—"gravissimum sæpe oriri posse periculum ab inepto aut intempestivo remediorum usu."—*Consp. Med.*

Many universities of the highest reputation have appointed professors of homœopathy, under the sanction of their respective governments:—and homœopathy itself, as compared with the old practice, already possesses the greater number of efficient remedies, and is daily adding to its resources many new and important discoveries, confirmed by the results of actual experiments upon the healthy subject.

The principle upon which homœopathy is based,—viz.: that medicines which in a healthy person produce symptoms similar to those of particular diseases, are *specifics* for those diseases, ("*similia similibus curantur*,"—must, by every unprejudiced mind, be admitted to be a rational one; for to this principle the success of many popular remedies is justly to be attributed, and it is repeatedly acted upon in general practice, but evidently without a due appreciation of its importance. The treatment of frost bites, by friction with snow; and of burns, by the hot oil of turpentine, afford illustrations of this principle: and if the treatment prove successful in particular cases, it is reasonable to suppose that it may admit a more extensive, if not universal, application.

The few specifics, which the old school possesses, are now known

to produce precisely the symptoms they cure. This fact has long been admitted in this and other countries, more especially in reference to syphilitic affections; for many of the most experienced surgeons have often been unable to decide, whether the appearances which presented themselves were owing to mercury employed as a remedy, or were merely the effects of the disease itself: this deplorable uncertainty is of every day occurrence, and must continue to be so, until physicians are fully convinced of the power which medicines possess to *create diseases*.

Hahnemann has given, in his *Organon*, numerous examples of cures effected, unintentionally, by physicians of the old school, on the homœopathic principle; amongst other, he mentions the fact that the "*sweating sickness in England*," in 1485, was more fatal than the plague itself, carrying off, as stated by Willis, ninety-nine out of a hundred patients, until *sudorific* remedies were administered: after which, few persons died of the disease.

Hahnemann cites a case of chronic diarrhœa, which threatened the existence of the patient; and which was radically cured, after other means had been tried in vain, by a *purgative*. The case is published in the thirteenth volume of Hufeland's *Journal*.

The common practice of using rose water as a collyrium, derives its beneficial influence from the circumstance of rose leaves producing a species of inflammation of the eyes, as remarked by Echi-
nus and Ledelius.

Carrère observed, in 1786, that dulcamara cured the effects of the most violent chills; but the *modus operandi* remained undiscovered, until experiments on the healthy subject proved, that this plant produces sufferings resembling those of a severe cold.

De Haen, Sarcene, and Pringle, admit that they cured pain in the side with squills, a medicine of a very acrid nature: the cures were homœopathic, for Wagner, in 1737, had seen pleurisy and inflammation of the lungs produced by squills.

The salutary effect of cinchona bark in the state of exhaustion, indigestion, and loss of appetite following fever, especially if treated by bleeding and purgatives, is founded only on the property of this bark to produce the most extraordinary loss of strength, and weakness of both body and mind, disorders of stomach, and loss of appetite; as Cleghorn, Stahl, Thomson, and many other physicians, have remarked.

Ipecacuanha could not be so valuable in the treatment of spasmodic dyspnœa, if, as observed by Akenside, Meyer, and Stoll, it did not produce dyspnœa, more especially spasmodic dyspnœa.

Crichton, Collin, and Stoll, described symptoms which were observed in patients when taking arnica montana; and they will be found to be precisely those produced by severe shocks and contusions, for which arnica is truly specific.

Withering relates a case, in the *Edinburgh Medical Commenta-*

ries, of violent spasmodic constriction of the throat, conquered only by hyoscyamus, which has been observed by Hamilton, Sauvages, &c., to produce it.

Asclepiades cured a patient affected with inflammation of the brain, with a small quantity of wine. Rademacher published, in Hufeland's Journal, a case of febrile delirium attended with stertorous breathing—a state similar to that succeeding great intoxication from wine—which was cured in one night by giving the patient wine.

It is well known, that a strong infusion of tea occasions palpitation and anxiety in those not accustomed to it. Hence, a small quantity of this beverage is an excellent remedy for such symptoms, when they arise from any other exciting cause, as stated by Rau.

Lethargy, which had lasted several days, Hufeland cured with opium, which could only be explained on homœopathic principles.

The baths of Tœplitz, as well as other sulphurous waters, produce frequently an eruption which resembles that to which woollen workers are subject. On this account, these baths, as well as sulphur itself, cure psoric eruptions.

Beddoes states, that English physicians found nitric acid an excellent remedy in salivation and ulcers of the mouth, arising from the employment of mercury;—Scott, Blair, Aloyn, Luke, &c., have seen the same symptoms produced by baths containing this acid, as well as by its internal employment.

Why were Seelig, Hamilton, Hoffman, Rush, Bailey, and others, so successful in the treatment of malignant sore throat by mercury; simply because it excites sore throat, often of a very malignant nature.

These instances might be multiplied to almost any extent, for it is difficult to take up any allopathic medical journal without meeting with numerous instances of cures, supposed by those relating them, to be effected on the ordinary principles; when, in reality, to those acquainted with the effects of medicines on the healthy subject, it is evident they took place because one of the remedies prescribed happened to be exactly homœopathic to the symptoms.

The system of homœopathy has been published between forty and fifty years; for more than twenty of which it has been practiced with almost unparalleled success; it is entitled, therefore, to a cool and impartial examination; since nothing can be more unjust than to disparage that which has not been scrupulously investigated.

Medical men who practice upon the principles of the old school are indeed invited rigidly to scrutinize the system now advocated, and put it fairly to the test. This is all that we require from its opponents. It demands the strictest inquiry into its merits, as some compensation for the unsparing abuse which has so long and so illiberally been heaped upon it; a sound and impartial judgment will remove the barriers interposed by ignorance and prejudice.

The *minuteness of our doses* is frequently objected to by those who do not understand our principle of treatment, or the mode in which our medicines are prepared. Upon the principle "*similia similibus curantur*," the efficacy of the remedy depends upon it, "*homœopathicity*;" that is, upon its producing, in a healthy persons symptoms corresponding to those of the disease in which it is employed; and, in this case, the medicine selected cannot be too cautiously, nor too sparingly administered. It should be clearly understood that if the remedy do not answer to, or correspond with, the disease to be treated; if it do not harmonize with the characteristic or curative symptoms, it will prove inefficient;—the misunderstanding of this position, is the rock on which many have split, who imagine that they have fairly tried the system of homœopathy: they have failed, because the remedy was not truly homœopathic to the case.

Notwithstanding the ridicule which has been thrown on the minuteness of our doses, they are far from powerless. By the process they undergo, the activity of our remedies is wonderfully increased; and many of the most valuable of them are totally inert, until they have undergone the trituration and succussion pointed out by Hahnemann.

Dr. Peschier, editor of the *Bibliothèque Homœopathique*, observes, that Professor d'Amador completely admitted this doctrine, and adds "et il a fait sagement remarquer, que le *dynamisme*, sur lequel s'appuie l'homœopathie, est consensuel, à la doctrine du *vitalisme*, des long temps professée et enseignée par la Faculté de Montpellier."

Dr. Muret of Morges, wishing to determine the effect of trituration on a medicinal substance, made the following experiment. Having procured two rabbits of the same age and strength, he gave to one a grain of hydrochlorate of barytes which had been pounded and rubbed for an hour. The animal almost immediately fell down, was violently convulsed, and sunk into a moribund state. To the second, the same quantity was given without having been submitted to any manipulation, and the animal was very slightly affected by it, merely losing for a short time power over the hind legs, and that not until the medicine had been taken nearly half an hour. In order to prevent the possibility of error, the experiment was reversed, and the effect was precisely the same.

The admission of the principle of homœopathy, does not *a priori* lead to the adoption of minute doses. Hahnemann himself, in fact, employed almost the usual doses in his earliest experiments; and it was only on finding that such doses produced aggravation of the symptoms, that he diminished the quantity. Prudence, therefore, dictated smaller doses: and experience unexpectedly proved that what are termed infinitesimal doses produce the most speedy, certain, and lasting effects. Thus, by dividing and subdividing,

with a view to diminish their activity, Hahnemann, to his astonishment, found that the very means he employed to effect this, viz : trituration and succussion, increased, rather than diminished, the power of the medicine ; and when this fact was discovered, he tried what effects trituration would have on what were considered to be *inert* substances ; and by this happy experiment, has rendered immense service to mankind, since the latent powers of these agents have been fully developed, and proved to be efficient for the cure of a vast number of chronic diseases, on which the old remedies exerted no beneficial influence whatever. A few years ago, scarcely any one would have believed that chalk, charcoal, common salt, and sulphur, which, in general practice are administered in large doses, with little effect beyond that of exciting thirst or slight diarrhœa, could, by any mode of preparation, be brought to rank among the most active substances, capable of producing, and consequently of curing, the most frightful diseases.

The extraordinary effects of remedies prepared in this manner, can, I think, only be accounted for, by supposing, that during the operation, *electricity*, or some power analogous to it, becomes developed, and remains inseparably connected with the substance acted upon ; and this view of the case is supported by the opinion of Mons. Peltier, one of the most distinguished of the French chemists, who, in a paper read before the "Académie des Sciences" in Paris, declared, that, in his opinion, this was quite sufficient to account for the energy of the homœopathic globules.

To those who object to homœopathy that it employs the most active poisons, I scarcely feel disposed to reply. It is well known that our opponents prescribe the very same medicines in doses, if not destructive, at least injurious to the welfare of their patients ; but our doses are so extremely attenuated, that no danger to the system can in the slightest degree be apprehended. There is, indeed, a very remarkable difference in our mode of preparing the remedies we employ, for by this means, as before mentioned, we obtain from substances usually considered inactive, some of our most efficacious medicines, and find that charcoal is more powerful than henbane, and chalk than arsenic.

However desirable it might be to explain the cause of the activity of such minute doses, the fact that it actually exists has been proved, in so many instances, that in a practical point of view, the explanation would be superfluous. The activity of our doses being once established, a great obstacle to the progress of homœopathy is overcome, at least as it regards those who desire only the triumph of truth ; and it is quite unnecessary to address those who seek only the destruction of homœopathy, true or false ; and finding their attacks upon the inefficiency of the dose on the ground of its minuteness completely rebutted, adopt a directly opposite course, and declare that our remedies, if not inert, are absolutely *poisonous* :

such unworthy attempts to misrepresent and decry one of the greatest discoveries ever made in the treatment of disease, are characteristics of an ill-directed or perverted education, and happily are discountenanced by some of the most eminent physicians of the present day—the brightest ornaments of the established mode of practice.

It is easy to deny the possibility of a cure being produced by the doses employed in homœopathy; it spares the necessity, at least for a time, of making experiments as to the truth of the assertions of Hahnemann and his disciples: but as the system gradually extends and ramifies, the mere negation of its value will be treated with the neglect it merits.

There are two modes, however, of explaining the manner in which homœopathic remedies effect a cure. The one is, that a medicinal disease, resembling the natural one, is produced by the remedy; and as two similar diseases cannot possibly exist at the same time, the morbid symptoms give place to medicinal ones: which, on the use of the medicines being discontinued, gradually disappear, leaving the part affected in a normal state. The other is, that the symptoms of a disease are but the efforts of nature to get rid of the morbid cause: and that the homœopathic remedy acting in the same direction, aids the vital force, and thus abridges the duration of the disease, or even cuts it short.

That homœopathy will eventually take the place of the ordinary practice, is no longer a matter of doubt with persons who have experienced its benefits. Nor is it reasonable to suppose, that those who have had the opportunity of judging of the relative merits of the two systems, will subject themselves, or their friends, to the painful and often injurious means employed by the old school: since they have found, by happy experience, that precisely the same benefit may be obtained by mild and harmless remedies more speedily, and without even in the slightest degree injuring the constitution.

The usual mode of remunerating the general practitioner is objectionable in the extreme, and acts as a powerful obstacle to the introduction of homœopathy. At present, physic, and not talent, is too often the standard by which the services of the medical attendant are appreciated; it is high time that this truly *unprofessional* system had passed into complete desuetude.

Medical men in considerable practice are disinclined, for numerous reasons, to enter upon the discussion of homœopathy:—preconceived opinions,—long established habits and associations,—professional engagements,—personal reputation,—public confidence, and many other powerful influences may be enumerated to account for *their* neglect of homœopathy, although some of the most eminent among them have conceded its claims to a sober and searching investigation. To the young, the subject is open to inquiry, and it is their duty to weigh well the evidence to be adduced in its support, before they reject or calumniate a system believed by many of the

most eminent and learned physicians to be founded on truth, and calculated to effect the greatest improvement in the practical department of medicine.

(*To be continued.*)

HYDROPATHY IN UTERO-GESTATION AND DELIVERY.

BY MRS. R. B. GLEASON.

MR. EDITOR:—Many thanks to you for thus favoring us with your valuable Journal; also, for the invitation given my husband to write for its columns. It was accepted by him in spirit, though not as yet by letter, on account of business pressure.

Feeling hydropathy worthy the place you so generously offer it in an Eclectic Journal, I have taken the liberty to appropriate to myself the privilege offered him.

Many individuals friendly to water cure, entertain the opinion that it can never be successfully practiced, save at an establishment. This is *emphatically true* of the larger share of cases, for reasons upon which I will not now dwell. But there are a multitude of acute cases, where with only the facilities which every household affords, *great good* may be done, provided the *how* and the *when* of using water be *well understood*. Among this class are pregnancy and child-birth. These fruitful sources of woman's suffering, the modern improvements in medical science have done little to palliate; but Hydropathy is admirably calculated to lighten the ills incident to the former, prepare the system for the pains of the latter, and restore it to its wonted strength when the hour of trial is passed.

I will first give an extract from a letter written us by a former patient at this establishment. She writes thus:

"Since I left you I have attended faithfully to baths, diet, exercise, &c., and have received my reward. During the period of gestation, I still used a general bath daily, also sitz and foot baths, wet bandage, and was able to do my own work *all the time*, what I have never done before under similar circumstances. I felt daily strengthened by the use of cold water, and experienced very little inconvenience. My suffering in former times had been severe and at the least would remain for days in great misery; but now I felt something better was in store for me. On the evening of the 5th of March, I was very chilly, did not put on my wet girdle as usual, did not sleep very well, rose early and bathed, but soon felt my time was near at hand. My husband went in haste for help; but what was his surprise on return, to find the work accomplished. Then came the oft repeated question, 'had you not better have something warming?' Are you not going to be bathed in liquor?" These

were silenced by my answer, that cold water had carried me safely through thus far, and nothing else will I have. From that time I bathed twice per day, in water of 70°, wore wet girdle, ate lightly of Graham bread, a little butter, drank freely of cold water, and after a few days added some milk, used no tea or coffee. In less than a week I walked in the yard, took no cold. Had I taken more treatment, I perhaps might have gained faster; but I had no one at hand to guide me. Have had no sore mouth, which formerly troubled me so much, and think the tendency to it is eradicated from my system.

Our little Emma is now in her fourth month, is a perfect picture of health, pleasant and playful. She has taken nothing into her stomach save the food nature prepared for her, and a little cold water. Has her daily bath, is in fine flesh and strength. Now, my dear Mrs. G., can I not truly say, that cold water has done great things for me, whereof I am glad."

Case 2d. At 4 P. M. of April 26th, we were called to Mrs. —, who was in labor with her first child. Though she had never used water treatment, or been in the practice of frequent bathing, still we did not hesitate to commence them, though with more caution than would have otherwise been necessary. About one hour after delivery, she was placed in a hip bath of 75°, with a foot bath of 85°, in which she remained five minutes, with friction over the entire body with the wet hand during the time. Then removed to bed, a wet linen girdle covered with dry cotton was fastened about the back and abdomen, a wet linen compress was placed over the vulva to absorb the lochia, and also prevent soreness and inflammation.

Patient rested quite well during the night, next day sat up a little, took a bath at morning and evening, the same as above described, only a little cooler. Wore the wet bandage constantly, changing it often as it became dry or uncomfortably warm, having the back and loins sponged off at each change. Third day gave her an enema of half pint tepid water, which secured a free evacuation of the bowels. Set up some, walked into an adjoining room, and took some care of the child, continued her baths and bandages for some ten days, improved fast, was the nine days wonder, not only that she did not die under such *imprudent* treatment, but also that she was about her work so soon. As for the little stranger, he had a thorough ablution in a bath of 90°, took no physic "to physic away the economy," as an old lady said when giving an infant a dose of medicine. Nature herself has provided for the removal of the "economy," or meconium rather, by making the first milk of the mother laxative in its nature. The child has had its two baths per day, colder than at first, used no medicine or herbs, whatever, is strong and healthy, now near five months old.

Glen Haven, Sept. 8, 1849.

[*N. Y. Eclectic Jour.*

Part 3.--Original and Editorial.

OUR PROGRESS.

The condition of the Institute at present, has fully realized the anticipations of its friends. About a week since one hundred and forty students had matriculated with the Dean, and others were daily arriving, justifying the anticipation, that our winter's class, when all have arrived, would amount to a hundred and seventy or eighty. Our latest intelligence from the Ohio Medical College, was, that *ninety students* had matriculated in that dilapidated focus of medical imposture, and the lectures were in progress with a handsome array of empty benches.—This was on the second day of the session. The Botanico-Medical School, now called *Physo-medical*, (what that means is rather obscure) having reduced the price of its tickets, expected a large accession of students. We do not know exactly how they stand as to their class; but reports vary from fifty to seventy. It appears therefore, that the class of the Eclectic Medical Institute, which is much the largest in the city, will almost equal those of the Mercurial and Botanic Schools together! We have good reason to anticipate that in another year it will surpass their aggregate numbers.

The Eclectic School at Syracuse opens with a class of about fifty, among whom are several ladies; and the school at Memphis, we presume is doing equally well, although we have not yet heard of its condition.

Our introductory lectures were attended by crowded audiences. DR. HORATIO PAGE GATCHELL (Professor of Anatomy) delivered an extemporaneous address on Monday evening, which was well received. He sketched the failures and pedantic ignorance of the old practice, and traced his medical lineage to a distinguished physician, Dr. Page, a practical reformer of the healing art, who first introduced vaccination in America, who opposed the prevalent use of calomel and the lancet, and who never had a single death among three thousand patients in obstetrical practice. He concluded with an eloquent appeal in behalf of the Eclectic cause, and its young veterans.

PROFESSOR STALLO on Tuesday evening, delivered a chaste and beautiful philosophical discourse upon *poisons*, in which he traced their relations as a part of the grand plan of nature, and illustrated by references to serpents in the animal kingdom, Prussic acid in the vegetable kingdom, and arsenic, antimony, and mercury in the mineral kingdom. Professor Stallo fully sustains and justifies the high anticipations which were formed as to his learning and abilities. His mind is not merely that of an abstract metaphysician; but is adapted to grapple vigorously with the problems of physical science.

Our own lecture on Wednesday evening, entitled "*the vanguard of the army*," was received in a flattering manner. The readers of the Journal will probably have an opportunity of seeing it.

PROFESSOR STORM ROSA delivered his introductory on Homœopathy on Monday evening (the 12th) to a very crowded house. Professor S. read from his manuscript a learned survey of the history of medicine, (which we expect to publish) exhibiting its vast collection of follies, and fully refuting the pompous claims of Allopathy to a dignified antiquity of origin. He complimented the Eclectics upon their generous liberality, and their practical success in the treatment of disease. He stated the general principles of Homœopathy, showed that the size of the dose was but an incidental matter to be determined by the judgment of the practitioner, and expressed the opinion that Eclecticism was a near approach to Homœopathy in the fundamental principle of selecting the proper specific medicine, and discarding the great quantity of mineral poisons with which patients had heretofore been tortured.

Dr. R. is a gentleman of venerable age and experience, whose practical good sense, simplicity of character, honesty and benevolence, render him peculiarly qualified to co-operate harmoniously in the great work of medical reformation. He is mild and forbearing in the highest degree; but not afraid to speak the stern truth when it is necessary.

In addition to the lectures of the Professors at the Institute, we have been delivering a popular course on physiology and practical medicine, to the citizens, which is now in progress, attended by large audiences. That our labors have not been unacceptable, may be further illustrated by the fact that we have been honored with an invitation from the Mercantile Library Association of this city,

to deliver their annual introductory lecture, in place of Governor Crittenden, of Kentucky, who was unable to officiate. (We have declined the Introductory, and accepted the Valedictory.) This course of lectures is the most important popular course given in the city, and is delivered by a number of the most distinguished speakers from various quarters, who can be obtained by the Association. We refer to this circumstance merely as an additional evidence of the fact, that notwithstanding the great preponderance of the Old Hunker faction in point of numbers, and their efforts to exclude every liberal physician from all the courtesies and intercourse of society, they are far from controlling public sentiment, and utterly unable to dictate to an enlightened community.

It may be thought harsh that we should speak of the Ohio Medical College as a *focus of imposture*, but until the falsehoods of Professor Lawson shall have been corrected, we can not retract the expression. In the introductory lecture of Professor Drake, delivered at the Melodeon, we are informed that he told his audience there was but *one medical college* in this city. This was the case, Doctor, in your juvenile days, and it now bids fair to be the case again, at the present rate of progress—but that *one college* will bear the honorable name of *Eclectic Medical Institute*.—B.

NATIONAL ECLECTIC MEDICAL ASSOCIATION— BRIEF MINUTES OF THE EXTRA SESSION.

CINCINNATI, Nov. 5, 1849.

An extra meeting of the Association was held this day, in the Hall of the Eclectic Medical Institute, in accordance with a resolution passed at the regular meeting in May last.

At 10 o'clock, A. M., the meeting was opened with prayer by Rev. G. G. MOORE.

The President, Dr. T. V. MORROW, then addressed the Association on the subject of the present position of Eclectic physicians, and the inducements to renewed exertion in a cause giving promise of such lasting benefit to humanity.

The minutes of the last meeting of the Association were read.

Dr. BUCHANAN made some remarks in reference to the progress of a co-operative spirit, and the propriety of tolerating differences among medical reformers, encouraging and harmonizing with them, while we aim at elevating the standard of liberal and enlightened Eclecticism.

Dr. BUCHANAN, as a member of the committee on Medical Sta-

tistics, again addressed the Association, urging the importance of medical statistics, and the necessity of practitioners attending, immediately, to the preparation and furnishing of accurate reports of their practice, in accordance with the form adopted by the Convention last year.

Adjourned to 2 o'clock P. M.

SECOND MEETING.

Minutes of the last meeting read and accepted.

Dr. BUCHANAN made some remarks on the necessity of resuming the agitation of the Hospital question. The excitement last winter, had done some good, inasmuch as the Old Hunker faction had found it necessary to abate their arrogance somewhat, and been forced by the pressure of public sentiment, to abandon their restrictive policy. The Faculty of the Ohio Medical College have recently consented to the admission of any person to the Commercial Hospital, who may wish to purchase the Hospital ticket.

The Hospital is a State Institution, and should not be monopolized, and it is incumbent upon Medical Reformers, to present their claims to the Legislature again the coming winter, that a bill may be passed which would grant them equal privileges, as regards its management. On motion of Dr. B. it was

Resolved, That the chair appoint a committee of seven to memorialize the Legislature in behalf of this Association, soliciting equal rights in regard to the medical supervision of the Cincinnati Commercial Hospital.

Doctors Buchanan, Hill, Rosa, Avery, Davis, Jordan, and King, were appointed a committee for this purpose.

Dr. BUCHANAN read a paper on the treatment of Cholera, Dysentery, &c., by Dr. T. J. Wright.

Dr. JEPHIA DAVIS, of Greenfield, Highland Co. Ohio, reported that he had treated 63 cases of Dysentery, with a loss of two only, and these were of patients previously much diseased and debilitated. Dr. D. also stated that he had prescribed for some three to five new cases of disease a day, for several months during the year, and that the mortality attending his practice would not exceed five patients during the whole year, in those cases of which he had exclusive control.

Dr. P. W. SAMPSEL reported 100 cases of Scarlatina, and 5 deaths—also 50 cases cholera morbus, no deaths.

Dr. MURRAY treated 150 cases of cholera. From 10 to 15 of these were in the spasmodic stage. He lost three out of the 150, all of which were in a collapsed condition when he was called in.

Dr. D. P. WOOSTER, of Racine, Wisconsin, stated that he had treated 50 cases of Dysentery, all successfully. Dr. W. said there had been 8 cases only of cholera in their town, 5 of which had

been treated by old school physicians, and all resulted fatally; the other three were prescribed for by Dr. W, and relieved.

Dr. BEHYMER treated 25 cases of Dysentery with a loss of one.

Dr. ROBINSON reported 45 cases of cholera and cholerae, and one death; 65 cases of dysentery and two deaths; 9 cases of fever and one death.

Dr. COWDREY, of Lafayette, Ind., made report of 75 cases of cholera and cholerae, and three deaths.

Dr. W. H. JONES treated 5 cases of cholera, no deaths; 60 cases dysentery, no deaths; 5 typhoid fever, and 2 deaths.

Dr. WEBSTER, of Middletown, Butler Co., O., stated that from the 1st of May to the 15th of October last, he had treated 300 cases of all diseases, with a loss of 4 cases. The four lost were made up of one phrenitis, one congestive fever, one cholera infantum, and one delirium tremens. He had also treated 80 cases of dysentery successfully.

Dr. BORTON reported 30 cases of small pox, with a loss of one.

Adjourned to 10 o'clock A. M., November 6th

THIRD MEETING.

Minutes read and accepted.

Dr. WM. KING reported 30 cases of typhoid fever, 15 cases of Scarlatina, 10 of pneumonia, 10 dysentery, 8 cholera morbus, 4 English ship fever, all treated successfully,

Dr. J. J. SMITH, of Roanoke, N. C., reports 11 cases pneumonia, 10 intermittent fever, 15 remittent, 5 leucorrhœa, 59 of other diseases, with a loss of 3 patients, who were treated under the most unfavorable circumstances.

Dr. AUGUSTUS ECKERT states that he has treated 365 cases of all diseases, during the past five months, and lost of this number, 11 only.

Dr. ROSA remarked that as he was about to address the members of the Eclectic Medical Convention, he had full confidence to go ahead; he believed the members of the convention to be honest searchers after truth, and therefore felt free to address them.

The Doctor remarked that he had been an allopathic practitioner about twenty seven years; but owing to circumstances over which he had no control, he had sat snugly in the scoffers' corner. During that whole period of time, no other method of medical practice had been brought within his observation, except the Thomsonian. He said that he had known several of this class of physicians, who had been manufactured in one night's study, and some of them had proved quite formidable competitors. This summary method of manufacturing doctors, out of men, too, who were quite moderate in natural intellect, was quite a mysterious matter.

The Doctor remarked that they sometimes cured patients, and

that he had done no better—that they lost patients and so did he, but still he had treated the whole matter with dignified contempt.

One thing, however, appeared passing strange, said the Doctor, that many respectable and thinking persons preferred this class of physicians to all others.

With this condition of things, besides many painful reminiscences, the Doctor remarked that nearly all confidence in the profession had entirely forsaken him.

Here the Doctor spoke of witnessing the fatal effects of heroic remedies, and the result of calomel and jalap as a prophylaxis in bilious fever, and he also recounted the circumstances which led him to the investigation of Homœopathy, all of which was made quite interesting to the convention.

Dr. BUCHANAN, chairman of the committee appointed to draft a memorial to the Legislature, reported a memorial, which report, after some discussion, was adopted.

On motion of Dr. Buchanan,

Resolved, That a committee be appointed to attend to the presentation of the memorial of the Association to the Legislature of Ohio.

Drs. J. R. Buchanan, S. Rosa, B. L. Hill, Wm. King, I. J. Avery, J. H. Jordan, and J. Davis, were appointed a committee.

Adjourned to 2 o'clock, P. M.

FOURTH MEETING.

Minutes read and accepted.

Dr. S. E. PEARRE reports 500 cases of disease treated during the past year, with a loss of two only.

Dr. A. P. BALDRIDGE, of Springfield, Ohio, reports that he treated 25 cases of Asiatic cholera, six of these were collapsed cases, four of whom died. He prescribed for 75 cases of cholera successfully.

Dr. CHILDS, of Madison, Indiana, reported that he had treated from 200 to 300 cases of disease during the past year. He had 150 cases of cholera, five only of which number died under his treatment. He had treated 44 cases of consumption and diseases of the lungs, with a loss of three only. He used an Expectorant in these cases, composed of equal parts Tr. Iodine, Tr. Phytolacca, Tr. Macrotys, Tr. Sanguinaria, and Tr. Myrrh. Of this he administered from one to four teaspoonsfull daily. In connection with the Expectorant, he used a syrup of elecampane, comfrey, and swamp dogwood (*Ptelea Trifoliata*.) Occasional emetics were given with advantage; but the greatest benefit derived from the use of extensive irritating plasters over the whole surface of the chest and a part of the back. He would let them discharge freely from five to eight weeks. He used lupulin as an anodyne, and gave the Restorative Bitters, with cinchona, as a tonic.

Dr. JAS. G. HUNT stated that his present reports included but four cases of cholera, as all the others had been reported in connection with Dr. Morrow's, and were now before the public. Of other diseases he had treated over 300 cases since the first of July last. Diarrhœa and dysentery (those of dysentery forming the larger proportion,) constituted nearly one half of this number, and had all been treated successfully. From the remainder, including the four cases of cholera, he had had nine deaths, one from organic disease of the heart, one from hysterical convulsions, which occurred in a delicate female convalescing from dysentery, which had been preceded by an attack of cholera; another was a man with cholera, who had gone so far into the stage of collapse, as to be pulseless and unable to recognize his own wife or brother; two others had been under other treatment, and their friends despaired of their recovery before he was called; the sixth was a case of Phthisis Pulmonalis in its last stage, under treatment only two weeks; the seventh death was from confluent small pox in a child eight months old; the eighth from cholera infantum; the ninth from arachnitis.

Dr. VANSANDT stated that he had treated 700 cases of disease the past year, and had but four deaths in his practice.

Dr. B. L. HILL remarked that the report heretofore published of his treatment of cholera, was not complete, as he had treated many cases subsequent to the time of making that report. In all he had attended 89 cases and lost 1.

Drs. G. S. & J. P. BALL report the following cases treated by them from the first of August, 1848, to the first of October, 1849.

| | Cases. | Deaths. |
|-------------------|--------|-------------------------|
| Cholera, | 25 | 2 |
| Pneumonia, | 9 | 1 |
| Small Pox, | 2 | 0 |
| Modified do., | 6 | 0 |
| Neuralgia, | 4 | 0 |
| Intermittents, | 30 | 0 |
| Chorea, | 2 | relieved by Hydropathy. |
| Scarlatina, | 30 | 0 |
| Cholérine, | 50 | 0 |
| Bilious Fever, | 48 | 0 |
| Dysentery, | 18 | 1 |
| Acute Rheumatism, | 16 | 0 |
| Erysipelas, | 4—244 | 0—4 |

Dr. GARRETSON reported 50 cases of dysentery and diarrhœa, all cured; about 50 cases of other diseases with a loss of three, 1 of consumption and 2 of small pox.

Dr. BUCHANAN addressed the Association in reference to the defects of our medical nomenclature, and the convenience of naming

our pharmaceutical preparations, and writing labels, prescriptions, or description of cases, &c., by terms composed of the first syllable of the name of each article entering into the compound, as Jal. Sen. Car. for the Jalap Senna and Clove powder, or common antibilious physic, etc., etc. After some discussion, upon Dr. B.'s suggestions, on motion of Dr. Hill, it was

Resolved, That it is the duty of every member of the Association to prepare a complete and accurate report of his practice, according the form heretofore adopted, and present the same at the next regular meeting of the Association.

On motion, adjourned to the third Tuesday of May, 1850, at 2 o'clock, P. M., in the Hall of the Eclectic Medical Institute of Cincinnati.

Names of Members attending the Association.

| | |
|----------------------|----------------------|
| Jos. R. Buchanan, | Geo. Black, |
| S. H. Chase, | J. Flattery, |
| Wm. King, | C. Beadle, |
| J. J. Smith, | S. N. Caldwell, |
| H. E. White, | O. R. Baker, |
| Samuel Clark, | Amaziah Sells, |
| C. Fulton, | A. D. H. Kemper, |
| B. F. Hatch, | O. E. Newton, |
| John Melvin, | A. Brown, |
| A. D. Skellenger, | R. R. Seaus, |
| J. Borton, | Jas. S. Cowdrey, |
| James Murray, | L. K. Rosa, |
| James C. Batchelor, | J. W. Hough, |
| J. W. Prowell, | L. E. Jones, |
| P. W. Sampsel, | D. C. Challen, |
| Jas Milot, | E. Albert Lodge, |
| G. W. Wallace, | S. Rosa, |
| Wm. H. Jones, | L. E. Ober, |
| J. H. Tilden, | T. W. Newman, |
| D. Porter Wooster, | John J. Stites, |
| Henry Judy, | N. Alonzo Kellogg, |
| Wm. C. Taylor, | Lewis Belymer, |
| A. R. Plank, | Thomas Donaldson, |
| Wm. Owens, | Wm. Bevier, |
| P. C. Bates, | Elias Webster, |
| Horatio P. Gatchell, | Wm. Webster, |
| Joel Dalbey, Jr., | Bolivar C. Converse, |
| A. M. Stayman, | Charles Davis, |
| J. H. Jordan, | Norman P. Kellogg, |
| T. J. Wright, | L. E. Pearre, |
| Jease Garretson, | N. L. Vansandt, |

S. F. Conklin,
S. S. Ball,
C. M. Williams,
Jephth Davis,

J. T. Windler,
Augustus Eckert,
Coville Lee,

The documents or reports of the convention we shall probably present in our next number.

SURGERY.—Prof. DUDLEY, of Lexington, the veteran leader of Western surgery, has commenced a series of papers in the *Transylvania Medical Journal*, in which he proposes to embody his ample experience. The first paper, on Aneurism, is reviewed in the *Louisville Medical Journal* by an able writer, who thinks the Doctor's efforts with the pen will not redound much to his reputation, as his style is bad, and his research among authors has not been sufficiently thorough. We opine, that notwithstanding Dr. Dudley's ample resources and experience, he will be found considerably behind the times. He does not belong to the progressive class—to him phrenology, mesmerism, the improved methods of diagnosis for cardiac diseases, by the stethoscope, and a large portion of the numerous contributions to the *materia medica*, of recent date, are of no value. How numerous has been the class of eminent physicians and surgeons, whose influence has retarded the progress of medical science—who have utterly scorned the most important means of medical improvement, and limited their researches in *materia medica* to the old barren routine of calomel, tartar emetic, opium, quinine, arsenic, &c. The names of Dudley, Cooke, and Drake, who have so long and so firmly sat as a nightmare upon the medical mind of the West, are sad examples; but it is a most encouraging fact, that the public intelligence has outgrown their antiquated errors. Prof. Cooke was pensioned off by the *Louisville Faculty*, with permission to discontinue his lectures, and engage in agricultural pursuits. Prof. Dudley lectures in a college, once the glory of the West, but now declining to ruin, and Prof. Drake, having passed the meridian of his reputation, is now lecturing to a slender class in the *Ohio Medical College*. *The world is moving on*, and conservative old gentlemen must expect to be left behind.

B.

LANGUAGE OF THE PRESS.—The following extracts from the *Gazette* and *Dispatch* of Cincinnati, and *Times* of Memphis, are characterized by a very liberal spirit, and seem to indicate that when Eclectic medicine becomes generally understood, it will not lack for candid recognition and cordial support from the press.

Professor BUCHANAN'S Lecture, at the Eclectic Medical Institute, on Monday evening, was a very able and instructive discourse. The Doctor, as champion of Eclectic Medicine, endeavored to show that the orthodox Allopathic system was, in respect to scientific profundity and practical utility, far inferior to the Eclectic system. By calculating the progress of various improvements in the Allopathic and Eclectic ranks, he attempted to demonstrate that the Allopathic system was at least fifty years behind the Eclectic medicine in the treatment of cholera, hydrophobia, puerperal fever, scarlatina, cancer, and many other diseases, as well as in the knowledge of the materia, physiology, and medical philosophy. To enforce this proposition, he introduced a variety of calculations and statements, derived from American and European practice, and quoted from the most recent standard authors, confessions of their ignorance as to the treatment of various diseases, while he referred to reports of the triumphant success of Eclectic practitioners in the same diseases. He quoted from the *London Lancet* several specimens of the medical wisdom of Europe, which from the manner and in the connection they were given, excited a great merriment in the audience. He drew also a graphic portrait of a young American, familiar with the discoveries and improvements of the Eclectic school visiting Europe, and teaching the wise men of London and Paris, that while the "star of empire" was wending its way West, the star of medical science was also cultivating over the western hemisphere, and claiming that they would be compelled to turn their faces to America, if they would learn the treatment of the most familiar diseases, and the more profound facts in the physiology of man, which had heretofore defied their researches.

The lecture occupied nearly two hours in delivery, and was received with much favor by a crowded audience.—*Cin. Gazette*.

The lecture of Prof. Stallo last evening, at the Eclectic Medical Institute, was an admirable discourse, manifesting learning, originality, thought, and remarkable qualifications as a scientific teacher. Prof. S. is quite a young man, but he is an experienced and fluent lecturer. In comparing his attainments and capacities with those of the older and more distinguished chemists of the United States, we are disposed to believe that he is equalled by few as a chemical professor, and probably surpassed by none in this country. We were particularly pleased with his elevated views of the value of chemistry as the means of leading the mind to the

higher walks of philosophy. His application of certain chemical facts, in reference to poisons to the general philosophy of animate and inanimate nature, was no less profound than beautiful.—*Cin. Dispatch.*

J. MILTON SAUNDERS, Professor of Chemistry in the Memphis Institute, has arrived in our city. We were not aware of the merits of this gentleman before his arrival, because his identity had not been designated to us. If we had been informed that he was the one who discovered the Electric Light, about which considerable fuss was made, a few years since, in Cincinnati, the one that now blazes in every light house and mine in England, saving the Mariner from wreck, and the Miner from carburetted hydrogen explosions, we would have known who he was, and how to have appreciated him.

He commenced his experiments on this subject, in this country, and completed them in the Laboratory of Prof. Faraday, of the Royal Institution of London.

The degree of Master of Arts was conferred upon him by the Institute of the Apothecary's Hall (of well known celebrity) before his return to this country.

He has more recently been prosecuting experiments in search of an Electro Magnetic power. We hope that he may conclude them here with success. His researches have been greatly retarded by the destruction of his Laboratory by fire, which was worth \$1,500.

We congratulate our city, and still more the Institute in having possession of him, and an assurance of his services.

With such men as King, Newton, Powell and Saunders, whom we have seen, the Institute is fated to succeed.

It would not be out of place to add, that Prof. Saunders was elected Professor of Chemistry in the Adelaide gallery of London, and served, till he resolved to return to the United States.

In giving these historical recollections of Prof. Saunders, we have only done a little of our duty to him and to the Institution, in which he is now a Professor.—*Memphis Times.*

RESIGNATION OF PROF. JOHN T. SHOTWELL.—The old friends of that venerable and venerated institution, the Ohio Medical College, will regret to learn that Prof. Shotwell, who has so long occupied the chair of Anatomy in that school, has resigned his post. They will regret this, inasmuch as much of the popularity of that institution, which it cannot be denied, has, from certain causes, for the past few years been on the wane, depended upon the personal popularity and influence of this gentleman. This gradual, but unmistakeable decay of this old Medical School, has been noted with regret by its graduates, who represent its early fame in all quarters of the land, and that regret will be heightened by the fact that one of its main props and supports has left it.—*Cin. Dispatch.*

T H E

ECLECTIC MEDICAL JOURNAL.

Vol. I.]

DECEMBER, 1849.

[No. 12.

Part 1.---Original Communications.

"THE VANGUARD OF THE ARMY."

INTRODUCTORY LECTURE, DELIVERED BY PROF. J. R. BUCHANAN,
IN THE ECLECTIC MEDICAL INSTITUTE, NOVEMBER 5, 1849.

Gentlemen of the Medical Class:

I am glad to meet you again! After four months absence from collegiate duties, I am glad to stand here and find many familiar faces before me, returning to our halls with a glow of health, which indicates that they are well prepared for the arduous winter campaign of study. The severe and protracted mental labor necessary to obtain a perfect mastery of medical science, too often exhausts the strength, deteriorates the constitution, and plants the lily upon the countenance [of the ambitious student. However that complexion may be admired, I prefer the rosy and rugged aspect of health, which you bring from your out door labors and professional conflicts with disease. And seeing you thus prepared, I rejoice to stand before you upon this platform and renew my labors in the spirit which may have prompted the Highlander to exclaim "My foot's upon my native heath—and my name's McGregor."

I feel that I am in my natural element when laboring here for the diffusion of knowledge and freedom, for the destruction of error and falsehood, and the advancement of everything which is calculated to promote to the health and happiness of man.

I have selected for my subject this evening, the expressive title of "*The Vanguard of the Army*," a title you will readily understand—a subject, in reference to which so much needs to be said, that I have taken the liberty of reducing my thoughts to writing—thus giving you mainly a written instead of an extemporaneous lecture. But after I had written as much as I thought proper to be uttered on such an occasion, I found that the subject was but

opened, and that a number of my best ideas upon the subject had been entirely omitted.

Life has often been compared to a battle. It is a grand struggle in which millions are engaged—a struggle with the elements—a struggle against each other—a struggle to be foremost in the race—a struggle to attain some distant goal.

They who are engaged in these struggles are rightly compared to an army—an army continually marching, continually conquering, and still finding new realms to conquer in endless progression.

In this army there are three great divisions: those who march in the van, who hew out a pathway through the wilderness and over the morass and mountain—they are the vanguard of the army—after the vanguard comes a mixed multitude, who form the centre, composed of men who have less enterprise and energy, who dare not trust themselves beyond the protection of their comrades, and who move on in large masses, under strict discipline of their leaders. There is yet another party in the rear, composed partly of those who are disabled by age and infirmity, and partly of a sluggish, stubborn class, who dislike to move too rapidly, and partly of an anti-progressive set, who are continually looking back to the past, and who detest all onward movement as dangerous and destructive.

In the medical profession these three divisions are peculiarly conspicuous, and it will be interesting at this time to sketch their relative positions. He who limits his vision to any class or portion of the medical profession, will suppose that the most advanced members of that class are the vanguard of the whole body—but he who casts his eye over the whole field, and even beyond the the field of medical science, into the realms of mystery which science has not yet reached, and toward which it is slowly approaching, will perceive clearly who is in the van—enlarging the boundaries of science, and bringing forth from the dark recesses of nature, new plants, new combinations of remedies, and new principles for the treatment of human disease.

As the number of bold adventurous spirits is always less than the number of those who prefer a life of ease and safety, and as the pioneers in the conquest and settlement of a new continent are always few in number compared to the mass of those who prefer to reside amid the safety and shelter of the older settlements and cities, so in the pioneer labors of medical science, it is probable that few will be actively engaged, while the multitude of the profession will prefer to reside quietly in the old familiar localities of the profession, which have been occupied for centuries.

There is another interesting analogy between the settlement of a country and the exploration of a science. The first settlers are generally honest, brave, free-hearted and hospitable men; living beyond the jurisdiction or beyond the reach of the myrmidons of government—they are free from all slavish discipline, and each acts

independently according to his own conscience, without asking what is his neighbor's opinion, or whether he is permitted to do this or that. While the inhabitants of the older countries are drilled into strict subordination to government, and servile obedience to fashion, the hardy pioneers live in freedom, absolute as Adam in Eden, with no master but the great Creator.

Thus it is in medical science. The multitude who dwell together in the old abiding places of the profession, are characterized by a certain uniformity in the fashion of their opinions, and by a great reverence for authority, while they who are pioneering new paths in science, have left behind them the errors of their predecessors, and disdain all trammels of authority. Thus the great multitude of the medical profession are arrayed in well disciplined masses, while the pioneers who constitute the vanguard of the army of occupation, are ever characterized by their proudly isolated independence. That the great multitude of the medical profession is now and ever has been under the control of a discipline unfavorable to rapid progress, is a most palpable fact. That profession was originally organized under despotic governments, and has attained its highest glory, and flourished for centuries in the midst of aristocratic institutions, where the highest aim, the proudest hope of the medical author, was to be permitted to associate with the nobility, and ultimately to write himself a Sir or a Baron. If these enviable distinctions could not be attained, he hoped at least to be patronized by the aristocracy, and to be chosen a member of some Royal Academy, Royal Society, or Royal College of Surgeons, in which he could domineer over the co-temporary practitioners of medicine, and exercise, in science, the same unwarrantable and despotic authority which he saw exercised in political life. The power by which such societies were enabled to refuse the illustrious Jenner a license to practice, and by which they maintained the subordination of the rank and file of the profession, was congenial to the general character of European life and European institutions, and it was from the midst of such institutions that the medical profession was transplanted to this country. Our early practitioners were graduates of European schools, and when America established her own medical schools, the professors were either imported from abroad, or were men who had acquired all they knew of the profession under the influence of foreign institutions, and were therefore thoroughly imbued with the spirit of European medicine, and eager to reproduce in this country, a fac simile of their foreign model.

Hence it is that while we have discarded European forms of government, and given to the world an American form, we have adopted the European medical profession, which has been transplanted unchanged, and continues yet unchanged in our midst, boasting that it is now as it ever has been, one and the same un-

changed body. That this main body of the medical profession, which claims so long a lineage, is really the same in spirit—that it is unchanged like the Bourbons, when they returned to France, of whom it was said, that in all their reverses, they had forgotten nothing, and they had learned nothing—may be proven by reference to the general policy of the leaders of the profession in our own country.

I need not refer to the numerous attempts which have been made to place the profession under strict surveillance, by vesting in certain little societies and cliques, the exclusive power of granting permission to practice, and authorizing them to prosecute vigorously all who rebelled against their authority. I would refer only to the last and most conspicuous act performed by the profession in its collective capacity, through its great congress, the national medical association, convened at Philadelphia, and purporting to represent the entire medical profession.

This association adopted, without remonstrance, and I suppose as a mere matter of course, in accordance with their general policy, a resolution which aims to erect a wall around the main body of the profession, which shall serve as an impassable barrier to prevent the introduction of any liberal views or independent action.

The resolution was to the effect that no medical college should ever admit a student within its walls, who came from a preceptor, who was not orthodox, or as it was called, *regular* in his practice.

This resolution answers a three-fold purpose—first, to exclude from entering the profession and commingling with its members, young men of a liberal independent spirit, who will not submit to professional trammels. Second, to insult and degrade the independent practitioner, who will not follow the regular routine of practice, because he knows it to be unphilosophical, and, third, to prevent young men from entering the offices, or cultivating the society of independent physicians, and compel them thus to fall under the influence of those who will train them to follow a regular path, and preserve a regular obedience to authority.

The object of this rule is to enforce a rigid system of professional punishment against all rebels who do acknowledge any higher authority than their own convictions of right and wrong. As fine and imprisonment are not allowable in this free country, the only mode of punishment is by a system of ostracism. The offender is cut off, and must be denounced, scorned, despised and spurned by every member of the profession who is true to his allegiance.

This method of punishment, to enforce conformity and submission, is very extensively carried out all over our country by the members of the profession, who are carefully taught in the medical schools, a rule which has been handed down from our English progenitors—that they must hold no communication whatever with men who are unfaithful to the authorities of the profession.

and must never even admit, by word or deed, that any man is a physician at all, whose opinions and practice are not such as the great authorities of the profession have sanctioned.

It is supposed that the dignity of the profession is so great, and its moral power so unlimited, that if the members of the profession refuse to recognize any practitioner as a physician, he is at once morally and medically dead. Like the Chinese, who condemn as barbarians all beyond their own celestial empire, the truly orthodox medical man will not admit that any medical science exists beyond the pale of orthodoxy. Whatever may be the inventions and improvements of the outside barbarians, he cannot condescend to notice anything beyond his own celestial empire, which dates back for its origin almost to the time of old Chaos.

A laughable instance of this Chinese pomposity and arrogance, occurred not long since, when a distinguished medical professor was asked in reference to the waning fortunes of his orthodox medical college. He was twitted with the fact that another college, which did not claim to be at all orthodox, was surpassing, in its progress, his own proud institution, and he replied, like a true Mandarin of the Celestial Empire, by denying that there were any such physicians, or students, or any such classes, or any such college as had been mentioned, because they were beyond the pale of the legitimate profession, and therefore, scientifically speaking, they had no existence in the medical profession.

Such men seem to suppose that if they shut their eyes, and refuse to recognize a fact, it ceases to exist. They act like the ostrich, which, when hard pursued, and seeing no mode of escape, at last refuses to recognize the huntsman, and plunges its head in the sand, supposing that thus it may preserve its dignity to the last.

This system of absolute and rigid non-intercourse, has been carried to a most ridiculous length. Prominent members of the medical profession have declared, that they would never hold any intercourse, either professional or social, with those who deviated from medical orthodoxy—that they would not associate with any one who would extend them countenance, and that they would not enter the temple of God in fellowship with those of heterodox faith in medicine. Such have been the lamentable and ridiculous extremes of medical bigotry in our own country, the very land of freedom.

I do not mean to say that such is the spirit of all of the orthodox class; but such have been the manifestations of the most zealous and distinguished conservatives, against which the profession generally make no protest.

The general concurrence of the more distinguished and influential members of the profession in the rules of non-intercourse with independents, and the passive acquiescence of the greater portion of

the profession, sufficiently demonstrates that the multitude of the profession are governed by the rigid discipline derived from Europe.

The honor of rebelling against such a system of discipline was reserved to America. Here a liberal party exists, which utterly scorns and repudiates the restrictive system, and here the battle is now in progress between conservatism and liberalism; between the aristocratic system of Europe and the democratic system of America.

To illustrate the position of these two parties, I would refer to a conversation which recently occurred between two gentlemen who occupy a prominent position as champions, respectively, of conservatism and liberalism. After a statement by the liberal professor, of his views of medical science, and the method of medical practice, the conservative remarked that their views were as far apart as the east and the west, and that he did not regard those as belonging to the same profession with himself who entertained such sentiments. But, he contended, he belonged to the great unitary profession, which had one literature, one organization, one faith, one undivided body, from the time of Hippocrates down.

As the very existence of this imaginary catholic unity was compromised by the existence of colleges and practitioners, whom he would not recognize as members of the same profession, it was necessary for him to get rid of the difficulty. It was necessary for him to quell the dissensions of the medical church, by establishing a high and infallible papal authority, to preserve its unity. He accordingly assumed the position in conversation, that when such differences existed among medical men, there must be a supreme tribunal to determine what was true, and which should prevail.

The liberal professor replied that there was *de facto* a supreme tribunal to which all must bow, because it had the power to enforce its decisions. That tribunal consisted of the entire mass of mankind, both in the profession and out of it—of which tribunal every individual was a member, and from the decisions of which tribunal no appeal could be made. This mighty tribunal, he remarked, could raise up or put down practitioners, colleges, professions, and medical doctrines, to this tribunal you and I must equally submit.

This proposition struck the conservative professor as an odious heresy—he utterly repudiated the idea that the general intelligence of mankind had any right to an influence or control in any such matters; he could not brook the idea that the patrons of the medical profession, from whom it derives its entire means of existence, should have any voice in determining the kind or quantity of drugs which they should swallow; or should presume to decide the comparative success of the different modes of practice. He contended that the supreme tribunal was in the medical profession alone and exclusively, and that whatever the medical profession, in its assembled wisdom determined to be orthodox, must be received as

the established science, from which all deviations, it is generally understood, are to be visited with the penalty of excommunication.

Of the manner which this excommunication is carried out and enforced, we have had a number of examples. A medical college devoted to liberal principles, no matter how large its classes, or how reputable its faculty, is not even mentioned in the catalogues of colleges and students published in orthodox journals. A medical essay published in a liberal journal is seldom or never noticed in an orthodox organ. Statistics of practice, or announcements of new remedies and discoveries in liberal journals, are never quoted by the conservatives. No compliment to the talents, worth or learning of a liberal physician ever illuminates the pages of conservative journals. On the contrary, scoffing, slander, and misrepresentation abound. A medical journal of the west declared of a large and influential portion of the profession, (governed by liberal sentiments) that there was not a single man in the whole fraternity with whom a respectable physician would associate; and one of the most distinguished physicians of the east declared, even in a court of justice, when interrogated in reference to a system of medical practice pursued by a large number of the most scientific men of the United States and Europe, that he considered such a system a mere system of knavery in the physician, and credulity in the patient.

Thus we have high medical authority for the proposition, that throughout the United States and Europe, among the thousands of learned men who have rejected the old school system, there are none but knaves, charlatans, impostors, quacks, with whom no man who respects himself, should ever associate. Such is the absurdity, the falsehood, and profligacy which now domineers in the ranks of orthodox medicine.

I think it has been sufficiently shown that the central body, the middle multitude of the profession is thus governed by a rigid discipline, which every liberal mind should scorn, and that they who would introduce radical changes and improvements, must necessarily be excluded from this main body by its restrictive rules. Thus the vanguard of the profession, while engaged in exploring new paths in nature's untrodden realms of science, are excluded and far removed from all communication with the disciplined multitude.

In every profession, the vanguard by whom they are led on in a career of improvement, are composed of men of liberal minds, who have sufficient moral courage to stand alone and wait until the present or some succeeding generation shall reach the point to which they have attained. If you would know what they have achieved, you must ask not their cotemporaries of the mixed multitude; but their friends who have watched their labors, and rejoiced in their success.

The vanguard of the medical profession in America at the present

time, have accomplished much of which they may be justly proud, and which places them far, far in the advance of the orthodox multitude. Scorning all names which would in any way restrict or limit their position or their progress, they recognize only the liberal all comprehending title of Eclectic, which indicates their determination to gather and retain all knowledge that may be desirable, and never in their eager pursuit of the new, to overlook or to destroy that which is old and well established.

They glory in being reformers, but not destructive levelling reformers—not rash partizans, who despise the fruits of all past experience, and aim only to bring forward some favorite hobby—some single idea, as narrow as the errors which preceded it, for which single idea, all cotemporary wisdom and experience must be discarded.

The Eclectic party recognizes but one great aim and duty—that aim is not the dignity of the medical profession—not power—nor fame—nor wealth, but the salvation of human life and happiness.

The glory of the Eclectic party, therefore, is that it advances farther in the knowledge of the means of relieving disease—that it has heretofore been more successful in the salvation of life, and that it is continually progressing in the improvement of practical medicine, far beyond the position occupied by the multitude.

Let us look at the condition of medical science with the old school party, who constitute the innumerable multitude of the profession, in comparison with its progress among American Eclectics. When the cholera first visited America in 1832, what was the condition of old school medicine? It prescribed then, as it still prescribes for the treatment of cholera, calomel, opium and the lancet. In vain has this terrible disease slaughtered millions in Asia, Europe and America, while old school medicine relied upon such agents. In vain does a vast and varied experience tell us that under the lancet, calomel and opium treatment, one-half the cholera patients perish—still calomel, opium, and the lancet rule amid the darkness of the schools, and the medical man who dares to reject or denounce their use, does so at the peril of his professional standing.

When the disease came to America in '32, Eclectic medicine encountered its ravages in New York, in Kentucky, and in various localities in the United States. The extraordinary success of the Eclectic treatment almost disarmed the disease of its terrors. It is deeply to be regretted that accurate statistical accounts were not preserved; but as well as we can learn, the results then were very similar to the results at the present time, and the mortality of cholera patients was between four and six per cent. Since that period some improvements have been introduced in our plan of treatment, but the general features are still the same; and the relation between Eclectic practice and the stereotyped calomel and opium treatment, has been a disproportion of ten to one in the mortality.

The mortality of 1503 Eclectic cholera patients in Cincinnati, was sixty-five, or four and one-third per cent—ten times that amount, or forty-three per cent. would be a sufficiently moderate estimate for the mortality of cholera under the calomel and opium treatment. When we have so many reports of European writers exhibiting a mortality of fifty and sixty per cent., it would certainly not be ungenerous to place the Allopathic cholera mortality as low as forty-three per cent.* An allopathic cholera report exhibiting a mortality of only twenty-three per cent. would be complimented by the Allopathic press on account of the skill displayed in saving seventy-seven per cent. of the patients, and yet this would be *five times* as great a mortality as belongs to the Eclectic practice.

Is it credible that in this free, enlightened country, the horrid results of Allopathic practice should be defended by colleges and by medical journals, and be sustained by the moral force of the great mass of the medical profession? Is it credible that any medical man should endeavor to stifle enquiry, when every month's publications exhibit the contrast of the liberal and the Allopathic practice.

As an illustration of the comparative condition of medical science, in the progressive and conservative portions of the profession, let us look at the last number of that most orthodox organ, the London Lancet, which I now hold in my hand. In this we have the proceedings of a medical society, which assembled in London, for the consideration of the cholera—the faithfully reported wisdom of some of those, who in the high places of the profession, are supposed to concentrate the light of the age, and to be thereby entitled to guide and control the humbler ranks of the profession.

We have here the proceedings of an extraordinary meeting of the society in reference to cholera, (August 16th 1849) which was attended by about fifty medical gentlemen—Mr. HILTON F. R. C. S. in the chair, and Messrs. HAWKINS, DENDY, HUGHES, BARLOW, REES, and others of distinguished name participating in the proceedings. While holding in my hands this organ of British medical wisdom, I should be proud to take up an American publication—our own Eclectic Medical Journal, and compare the discussion on cholera in the South London Medical Society, with the discussion of the same subject in our own Eclectic Medical Society of this city convened near the same time for the same purpose. In the one we find learned confusion, contradiction, failure, and acknowledged

* Dr. Watson (no one stands higher as Allopathic authority) admits that he, like the rest of the profession, lost half of his cholera patients. The "Lancet" of this city, the organ of the Ohio Medical College, expresses the opinion that one half of all the cholera cases with rice-water discharges, prove fatal under any treatment; and the Boston Medical and Surgical Journal, in its last number says, in speaking of cholera, "Physicians must everywhere confess that they do not yet understand the character of the disease. Only a moiety recover out of the millions who have been attacked."

ignorance—in the other, we find remarkable harmony and unanimity, remarkable general success, and the same kind of agreement or coincidence which we find among the cultivators of any science, which has closely approximated to exactness and certainty. In the one case, all are uncertain what should be done, and are conscious that they cannot accomplish much—in the other, all are decided and clear—confident in their power of controlling the disease, because they have already met with triumphant success. In point of practical skill and success, the two reports exhibit a contrast worthy of a thousand years interval, whereas, they are in fact the proceedings of contemporary bodies of medical men in Europe and America—or rather in London and Cincinnati.

I will read you some extracts from this remarkable report in the *Lancet*, which commences with the remark, that “the greatest diversity of opinion prevailed respecting both the treatment of cholera and its nature.”

This report is remarkable, especially for the very candid confessions of the speakers as to their ignorance of the proper treatment of the disease. It has been thoroughly proven in our Eclectic practice, that cholera may very often be cured *in the stage of collapse*; but this result seems to have been beyond the reach of the South London Medical Society. The first Speaker whose remarks are given, Mr. HICKS suggested that “cholera cases might be divided into three classes,” in the first two of these classes, he thought the patients if “not too far gone” might be relieved. But in the third stage, where the patients were in a state of collapse, although he had applied mustard poultices, together with brandy, chloroform, ether, ammonia, and other stimulants; *yet in no cases at this stage, had these remedies been attended with success.*”

The next Speaker, Dr. MURPHY, took the same view “with regard to the treatment in the stage of collapse, *he found that he only knew what remedies did no harm*, for he knew of no certain means of cure.” “When the collapse stage arrived, *unless galvanism did something, no other remedy was capable of propelling the crassamentum of the blood through the veins.*” !!!

However, in Cincinnati we have not found it necessary to use the venous injections introduced by Dr. Murphy for the purpose of dissolving and propelling the crassamentum. Dr. Jordan of the Cholera Hospital, reports twenty-seven cases of collapsed cholera patients, successfully treated by Eclectic remedies. It would seem therefore, that we have something within our reach, more powerful (according to the learned Doctor)—more powerful than galvanism for propelling the stagnant crassamentum of the blood!! These learned follies are rather laughable affairs; but the death of the poor victims of medical error, gives rather a tragical termination to the farce. The next Speaker, Dr. BARLOW, concurred in what had been said respecting the *impotence of medical treatment*

when the disease was malignant, and had arrived at its latter stages. The worst cases that he had seen, where recovery had followed, *little or nothing had been done*; perhaps a little calomel and camphor had been given, but the patient had not been exhausted by overheat, or *the heaping up of bed clothes.*"!!

Here is medical science in its glory—the patients in the worst attacks of a formidable disease, owing their recovery, not to medical treatment; but only to their not "*heaping up the bed clothes.*" "The impotence of medical treatment when the disease was malignant," frankly confessed!

Let us look farther at the exhibition of London Medical wisdom.

"Dr. DENDY believed that the only real *antidote for cholera was calomel.*" On the other hand:

"Dr. WATERWORTH, said the calomel treatment had been tried in 1832 and *had failed.* *Until they knew something* of the nature of this poison, whether it was in the nervous system or in the blood, *it was impossible AND USELESS TO GO INTO THE TREATMENT OF THE DISEASE!!* In cases, in which collapse had taken place, he thought that he had seen more recoveries where nothing had been done than where he had interfered."

Gentlemen this is no hoax! It is the celebrated orthodox London Lancet, for October, 1849, from which I am reading, and which you can consult at your leisure. The low estimate of medical skill in cholera expressed in the society, reminds me, that during our late epidemic, one of our Cincinnati wags, a strong advocate of brandy and a great skeptic in medicine, proposed that an appropriation should be made by the city authorities for the benefit of the orthodox medical profession—that each should be allowed a handsome salary, with a sufficient amount, not only to enjoy life, but to pay his traveling expenses, and that then they should be sent abroad with permission to *travel for the benefit of their health*, until the cholera subsided.

This half jocose, half serious proposition seems to derive some slight countenance from the proceedings of the London society with their confession of the "*impotence of medical treatment,*" and the uselessness of pretending to treat the disease until they knew more about it.

Let us read another extract:

"Dr. REES had tried the application of cold water to the surface; charcoal had also been greatly recommended; and he had used carbonic acid. The calomel and opium treatment had also been tried freely, and he was now trying the *bichloride of mercury*; but so far as he had seen *no single plan*, he repeated, *showed any great advantage over any other.*"

After thus confessing the failure of all the orthodox plans, in what direction do you suppose he looks for improvement? Does

he propose to adopt any of those more rational means, which have in the hands of others proved successful? Does old school medicine, when conscious of ignorance, learn from those whose success demonstrates their knowledge? Far from it, Dr. R. still follows the same orthodox path of absurd theories and destructive remedies.

"The true remedy for the disease, would, in his opinion, be found to be something that would unite with animal poison, such as BICHLORIDE OF MERCURY, ARSENIC, OREOSOTE, TANNIN, &c."!!!

Such is the report, as printed here in the London Lancet! Is not this blundering ignorance disgraceful to the age? Is it not an outrage upon humanity, that a medical science thus benighted, yet handling these instruments of death, should, still like a huge blind giant struggling to find his path, inflict death and calamity upon the race in its convulsive movements?

Is it not a burning shame that in the very focus of English medical science, one of the most familiar, most wide spread, and most devastating diseases known, should be acknowledged to be beyond their skill and resources—a disease so very simple in its pathology and therapeutics, that men and women without any medical education whatever, have treated it with signal success, by following the indications of common sense. At Sandusky city, during the late awful ravages of cholera, a young lady fell under its influence, and despite the attentions of medical men, was soon given up to die. At this stage a *well digger* came in, with a supply of spirits of turpentine, and took the dying female under his faithful care. He continued his attention, and the administration of this simple but efficient remedy, until he restored her to life and health. In this city, men without any thorough medical education, or without any medical education at all, were more successful than the most learned Allopaths. A negro barber having the good sense to obtain those medicines which he saw producing the best effects in the hands of medical reformers, treated a large number of cholera patients with a remarkably small mortality. When I first heard of his operations, he had cured every case that he had treated except one, which had been previously in a very low condition, under the treatment of an old school physician of high standing—yet, even in this case, it was admitted that the barber prolonged his life.

One of the best examples of cholera practice of which I have heard, occurred in the eastern part of this State, where a benevolent and enterprising farmer undertook to investigate the disease and protect his fellow citizens. He succeeded in gaining their confidence, and distributing his remedies extensively through the community, to be used on the first approach of the disease. The consequence was, that although many felt the premonitory symptoms, not a single individual of his town died of the disease, excepting an old school physician, who stubbornly refused to the last to

take the farmer's remedies. The farmer is now generally styled a Doctor, and as I have seen his cholera recipe, I can certify that he is an admirable doctor in that disease at least.

Is it not a lamentable state of the medical profession, when men from all ranks of life are capable of rising up uninstructed, and surpassing by the force of untutored common sense all that colleges and societies can accomplish in Europe?—when a disease is permitted to pursue its career, slaying millions, which may be controlled by the wood ashes from our hearths, or by the familiar condiments which stand in the center of every dinner table?

It is to such science and such leaders as these that we are required to bow the knee.

Let us look again at the concluding declarations of the society, after their edifying discussion.

"Dr. HUGHES said he knew very little of the subject matter of discussion when he entered the room, and now he knew less. (*A laugh*) All the gentlemen who had spoken appeared to hold different opinions as to the best remedy for cholera."

Finally, the chairman very wisely remarked as the meeting concluded: "*They had not acquired much information to-night, regarding the treatment of the disease.*"!!

This remarkable document, gentlemen, ought not to be forgotten—you should have it framed and hung up in your offices. As Gen. Jackson said of one of his presents, that he would have it hung up as a mirror, so hang this up as a mirror of the state of medical science at the time when you commenced your labors in the cause of reform.

There are, I am aware, a few Allopathic physicians who approximate closely to the Eclectic practice in cholera, and I doubt not that in time the whole Allopathic body will substantially adopt the Eclectic principles for its treatment. But let it be borne in mind that the Eclectic party, the vanguard of the profession, have already, for nearly twenty years, maintained and practiced upon principles which give them a vastly greater success, and which the most advanced members of the Allopathic profession are just beginning to approach.*

Then if the Eclectic vanguard of the profession has stood for nearly twenty years in that position which the most advanced individuals of the Allopathic school are just beginning to approach, how far stands the Eclectic vanguard in advance of the main body? I presume it will be more than thirty years before the main body of the Allopathic profession will assume the position which we have attained—it will be more than thirty years before the whole pro-

* Dr. Hawthorne, the most successful English practitioner in cholera, repudiates mercury, and announces as a new discovery, the principle of maintaining perspiration, which has so long been the leading Eclectic principle.

profession has learned to treat the cholera with a mortality of less than five per cent.

Thus, counting from the certain past to the probable future, we perceive that there are fifty years difference in the progress of these two parties—between the time when Eclecticism first reduced the mortality of cholera in proximity to five per cent., and the time when Allopathy shall have accomplished the same. The vanguard of the profession stands, by fair calculation, half a century in advance of the multitude.

And yet this scornful Chinese profession wraps itself up in its dignified ignorance, and refuses to learn!

How is it in all other diseases? There may not be an interval of half a century in reference to each, but there is a wide interval between the orthodox multitude and the Eclectic vanguard.

(To be continued.)

ILLUSTRATIONS OF ECLECTIC PRACTICE.

EXTRACTS FROM CORRESPONDENCE, REPORTS, &C.

In compliance with a resolution of the last National Eclectic Medical Convention, I submit the following report, which embraces the cases treated in my practice since July 15th, 1848, up to the present time, May 15th, 1849, a period of ten months.

T. V. MORROW, M. D

| NAME OF DISEASE. | NO. OF CASES. | MEDIUM DURATION OF TREATMENT. | CURED. | BENE- FITTED | DIED |
|----------------------------------|------------------|-------------------------------------|--------|-----------------|------|
| Worms, | 8 | 6 days. | 6 | | |
| Cancer, | 4 | 30 " | 4 | | |
| Cancer and Induration of Uterus, | 13 | 60 " | 10 | 2 | |
| Anneurosis, | 8 | 25 " | 8 | | |
| Acute Rheumatism, | 15 | 10 " | 15 | | |
| Catarrhal Fever, | 30 | 3 " | 30 | | |
| Intermittent Fever, | 48 | 4 " | 48 | | |
| Inflammation of the Lungs, | 20 | 5 " | 20 | | |
| Dyspepsia, | 28 | 30 " | 22 | 4 | |
| Labor, | 12 | 4 hours. | 12 | | |
| Gynanche Tonsillaris, | 22 | 3 days. | 21 | | 1 |
| Cholera Morbus, | 19 | 2 " | 19 | | |
| Hemorrhoids, | 20 | 30 " | 18 | | |
| Constipation, | 10 | 10 " | 10 | | |
| Puerperal Fever, | 7 | 4 " | 7 | 2 | |
| Acute Ophthalmia, | 14 | 5 " | 14 | | |
| Chronic Hepatitis, | 23 | 36 " | 23 | | |
| Spinal Irritation, | 6 | 20 " | 6 | | |
| Ulceration of the Legs, | 10 | 60 " | 9 | 1 | |
| Inflammation of Brain, | 4 | 6 " | 4 | | |
| Fungus Hematodes, | 2 | 12 " | 2 | | |
| Leucorrhœa, | 25 | 28 " | 20 | | |

| NAME OF DISEASE. | NO. OF CASES. | MEDIUM DURATION OF TREATMENT. | CURED. | BENE- FITTED. | DIED |
|--------------------------------|------------------|-------------------------------------|--------|------------------|------|
| Furunculus, | 6 | 2 days. | 6 | | |
| Chronic Diarrhœa, | 12 | 40 " | 10 | 1 | 1 |
| Consumption, | 12 | 50 " | 8 | 2 | 2 |
| Measles, | 20 | 5 " | 20 | | |
| Epidemic Influenza, | 25 | 3 " | 25 | | |
| Diarrhœa, | 30 | 6 " | 30 | | |
| Pleuritis, | 7 | 3 " | 7 | | |
| Neuralgia, | 8 | 30 " | 6 | 2 | |
| Acute Bronchitis, | 15 | 4 " | 15 | | |
| Chronic do. | 5 | 30 " | 5 | | |
| Wounds, | 6 | 5 " | 6 | | |
| Remitting Fever, | 24 | 4 " | 24 | | |
| Croup, | 6 | 3 " | 6 | | |
| Dysentery, | 16 | 3 " | 16 | | |
| Threatened Abortion, | 3 | 1 " | 3 | | |
| Apoplexy, | 2 | 7 " | 2 | | |
| Cholera Infantum, | 12 | 10 " | 12 | | |
| Marasmus, | 7 | 30 " | 6 | | 1 |
| Asthma, | 7 | 35 " | 5 | 2 | |
| Scrofula, | 15 | 60 " | 14 | 4 | |
| Nephritis, | 7 | 5 " | 7 | | |
| Variola, | 5 | 12 " | 5 | | |
| Varioloid, | 6 | 4 " | 6 | | |
| Important Surgical Operations, | 3 | | 3 | | |
| Scarlet Fever, | 15 | 4 " | 14 | | 1 |
| Poison by Arsenic and Opium, | 1 | 2 " | 1 | | |
| Tumor of the Rectum and Colon, | 1 | 30 " | 1 | | |
| Anasarca, | 2 | 10 " | 2 | | |
| Hydrothorax, | 3 | 20 " | 3 | | |
| Ascites, | 2 | 35 " | 3 | | |
| Abcess, | 12 | 6 " | 12 | | |
| Erysipelas, | 10 | 4 " | 10 | | |
| Hysteria, | 6 | 14 " | 6 | | |
| Ship Fever, | 8 | 10 " | 7 | | 1 |
| Masked Ague, | 15 | 6 " | 15 | | |
| Curved Spine, | 5 | 37 " | 3 | 2 | |
| Pertussis, | 5 | 15 " | 5 | | |
| Delirium Tremens, | 3 | 18 " | 2 | | 1 |
| Hydrops Articuli, | 5 | 28 " | 5 | | |
| Fistula in Ano, | 8 | 50 " | 8 | | |
| Gonorrhœa, | 8 | 5 " | 8 | | |
| Sore Nipples, | 5 | 6 " | 5 | | |
| Hæmoptysis, | 8 | 36 " | 6 | 2 | |
| Bilious Cholic, | 4 | 2 " | 4 | | |
| Erythismus Mercurialis, | 10 | 15 " | 10 | | |
| Acute Cystitis, | 3 | 3 " | 3 | | |
| Chronic do. | 6 | 17 " | 6 | | |
| Congestive Fever, | 10 | 6 " | 10 | | |
| Herpes, | 27 | | 20 | 7 | |
| Otitis, | 3 | 2 " | 3 | | |
| Paralysis, | 8 | 3 " | 8 | | |
| Typhoid Fever, | 8 | 7 " | 8 | | |
| Inflammation of Uterus, | 4 | 10 " | 4 | | |

| NAME OF DISEASE. | NO. OF CASES. | MEDIUM DURATION OF TREATMENT. | CURED. | BENE- FITTED. | DIED |
|---------------------------------|------------------|-------------------------------------|--------|------------------|------|
| Flatulent Colic, | 10 | 1 days. | 10 | | |
| Cholera Spasmodic, | 69 | 2 " | 60 | | 1 |
| Amaurosis, | 6 | 20 " | 4 | 2 | |
| Cataract, | 5 | 60 " | 3 | 2 | |
| Odontalgia, | 12 | 1 " | 12 | | |
| Syphilis, | 5 | 20 " | 5 | | |
| Cystorrhœa, | 4 | 15 " | 4 | | |
| Stricture of Rectum, | 2 | 18 " | 2 | | |
| Necrosis, | 4 | 20 " | 4 | | |
| Uterine Hemorrhage, | 3 | 2 " | 3 | | |
| Angina Pectoris, | 3 | 25 " | 2 | 1 | |
| Hæmaturia, | 5 | 10 " | 4 | 1 | |
| Varicose veins, | 4 | 20 " | 4 | | |
| Ague in the breast, | 4 | 5 " | 4 | | |
| Diabetes, | 3 | 15 " | 2 | 2 | |
| Hectic Fever, | 3 | 15 " | 2 | 1 | |
| Coryza, | 3 | 20 " | 2 | 1 | |
| Polypus, | 3 | 22 " | 2 | 1 | |
| Splenitis, | 2 | 18 " | 1 | 1 | |
| Jaundice, | 3 | 14 " | 3 | | |
| Epilepsy, | 4 | 60 " | 2 | 2 | |
| Chorea, | 2 | 60 " | 2 | | |
| Functional derangem't of Liver. | 24 | 24 " | 24 | | |
| | 840 | | 782 | 49 | 9 |

Dr. T. V. Morrow makes the following report of cases treated by him during the past five and a half months:

| | Cases. | Av. Duration of Treat. | Deaths. |
|--------------------------------|--------|------------------------|---------|
| Inflammation of Lungs, | 8 | 4 days. | 0 |
| Masked Ague, | 20 | 5 " | 0 |
| Inflammation of bowels, | 5 | 6 " | 0 |
| Intermittent Fever, | 28 | 3 " | 0 |
| Diarrhœa, | 250 | 2 " | 0 |
| Constipation, | 6 | 3 " | 0 |
| Remitting Fever, | 30 | 5 " | 0 |
| Rheumatism Acute, | 8 | 10 " | 0 |
| Cynanche Tonsillaris, | 10 | 2 " | 0 |
| Chronic Diarrhœa, | 17 | 20 " | 0 |
| Rubeola, | 15 | 4 " | 0 |
| Phthisis Pulmonalis, | 8 | 30 " | 2 |
| Dyspepsia, | 34 | 25 " | 0 |
| Hemorrhoids, | 30 | 25 " | 0 |
| Colic Flatulent, | 4 | 4 hours. | 0 |
| Dysentery, | 280 | 3 days. | 0 |
| Chronic Rheumatism, | 12 | 30 " | 0 |
| Hæmoptysis, | 17 | 20 " | 0 |
| Cancer and Induration of Womb, | 20 | 40 " | 0 |

| | Cases. | Av. duration of Treat. | Deaths. |
|---|--------|------------------------|---------|
| Chronic Hepatitis, | 34 | 29 " | 0 |
| Worms, | 18 | 7 " | 0 |
| Leucorrhœa | 18 | 30 " | 0 |
| Congestion of brain and spasms, | 1 | 2 " | 1 |
| Colic Bilioid, | 2 | 5 hours. | 0 |
| Typhoid Fever, | 9 | 20 days. | 0 |
| Puerperal Fever, | 2 | 4 " | 0 |
| Cholera cases omitted, having been previously reported. | | | |

Dr. BORTON reports 525 cases (independent of obstetric practice,) during twelve months prior to May 1, 1849. The average duration of cases was 12 days and a half, the total number of deaths seven.

Cases treated by WM. KING, M. D., since March, 1849.

| | Cases. | Deaths. |
|------------------------|--------|---------|
| Typhoid fever, | 30 | 0 |
| Scarlatina, | 15 | 0 |
| Pneumonia, | 10 | 0 |
| *Dysentery, | 10 | 0 |
| Cholera morbus, | 8 | 0 |
| Ship fever, (English,) | 4 | 0 |

Treatment of Dysentery about as follows: 1st, Neut. Physic, until it operated as a mild cathartic; Diaphoretic powders as anodyne. Most important treatment was injections of Borax dissolved in catnip tea; occasionally when there was great pain, add a few drops of Laudanum to the injection, giving Borax and Loaf Sugar $\frac{1}{2}$ & 4 to 6 grains put on the tongue every two hours; mustard, &c., applied over the abdomen.

From Dr. S. E. PEARRE:

"I treated during the last year, about 500 cases of disease, with but two deaths; one of consumption of four months standing when I saw it first; the other of croup. I treated 15 cases of cholera, 20 of typhoid fever, all successfully. Also a large number of the prevailing diarrhœa of the season, and dysentery successfully; and 2 cases of Diabetes Mellitus. The other diseases treated were about in the proportion of common experience."

Report of cases treated by T. J. WRIGHT, M. D., from the first of May to the first of November. In all, two hundred—deaths, four.

Of cholera 3; meningitis 1; 85 of cholera and cholerine; dysentery and diarrhœa 30; the others of various diseases. The treat-

* Dr. K. was sick during the prevalence of Dysentery.

ment of cholera, diarrhœa, and dysentery, I hereunto annex. The other diseases were all treated according to the principles taught in the Eclectic Medical Institute.

TREATMENT OF CHOLERA.—In all cases the patient was placed in a recumbent position. In cases attended with nausea, vomiting, and diarrhœa, that external applications were used, consisting of hot bricks, salt or sand in bags, and water in bottles, applied to the trunk and limbs; giving as soon as possible, the acetous tincture (in some cases) of Lobelia and Sanguinaria, followed by the neutralizing extract, combined with the tincture of Xanthoxylon Fraxineum Bac.; in some cases the sudorific tincture in connection. In many cases the Guaiac preparation was used; brandy sling was found very useful. Also, injections were used, made of the neutralizing powders, tincture of Xanthoxylon Fraxineum Bac., and Sudorific tincture; sometimes the tincture of opii combined. This course was continued until perspiration flowed freely, and continued for a time afterwards.

In the spasmodic stage the following compound was found very valuable, and depended upon very much. R Comp. tinct. of G. Myrrh 3ij; Tinct. of Cayenne 3ij; Tinct. of Cypripedium Pubescens 3jv, and Tinct. of Lobelia seed 3viii—mix. Given in doses varying from 3ss. to 3ss. at a time, in brandy and water, and repeated every fifteen minutes, sometimes oftener; in others not so often, until the spasms ceased.

In the collapse stage, or likely to go into it, "Hunn's Life Drops" were principally depended upon, given in various doses from 3ss to 3ss every fifteen or twenty minutes, in brandy sling, rubbing the patient at the same time with a mixture of salt, cayenne and mustard. Brisk friction was resorted to both in spasms and collapse, with decided advantage.

In addition to the above, various other compounds and simple agents were used, and other means resorted to in cases that did not yield as soon as expected to the above treatment. Among them are mustard sinapisms, cloths dipped in hot water and wrung dry, or nearly so, and applied to the abdomen and thorax, and changed every five minutes. Blankets were used in the same way in some few very bad cases. Compounds consisting of nervines, sudorifics, anti-spasmodics, antacids, anodynes, and astringents were variously compounded to suit the cases. In some cases the tinct. of camphor was used to good advantage, given in water.

In a few cases which assumed a low typhoid type, after having been treated by other physicians, I commenced with stimulants, but found the patients sinking. I was under the necessity of changing the treatment. In place of stimulants, ice, and ice water, were given to the patients, at the same time applying cloths dipped in ice water, to the trunks, in connection with injections of cold water, and in case of spasms, brisk frictions, which resulted very favorably.

In these cases, the patients complained of great internal heat; there was nausea, vomiting, and in some, spasms, and continued diarrhoea. In these cases I found the tincture of camphor very valuable in small doses, after reaction had taken place, given in ice water.

TREATMENT OF DIARRHŒA.—In some cases I gave emetics, followed by mild cathartics, astringents with antacids, in connection with injections of the neutralizing powders, (infusion or decoction of) containing a portion of the sudorific tincture. In some cases, injection of mucilage of slippery elm bark and sudorific tincture. Vinegar and water, saturated with salt, were given in teaspoonful doses to children every hour or two hours, until the bowels were completely evacuated. Leptandrin and Podophyllin have been used very successfully in the proportion of three parts of the first to one of the second article, given in doses varying from ij grs. to vij grains to adults, every five hours. Bathing with ley, and in some cases of debility followed by decoction of *Quercus Alba*. Diaphoretic and hepatic powders, singly and combined, were given in divided doses. In cases of much pain, fomentations and mustard sinapisms were found very valuable. The neutralizing extract has been more generally used than any one compound. The most favorable results have been obtained from the use of the spirit bath.

TREATMENT OF DYSENTERY.—In mild cases, the neutralizing extract was given to children in tea-spoonful doses, every half hour, and was found successful. As a general rule, I gave in the first place an emetic or an emeto-cathartic. If the emetic was given only, a cathartic was given immediately after; in some cases followed with small doses of the hepatic powders, alone, or combined with the diaphoretic powders, and continued for a day or two, resulting favorably. In other cases, cathartics only were given. The following preparation is, perhaps, one of the best that has been used. Take Leptandrin three parts, and Podophyllin one, given in doses of from jgr. to iij grs., every four or five hours. Diaphoretic powders have been found very valuable in all cases where there was much pain, attended with a dry skin. In cases of irritation bordering on inflammation, mucilaginous drinks of slippery elm bark and marshmallow were found very valuable. Sinapisms and fomentations were used and found very valuable also. Injections in this also were found very valuable assistants to the more important articles of the treatment. Bathing was attended with favorable results. But the most important results in this, as well as in diarrhœa, were obtained from the use of the spirit bath.

Nov. 1st, 1849.

T. J. WRIGHT.

From Dr. A. P. BALDRIDGE, Springfield, Ohio:

"I visited and prescribed for some twenty-five cases of cholera.

All of them had rice water discharges, and a majority of them vomiting and cramps. Six cases ran into the collapse stage; two of them recovered. One raised out of the collapse, but died in the fever succeeding; the other three died in the collapse. Three of them under five years of age, and one sixty-five.

Beside the above cases, I visited and prescribed to from seventy-five to one hundred, laboring under the cholera diarrhoea, commonly called cholérine.

TREATMENT.—I commenced my treatment by first administering the following syrup, viz :

℞ Myrica Cerifera,
Cypripedium pubescens,
Hydrastus Canadensis,
Xanthoxylon Frax.,
Fraseria Caroliniensis,
Prunus Virginiana,
Monarda Didima,
Pycnanthemum Virginica or Prairie hyssop,
White Ginger, âà 2 oz.

Add a sufficient quantity of water, and boil in a close vessel. Boil and strain repeatedly, until the strength of the articles is extracted, then reduce the liquid to one quart, to which add one pint Compound Tinct. Myrrh, in which 3v of the oil of Peppermint had previously been put. Take Molasses one quart, French Brandy one pint, Capsicum 3j, steeped in one gill of hot water. Mix well together.

To four ounces of this stimulating Anti-Spasmodic Syrup, I added one ounce of Sudorific Tincture, and gave in severe cases, one table-spoonful every ten or fifteen minutes; and between each dose, gave a table-spoonful of the tea of the Neutralizing Cordial. My external applications to the bowels were various, but the one which I found to be most effectual, was flannel cloths, wet with spirits of Camphor, and applied to the bowels as hot as could be borne, changing them frequently. In cases of collapse, in addition to the above, (but not giving the above medicine so freely,) I gave Hunn's Anti-Spasmodic mixture, in brandy sling, alternating with the oil of Pennyroyal, the former in doses of from fifteen to thirty drops, and the latter from three to five drops every ten or fifteen minutes, or half an hour, as the case required. And at the same time had the body frequently rubbed with hot brandy or alcohol, made stimulating with the oil of Sassafras. If the serous discharges continued, I gave an enema prepared thus: ℞ Starch, from one to two table-spoonsful, and as much cold water as would form it into a thick paste, then pour over it one pint of strong decoction of the Geranium Macutatum; when blood warm add a tea-spoonful laudanum. Give the whole at once, and retain as long as possible. In some cases, I gave Cholagogue, such as our com-

mon Hepatic powder, or Podophyllin, every three or four hours, until bilious discharges were produced.

When the reaction took place, to prevent too great febrile action, I gave small and repeated doses of Dr. Beach's Diaphoretic powders, with warm diluent teas. Kept the bowels open, with Anti-bilious powders, or Castor oil, to which was added one sixth part of the spirits of Turpentine.

In several of the cases I attributed much of my success to not suffering them to evacuate the bowels on every desire to do so. I restrained them by mechanical force if necessary.

In the cholera diarrhoea, I was successful in every case. But many of the regular quacks' cases ran into the dysentery, and died. And many of them would have died, but their minds changed, and they betook themselves to a more rational practice, and were soon well.

I have been informed by those who have had opportunity of knowing, that not a single case of cholera, where the patient had the rice-water discharges, has been cured by the old school physicians. And one of their most prominent physicians, I believe, has stated that they were incurable."

From Dr. Eckert:

"I have treated nearly every variety of disease that is incident to our climate, and that I have treated them on true Eclectic principles; I find by running over my day book, that I have treated three hundred and sixty-five different patients since the first day of last June, which is a few days over five months, and if I were to count the cases, it would amount to more, as some of the same persons have been attacked with different diseases within the time stated; but of the above number, eleven have died as follows:

A man aged 37 years, a habitual drunkard, was nearly dead drunk for six days, had no evacuations from the bowels for five days when I first saw him; bowels very much distended and very tender, &c.; purple along the spine and under parts of his thighs; died the second night after I saw him; four small children (of dysentery); an old lady, 72 years of age, far gone when I was called (dysentery); an old man, sick six days when I first saw him (dysentery); an old lady, after five days of extreme suffering, of intussusception of the bowels; an old man, of congestive fever with induration, followed by abscess of the liver. He would not take medicines, said he would as lief die as live anyhow. A man about 33 years of age, of acute inflammation of the stomach and bowels, attended with delirium, vomiting, and involuntary discharges from the bowels; died the fourth day; two small children, of one family, the oldest I saw but once, it was vomiting and purging very thin discharges, and I could classify its disease with none but cholera. The other, a small babe; I saw it twice, could not attend

on account of the distance and an over pressure of business ; it lived eight or ten days after I saw it last ; they did not call another physician, preferring nature to an Allopathist ; cholera infantum, with severe aphtha ; (thus you perceive that I have labored under disadvantages, hard to overcome in the most of the cases which have proved fatal. I can further state, that I have a great many calls that I could not attend to, and can say to those, preparing themselves for the practice of medicine on Eclectic principles, that they need not fear—the harvest is great, but the laborers are few.

Miltonville, Nov. 5th 1849.

AUGUSTUS ECKERT.

From Dr. S. J. LEWIS,

PT. ISABEL, CLERMONT CO., O., Nov. 23d, 1849.

“Dear Sir.—I have been practicing in this place a little better than a year, with the best of success. During the last summer, in something near or over one hundred cases of cholera, we have lost but one case which was in the collapsed stage when first called. I have also attended about thirty cases of flux, with entire success ; while the old school around me have lost nearly every case. I have lost but four cases in my whole practice of upwards of seven hundred cases of every common variety of disease.

The Reformed Practice is growing in popular favor in this section very rapidly. I have at this time three students, who b'd fair to prove ornaments to the profession.”

CASE OF CHOREA, BY DR. LEARNED, WILLIAMSVILLE, PENNSYLVANIA.

The patient was a girl, 12 years old, affected with chorea. She had been under the care of an old school physician of this place three weeks, and grew worse all the time ; so much so, that the neighbors thought she would live but a few days. She was unable to raise her left hand to her head, though it was subject to the same spasmodic action as the rest of the system. She was so severely affected that she could not command her tongue, could talk but little, and that not plain. Her face would be drawn into all manner of shapes, &c.

Treatment—Soaked her feet in a *decoction* of bitter herbs, and subjected her body to the vapor of the same—gave a mild emetic of lobelia, (tincture). This relieved her very much. Continued to give small doses of lobelia, and *asclepias* through the night, after giving a mild cathartic of jalap and senna. In the morning commenced giving her nervines of the tincture of *cypripedium*, *scutellaria*, and black cohosh, adding the powder of skunk cabbage, given in teaspoonful doses every two hours, and bathed her arm and spine in strong, stimulating liniment. By the use of these means, the violent symptoms rapidly abated. Second day, put her over spirit

vapor bath, and continued the other remedies as before; the bath was repeated every third day. On the morning of the seventh day from commencement of the treatment, she rode out, free from all convulsive actions, or spasmodic contractions, with the full use of her arm, though somewhat weak. She continued to take some restorative bitters, and gained rapidly. On the eighth day, she walked out for a short time alone, to the astonishment of many. She was visited by a great many during the time of our treatment, that manifested a great deal of interest as to the probable termination. She is now perfectly well, even better than before she was sick. The surface was often bathed and rubbed faithfully during the treatment.

BROWNSVILLE, Nov. 6th, 1849.

"I have been in this section of the world, practicing medicine on the Eclectic principle, for the last three years. I am confident that this system will become popular, when the public have been made acquainted with its principles and superior success, over the contracted, and inefficient regular system. I have tried many experiments in mesmerism, during the time I have been here. My first experiment consisted in attempting to restore muscular contractions. In this, I succeeded to a degree, much beyond my most sanguine expectations. I succeeded in restoring a young man of about twenty years of age, who had not walked since he was nine years of age without the assistance of crutches, so far as to enable him to walk with but little difficulty without crutch or cane. I also succeeded in a similar case, in which the young man had not walked without the assistance of crutches for six years. In the latter case the limb had so fallen away, that it was not half the size of the other, and so contracted that the foot only came a little below the knee of the other limb. The limb is now nearly as large as the other, and entirely straight. He can walk almost as well as he could before the limb became diseased. I have succeeded in many cases of less importance. Now in this case, I succeeded through the agency of mesmerism.

I also have tried many experiments in clairvoyance. One of my subjects, a lady of about thirty-five years of age, under the mesmeric influence, can in the most minute manner describe the symptoms or feeling of persons, whom she has neither seen nor heard of in her wakeful state; by simply taking their hands in hers. The experiment I have tried repeatedly with those of whom neither she nor I had previous knowledge of, without a single failure in the smallest instance. Ought not this subject be more fully investigated. If clairvoyant subjects can minutely describe, and give the diagnosis of cases, of which they have had no opportunity of previous knowledge, should we not place reliance on their statements. I hope there will be more attention paid to this subject by medical men.

J. C. CLARK.

CHOLERA IN SANDUSKY.

About the 20th of July, the cholera broke out in Sandusky City, Ohio, in its most malignant form, seizing upon all classes of society, in every avocation in life—the aged and the young—the rich and the poor—black and white—male and female—were attacked, and all alike, were in a few short hours numbered with the dead. In fact, such was the state of things, there, at that time, that physicians left their posts, (or at least some of them) and this I conceive, will be sufficient to satisfy any one that it was indeed terrifying. Under this consideration, I left a quiet home, in a rather secluded country town, to witness cholera, and assist my suffering fellow mortals, if possible, as well as to gratify my curiosity as to the cholera, being more malignant in that place, on account of the locality, soil, water, &c. &c. I went, and treated several cases of cholera on the plan recommended in the Eclectic Medical Journal—such as internal stimulants—sudorifics—counter-irritants to the extremities and along the spine, with external heat applied, such as hot bricks, hot bags of sand, salt, bottles of water.

I did not at that time intend to write an essay upon cholera, for I thought that the advocates of the old system of practice, were honest enough to renounce any old dogma or hobby, when common sense would teach them that it was good for nothing. I thought I would let them consign the *sine qua non*, as many term it, to its last resting place, after it had “died a natural death,” in peace—but after the labored attempts, which of late, have come out against the Eclectic Reformed system of practice, justice and fidelity to truth and humanity, call for every testimony possible to show, not only the true treatment of Reformers, but the utter fallacy of the old calomel and opium practice.

In Sandusky, there numbered about 5750 inhabitants, when the cholera broke out among them. In the short space of one week, there, probably, was not to exceed 1500. Why was this diminution in the population? Did cholera prevail to such an alarming extent as to sweep 4250 of the population in seven days? No, but upon as many as cholera *did* make its attacks, *just so many died!* Probably the whole number of deaths in this time, was not to exceed 400; but others fled, as a last resort to save their lives—and after this probable diminution in the number of inhabitants, the maximum of deaths in twenty-four hours was 40.

Now I do not wish or intend to charge the physicians with what some of their own citizens *did*, with *murder*.—But they must choose one horn of the dilemma—that is, they must admit that they wantonly took the lives of three or four hundred of their fellow mortals, or else, that they labored under a mistaken notion with regard to the philosophy of the disease, and treated it accordingly. This last is the most compassionate conclusion for them, therefore, I take it for granted.

Eventually the treatment was changed, and some recovered.

After the resident physicians had left in despair, leaving their fellow citizens to die without that peculiar balm of consolation, which it is expected the physician should furnish. After all means recommended by the "Books" had failed, others from all parts of the country flew to the rescue, and saved a goodly number of those attacked by cholera, from the jaws of death.

Now that these, among whom I have the honor to be one, labored under great disadvantages, after their own physicians had practiced so vigilantly *without a single recovery*, I apprehend no enlightened medical man at least, will deny. But in spite of the disease at this fearful epoch, when the whole population that remained were struck with horror and dismay, some were saved, and this, I believe, can be attributed to no other cause than a change of treatment. Now some may be disposed to ask, was there no calomel given after this? Yes, there were three cases to my certain knowledge, where calomel was depended upon in the first stages of cholera, and *every one of them died*. How many instances of this kind there were, I do not know—but this much I do know, that I did not give a grain of calomel, and I saved eight out of ten patients, notwithstanding the idea was prevalent there, that cholera was certain death; which, of itself, was sufficient to excite one of the most fearful and fatal symptoms attending epidemic cholera, viz: *a general loss of nervous energy*.

Now to whom is this dreadful mortality to be ascribed. Is it to physicians who did *not* give calomel? There were none such there, until the fact was evident that the efforts of the "regulars" were utterly futile.

I shall now relate a circumstance which took place after I went to Sandusky. There was a young lady attacked with cholera, and treated by the allopathic fraternity, who failed, and in due time said "she must die." An honest old man being in attendance as a nurse, (for he made no pretensions to medicine, nor even a common school education) whose profession was, or used to be well digging, said "now the doctors have given her up to die there surely can be no harm in trying an experiment." He gave her a table-spoonful of spirits of turpentine—in a half an hour he repeated it, and so on until he had given her four or five doses—nursed her up, and she recovered—undoubtedly to the utter contempt of the medical gentlemen, but with feelings of gratitude and respect towards her preserver. Is not this sufficient to make any one exclaim with an eminent author, that Allopathy, or its treatment, is "eminently empirical, unsatisfactory, unscientific, and unsuccessful." With feelings of sincere gratitude for your liberal views impressed upon my mind during my studentship

I remain yours, truly.

Plymouth, O., Nov. 8.

ED. WALKER, M. D.

Part 2.---Miscellaneous Selections.

MEDICAL SOCIETY OF LONDON.

MONDAY, FEB. 5 AND 12, 1849.—MR. HANCOCK, PRESIDENT.

EXTIRPATION OF OVARIAN TUMORS.

The Society has been occupied during its last two sittings with discussions on the nature and treatment of ovarian tumors, but more especially in reference to their removal by ovariectomy. Now, are we at this moment in a position to determine the real value of this operation? On one side it was contended that we were in possession of sufficient statistical evidence to show that the operation could be as safely resorted to as any other capital operation in surgery; that the result of the cases published showed the success to be more general than the failure, and that, in fact, we were justified in placing this operation in the category of received proceedings in surgery. It was contended, *contra*, that the evidence exhibited by operators themselves, and by their friends, warranted no such conclusion; that the cases of successful interference by the knife had not given a reasonable plea for ranking the operation among ordinary ones; that many persons had died after the removal of the tumor; that, in other cases the abdomen had been cut into, and adhesions of so extensive a kind found to exist, as to preclude the possibility of removing the cyst; again, that on opening the abdominal cavity, no tumor, in some cases, had been found; but above all, that the statistics of the operation had been, as far as possible, one-sided; that the journals some time since, had teemed with cases of the successful removal of ovarian tumors, while at present, as was well known, many untoward cases had occurred, which had never been revealed. Hence the present statistical evidence was only likely to mislead. The case recorded by Mr. Harvey at a former meeting, showed the difficulty of diagnosis in some cases, and was a valuable contribution to pathology.

LEMON JUICE IN RHEUMATISM AND GOUT.

Dr. Theophilus Thompson had lately employed lemon juice in rheumatism and gout, with marked benefit. He was induced to do so at the recommendation of Dr. G. O. Rees, who had assured him of its usefulness, and who had explained its action, by considering that it was the best agent for insinuating carbon into the blood.

The first case in which he (Dr. Thompson) had employed it, was one of sub-acute rheumatism in a delicate woman. She had all the usual symptoms of the disease, with an irritable but not inflamed heart. There was profuse perspiration. The disease, when he saw her, had existed for four days. He gave her half an ounce of lemon-juice, with a little henbane, in about an ounce of camphor mixture, every six hours. In forty-eight hours the pain was much relieved, and the fever abated, and in five days she was well. He had employed it in other cases connected with phthisis in the Hospital for Consumption. In some of these cases there were cavities in the lungs, and in these, lemon-juice had been found of great service. He should be induced to try it in almost all cases of rheumatism, but not in true gout. In acute rheumatism, after bleeding, he should also employ it, of course in all cases paying attention to the *primæ viæ*.

Dr. Bowie had tried mineral acids in rheumatic cases at the Consumption Hospital, but was obliged to leave them off. He never saw any benefit from them.

Mr. Shearly had used lemon-juice in gout and rheumatism with much benefit.

Dr. Downing was surprised that acids should be of service in rheumatism. He had always found them do harm; even lemon-juice was injurious. The French authors had lately been writing much in favor of alkaline remedies. They applied alkalies, such as the carbonate of soda, externally, with benefit.

Mr. Hird said, that notwithstanding the success of lemon-juice in rheumatism, he should still be inclined to follow out the old plan of treatment. Tonics were often advisable.

The President said that Dr. Rowland had informed him of a case of calculus in the bladder, in which all remedies failed in affording relief; under a course of lemon-juice the patient got quite well.

Dr. Wiltshire said that he objected to the treatment of cases of rheumatism merely on the chemical theory of altering the condition of the blood by chemical agents. The first indication was undoubtedly to correct any disorder of the liver and correlative organs. After this he considered that lemon-juice might be employed.

London Lancet.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

FEB. 7.—MR. SYME, PRESIDENT, IN THE CHAIR.

CHLOROFORM IN SOME OF THE MORE COMPLEX AND SERIOUS OPERATIONS OF SURGERY. By Dr. KEITH, Surgeon to the Royal Infirmary, Aberdeen, &c.—CHLOROFORM IN MIDWIFERY.

The meeting was very fully attended. After stating that anæ-

thetia was generally adopted in the surgical practice of the hospital, Dr. Keith proceeded to relate several cases of lithotomy and lithotritry, in which he had used it with perfect success. He also detailed at length the case of a man, aged sixty-seven, upon whom he had performed the high operation for the removal of two large stones from bladder, each of which weighed two ounces. The man did well for several days, but was at last seized with symptoms indicating peritonitis, and died. Dr. Keith had now performed lithotomy eighty-three times. In fourteen of these cases the stone weighed from two to four ounces; and of these fourteen, seven died. He believed that the mortality and danger of lithotomy increased in proportion as the weight of the stone extracted increased. Dr. Keith recommended the adoption of lithotomy for all stones weighing less than half an ounce; of lateral lithotomy for stones weighing less than two ounces; of the high operation in cases where the stone exceeded two ounces.

Mr. Syme said that in the valuable paper they had just heard, it was evident that Dr. Keith wished chiefly to inculcate two points in practice; first, the value of the high operation for extracting very large stones from the bladder; and second, the use of chloroform in the use of lithotritry. On the first point, he would only remark, that he differed in opinion from Dr. Keith, and was satisfied that the dangers attendant upon cutting into the bladder from above the pubis, were so great as to render the operation applicable to but very few cases. In regard to the second point insisted upon by Dr. Keith, he (Mr. Syme) did not think it advantageous to have the patient insensible during the operation of crushing the stone. An operator who had so very large an experience as Dr. Keith might find no difficulty in introducing and working a large lithotrite, in the case of an anæsthetic patient, but he believed that most surgeons would find the operation impeded and difficult on account of the anæsthesia. Further, the operation of lithotritry, if well performed, did not cause any pain, and consequently the chloroform would not be required. He thought anæsthesia useful in lithotomy, but not in lithotritry. Mr. Syme was anxious not to be misunderstood; he strongly advocated the use of chloroform in surgery generally. After it was proposed by Dr. Simpson, he used it in the first operation he had to perform in the hospital, and ever since then he had continued the practice. Further, he desired at this time to state to the Society, that he believed anæsthesia not only saved patients operated on from pain, but also from shock, and all its effects. When Dr. Simpson first stated this as his opinion, he (Mr. Syme) strongly opposed it; but now he was convinced that Dr. Simpson was right in his opinion. Some recent cases—especially one in which he had amputated at the hip-joint—tended very strongly to impress this upon him. In that case, he did not believe the man would have survived had the operation been performed

without chloroform. As it was, he was cheerful and comfortable a few minutes after the operation, and never had the slightest bad symptom to interrupt his recovery.

Dr. Simpson remarked, that the Society could not but be gratified by the candid and honorable manner in which Mr. Syme had publicly stated his alteration of opinion. His opinion now was one established upon the basis of a very large experience, and was formed in the face of preconceived ideas, and this circumstance, as well as the very high standing of Mr. Syme, gave it all the more value. But although there was, now-a-days, no resistance offered on the part of the profession, in Edinburgh, to anæsthetic practice, and on all hands there was unanimity, yet such was far from being the case in other parts of the kingdom. A practitioner in London, (Mr. Gream,) who published a pamphlet against chloroform shortly after it was introduced into practice, and in all likelihood before he had ever tried it, or seen it tried, had lately been circulating a letter among some of his medical friends, seeking for reports of any cases of death or casualty, or especially of cases where sexual excitement resulted from the use of chloroform. Dr. Simpson was anxious that these questions should be answered publicly in the Society; and he doubted not that he stated the experience of all, in saying that, in Edinburgh, chloroform, though constantly employed in surgical and obstetric practice for more than fifteen months, had never give rise to any casualty. Further, he had never seen, nor had he ever heard of any other person having seen, any manifestation of sexual excitement result from the exhibition of chloroform, and it had now been given here in many thousands of cases. The excitement, he was inclined to think, existed not in the individuals anæsthetized, but was the result of impressions harbored in the minds of the practitioners, not in the minds of the chloroformed. An imperfect dose often gave rise to excitement, but never, as far as he and others had observed, to sexual excitement. After inhaling ether during her confinement in the *Maternité*, one Parisian prostitute, under the care of Professor Dubois, stated that she had had lascivious dreams. But surely it was, to say the least, very unbecoming to say that most English ladies should have sexual dreams (like one French prostitute) when under the influence of chloroform, as Mr. Gream wished to prove. Such attempts as these to villify the practice of inducing anæsthesia, were now urged too late to have any effect upon the progress of the practice.

Mr. Syme said that he had never witnessed any sexual excitement produced by the exhibition of chloroform, but that he and others had frequently heard patients in the operating theatre, swearing when excited by chloroform, and that, sometimes, in patients, whose friends had seldom or ever heard using such language. Possibly these improper expressions were only a true exhibition of the state of the patient's mind, and it was always stopped by throwing him

deeply asleep. At all events, he did not think it afforded the least ground for objecting to anæsthesia in operation.

Dr. Roberts had used chloroform in upwards of 500 cases in dental surgery, and had never witnessed anything at all indicating sexual excitement.

Mr. Millar said, that notwithstanding the very high authority of Mr. Syme, he was forced to state that he agreed with Dr. Keith in the two points chiefly dwelt upon in his paper. He believed that, under all circumstances, the operation of lithotomy was attended with no inconsiderable suffering; the mere introduction of the lithotrite being seldom performed without pain, and even the drawing of a drop of blood. And he believed, that in the hands of an adroit and able operator, lithotomy would be as easily and safely accomplished with anæsthesia as without it. The opinion that the high operation of lithotomy was to be preferred in cases of large stones, he thought well founded. He did not believe it possible to say, before operating, of what size a stone was; but whenever its dimensions were very large, he thought it should be extracted through the brim of the pelvis, and not through the outlet. The cursing and swearing of which Mr. Syme had spoken, he believed was to be laid rather to the blame of the person charged with administering the chloroform than to the patient inhaling it. If a large, overwhelming dose were given, and the patient hurried past the exciting stage, no improper language would be heard. The class of patients seen in an hospital would curse and swear when molested during the inhalation of chloroform in the theatre, as they would curse and swear when molested in the streets if they were tipsy with ardent spirits. That afternoon he had taken occasion to observe this very circumstance in the cases of two rough men brought into the hospital with accidents for operation. In neither case was a single improper word uttered. The one man had partial amputation of the hand performed upon him; the other had a dislocation of the thigh reduced. Under the complete influence of chloroform this was easily done: indeed, he had seldom experienced less difficulty in reducing a dislocation of the shoulder. He looked upon the use of chloroform in dislocations as one of its most beautiful applications, and that, were it but for this alone, surgery stood deeply indebted to Dr. Simpson for the introduction of the agent.

ON THE AIR TRACTOR, AS A SUBSTITUTE FOR THE MIDWIFERY
FORCEPS. By Professor SIMPSON.

Dr. Simpson first pointed out the rude and unhappy plans pursued in cases of protracted labour with the head sunk into the pelvis, before the invention of the obstetric forceps. Upon all these plans the forceps was a great and signal improvement—one of the greatest ever effected in obstetric surgery. But sometimes, especially in incautious hands, they were apt to injure both mother and

child, passed high up as they were between the foetal head and maternal passages. If we had any means of seizing the exposed portion of the scalp of the child, and could exercise traction by this hold, we might thus, in many cases, expedite the delivery. Dr. Simpson exhibited an air tractor possessed of such powers, and capable of easy application to the head of the child. After pointing out its construction, he showed its power to the Society by fixing a small one on the palm of his hand, and lifting an iron weight of twenty-eight pounds with it, without in the least detaching it. It was capable of bearing traction to the extent of forty or fifty pounds, without separating, and by increasing the size of the disc, its powers could be increased. With the forceps, the traction required rarely or never exceeded thirty pounds. He and others had used the tractor with facility and success in several cases of labor. It was safe, and free from all the dangers of the forceps, as far as regarded the mother, and did not hurt the infant. Some gentlemen had seen it applied to children several days old, and the children lifted about with it, without any cry or appearance of suffering on their part. Its more evident advantages over the forceps were the following:—It was attended with far less danger in the application and working; no space was occupied by it; it produced no compression of the head in the wrong direction; it could be used to bring the head from an occipito-posterior to an occipito-anterior position, or, if necessary, to bring down the occiput or forehead; lastly, it was of small size, portable, and cheap.—*London Lancet.*

WESTMINSTER MEDICAL SOCIETY.

FEB. 3.—J. WEBSTER, M. D., F. R. S., PRESIDENT.

COD-LIVER OIL IN PHTHISIS AND SCROFULA.

A discussion took place, which had its origin in the fact of Mr. Wing having, at the previous meeting, brought down to the Society two cods' livers, with the view of getting some fellow of the Society to obtain the oil from them. He was induced to take this step in consequence of the great discrepancy of opinion which prevailed respecting the true character of genuine cod-liver oil. He was desirous to know, from practical experiment, what were the characters of the pure oil. Many fellows addressed the Society on the subject. The majority of the fellows stated that they had found the oil to possess a very marked effect in almost all cases of scrofula and phthisis. In the first class of cases it was not only given internally, with the effect of much improving the general health, but it was applied locally to scrofulous sores, with the most marked benefit. In phthisis it appeared to exert its influence at once by its nutritious properties. It checked perspiration and removed ema-

ciation; and appeared, by keeping up the tone of the system, to arrest the further deposition of tubercular matter. Some thought that any oily substance, as butter or almond oil, would have the same effect; others considered the cod-liver oil to have some specific influence. One gentleman had found it rather injurious than otherwise in some cases of phthisis, from its tendency to disorder the digestive organs. Altogether, however, the opinion generally was decidedly in its favor as a palliative agent in consumption.

London Lancet.

MATICO.

MATICO AS A STYPTIC.—A great deal of testimony has accumulated now, on the character of the Matico as an agent for controlling hemorrhages, and, as it has not found a place in the systematic treatises on materia medica, we shall supply the deficiency by bringing forward the history of the use of the Matico.

In 1839, at a meeting of the Provincial Medical and Surgical Association of York, Dr. Jeffreys of Liverpool, introduced the Matico as a styptic. The botanical name of the plant is *Piper Angustifolium*, and it is a native of Peru. Soon after Dr. Jeffreys called attention to it, the Matico, as an external application, was used with success in the Dundee Infirmary, by Dr. Munro. It exerted a happy influence over a hemorrhage from "a considerable branch of the temporal artery." Compression and cold applications failed to give any relief, but the application of the leaf, *not the powder*, arrested the hemorrhage. A hemorrhage from a wound of a branch of the palmar artery was treated in the same way with equal success.

The external use of the leaf having proved highly successful, a resort was made to its internal use. Dr. Jeffreys reports the case of a patient "who had been subject for two months to excessive discharge of pure blood and coagula from the vagina, amounting to nearly a quart in a few days, occurring every ten days or a fortnight, and followed by a serous and muco-purulent discharge." The usual treatment failed, and health was restored in a few days, by the use of a wineglass full of the infusion of Matico four times daily. In another case, a hemorrhage from the bowels, an infusion of Matico, in the proportion of half an ounce to the pint, of which three table-spoonfuls were taken every four or six hours, cured the patient by the use of three doses.

In hemorrhage of the bowels, during fever, Dr. Watmough states, in the Provincial Medical Journal, that the infusion of senna leaves and the Matico, two drachms of each in a pint of boiling water, and taken frequently in doses of a wineglass measure, is very successful, particularly in the *melæna* of typhus fever.

Dr. Horne, of London, thus speaks of Matico, as an anti-hæmorrhagic medicine: "A patient suffered from an alarming epistaxis, occurring spontaneously, in October last. All remedies of the usual character failed; the case was considered beyond the reach of relief, and the brothers of the patient were sent for. One of the brothers commenced the use of the Matico, and in six hours the hemorrhage ceased, after having continued for days. There is a hemorrhagic diathesis in the family, and it has descended to the children of one of the brothers."

A relative of the family was rapidly sinking towards the grave, from disease and uterine hemorrhage, the latter of which baffled the ordinary remedies. Under the use of the Matico, the bleeding ceased, and the patient recovered.

These are the testimonials to the value of Matico, as a styptic, which we have gleaned from the European medical journals. We are far from supposing that this Peruvian plant will displace all other means for arresting hemorrhage; the utmost that we hope for it is, that it is really useful, and may take its place confidently among the means for controlling dangerous bleeding.—*West. Jour. Med.*

CROUP.—Dr. Horace Green of New York, has recently published a work "On the Pathology of Croup, with remarks on its treatment by topical medications," which should command the confidence of the profession. In this new work, Dr. Green enforces with ability, the novel treatment which he had previously recommended for laryngeal inflammations, in a treatise on "The Diseases of the Air Passages." The new work on croup has received a very flattering reception in England. The British and Foreign Review speaks of it in terms of warm commendation, and the Dublin Quarterly Journal of Medical Science, with some little disparagement, speaks favorably of the book.

The fundamental principles of Dr. Green's pathology of croup are, that it is essentially an "inflammation of the secreting surfaces of the fauces, larynx and trachea, which is always productive of membranaceous or an albuminous exudation," and that this "invariably commences in the superior portion of the respiratory passages, and extends from above downwards,—never in the opposite direction."

We shall not pause to call in question the universality of the truth of these propositions. Our particular object is to direct attention to Dr. Green's novel treatment. He recommends a solution of the crystals of the nitrate of silver, from two to four scruples to the ounce of distilled water, as the topical application. The instrument with which this is to be applied, is "a slender piece of whalebone, about ten inches long, slightly curved at one

end, to which curved extremity is securely attached a small round piece of soft sponge, with a diameter of not more than half an inch." We would suggest the propriety of a very thorough examination of the sponge, to see that it is free from sand and grit.

Dr. Green says:

"The instrument being prepared, by suitably saturating the sponge with the solution to be applied, and the head of the child being firmly held by an assistant, and the base of the tongue depressed by a spoon, or any other suitable instrument, the operator carries the wet sponge quickly over the top of the epiglottis, and on the laryngeal face of the cartilage; then passing it suddenly downwards and forwards, passes it through the opening of the glottis into the laryngeal cavity."

There may be a fear among those inexperienced in this topical application, arising from the strength of this solution. The fear is, however, groundless. The mucous membrane bears this solution remarkably well. Some time ago, Mr. Guthrie, the English surgeon, denied very indignantly that he had recommended an injection of a solution of nitrate of silver, twelve grains to the ounce of water, in gonorrhœa, and utterly condemned the practice. But we have repeatedly seen a solution of twenty grains of nitrate of silver to the ounce of water, used in the early stages of gonorrhœa, with great benefit to the patient.

Upon another point, Dr. Green thus speaks:

"Ordinarily, I have applied in croup, a solution composed of from two scruples to a drachm of the salt, dissolved in one ounce of distilled water. A remedy of this strength I have freely applied to the fauces, pharynx, and into the larynx of young children, in a large number of cases during the last eight years, and in no single instance have I observed any indications of the dangers of suffocation from its employment. On the contrary, I have repeatedly observed, and have once before remarked, that much less bronchial irritation is produced by the application of the nitrate of silver into the larynges of young children who are suffering from croup, than where it is introduced into those of adults who are affected by chronic disease of the larynx." The views of Dr. Green, though novel, are perfectly rational and deserve confidence.—*Ibid.*

OBSTETRICAL INSTRUMENTS.—When Dr. Haighton, of London, was seventy years of age, he declared that he had delivered thirty thousand women, and amidst the multitudinous instances of deformed pelvis and depraved constitutions to be found in the population of London, he said he had used instruments in but three cases, and he solemnly declared, that he believed his right arm should be taken off as the penalty for their use in at least two of these cases. "Experience," he said "had satisfied him that if nature had been left to herself, she would have accomplished the labors without his assistance."—*West. Jour. Med.*

Part 3.--Homœopathy.

THE PRACTICAL ADVANTAGES OF HOMŒOPATHY.

BY HARRIS DUNSFORD, M. D.

(Continued.)

"The sincere inquirer into truth will be swayed by no prejudice,—he will stand on his guard against the unsupported dictates of authority, and the imposing front of original discovery,—he will listen and judge with the constant apprehension of the frailty of mankind, assured that the wisest may err, and that the weakest may yield instruction."

One of the most striking advantages of homœopathy is, that the remedies employed are directed, not merely to the diseases of the body, but also to the *state of the mind*; and this distinguishes it from every other system of medicine hitherto practiced. By this remark, I do not intend to affirm that physicians neglect to inquire into the state of the mind and feelings of their patients; but that they have not, in their works on *materia medica*, any distinct statements of symptoms by which a remedy can be selected, from a knowledge of its specific influence upon the mental state and feelings. Medical men have, no doubt, in all ages, formed accurate prognoses by observing the temper and disposition of their patients, of which numerous instances might be cited.

Most medicines influence, in some degree, the "*moral*;" and, in order that a remedy may be perfectly homœopathic to the case, the symptoms relating to the mind equally with those referring to the body, should correspond with the symptoms produced in a healthy person, by the medicine employed as the remedy.

By including the "*moral*" in every portrait of a case, we reach disease in its in most recesses; and obtain a power over it not possessed by the allopathists, who can only combat symptoms that are evident to the bodily senses.

When we reflect on the immense power the mind exerts over the body, we cannot but perceive the extraordinary advantage which the observation of its morbid phenomena must have on the successful treatment of a case, with a view to their removal. In mental affections, independent of organic disease in the brain, the knowledge we possess of the morbid states of the mind produced by certain medicines, has been, in a very great number of instances, successfully tested.

In the treatment of diseases incident to FEMALES, the symptoms relating to the mind should be especially noticed; for in these patients, the moral feelings are in the highest degree sensitive and influential. In homœopathy, therefore, the symptoms produced by mental disturbance form one of the main points of inquiry; by a strict attention to which, many diseases, only partially benefited under the usual treatment, find permanent relief when treated by homœopathic remedies.

In the disease of females, homœopathy is often pre-eminently successful; formed by nature of a more delicate constitution, they are easily affected by medicinal agents, although given in doses extremely minute. Experience, also, has proved, that in the treatment of *neuralgia*, the nervous system, through which, unquestionably, all remedies exert a considerable influence, is in so morbidly excited a state, that, in either sex, the most attenuated doses produce very powerful and beneficial effects.

Affections of the *uterine system* are so much more under the control of homœopathic treatment than under that of the old school, that it has not escaped the observation of those who differ from us in practice; and it has been, invidiously, remarked, that we have acquired for our system in this particular, a predominating influence. We are not insensible to the truth of this observation. We gratefully acknowledge the distinguished patronage bestowed upon us in this enlightened country; and we should indeed be unworthy such support, did we not, strenuously and perseveringly, exert our utmost efforts to extend and perpetuate the homœopathic practice.

Sickness arising from pregnancy may in general be very speedily relieved, by a remedy corresponding with the prominent symptoms attending it. The cause, however, being permanent, the effect is often only temporary. In *sea-sickness*, the effect of a homœopathic remedy is often complete, relieving entirely the disposition to sickness: but here, as in the former case, the cause remaining constantly in action, the effect of the medicine is sometimes not permanent. This occasional failure may be attributed to the selection of a remedy not homœopathic to the totality of the symptoms.

The grand feature in Hahnemann's system, next to the principle on which it is founded, is his THEORY OF CHRONIC DISEASES. The fact, that numerous affections arise from eruptions imperfectly cured, or unfortunately repelled, has long been familiar to every one in practice. This circumstance induced Hahnemann to inquire, whether the virus repelled, or latent in the system, might not be the cause of the majority of the chronic affections; and the trials made, in pursuance of this inquiry, have incontestably proved the truth of his conjectures. Hence we observe, that eruptive diseases, when treated by the use of ointments or lotions, are often followed by internal maladies infinitely more serious than the eruption itself;

and, sometimes, even destructive to life. A provincial surgeon of great talent and extensive experience, to whom I made this remark, assured me, that he had often been astonished to find that patients, who had been cured of psora by the usual method, were afterwards unable to resist any acute disease; and that, when so attacked, the results were generally fatal. Hahnemann has adduced a number of cases in proof of this statement, and the observations of this great man tend to show, that chronic disease is invariably the result of a virus lurking in the system, and often transmitted to posterity, in various forms. The truth of this theory is daily corroborated in homœopathic practice; but the virus *may* be destroyed, and the young, in whom it has become hereditary, secured from its injurious tendencies.

Viewing the subject in this light, and being firmly convinced that Hahnemann's theory of chronic disease is correct, every true homœopathist will anticipate with delight the benefit to be derived from its universal adoption.

The system being fully carried out, it certainly is not too much to prognosticate the utter extinction of chronic diseases, and the comparative mildness of acute ones. The greatest difficulties we have now to contend with, consist in the management of those diseases which are positively produced by medicine itself.

The cases most likely to baffle the homœopathic practitioner, are those in which the frequent employment of large doses of medicine has so altered the character of the original complaint, as to leave little else than a disease, *purely the product of medicine*. In such cases, before the original disease can be reached, it is requisite to counteract the injurious effects of medicines formerly administered, by giving antidotes. These indeed are the cases in which homœopathy often loses the credit to which it is entitled; perseverance, however, until the natural disease can be acted upon, will almost invariably lead to a successful result.

"We could present rather a serious tragedy if we were to collect all the cases of poisoning by huge doses of powerful medicines by the disciples of *this* physician, and of sanguinary homicide by the imitation of *that* bold surgeon, though they may both enjoy high repute."—*Med. Gaz.*

In proportion as diseases are treated on the mild principle recommended by Hahnemann, the patient taking during the treatment only so much medicine as is absolutely required, has not to dread the disastrous results of over doses.

The truth of Hahnemann's theory of chronic disease appears to me completely borne out, by recent trials in Germany of what is termed "*wasserkur*,"* in which the recovery of the patient is,

* This novel mode of treating disease was established by M. Priessnitz, some years ago; and consists in the external and internal employment of cold water. The establishment is situated on a mountain near the town of Freidwaldan, in

generally, preceded by the appearance of boils, and, always, by violent perspirations of a peculiar smell, indicating either disease thus detected, as gout or rheumatism; or medicine taken in large doses at some previous period, often very distant, and which is thus proved to *remain in the system* a much longer time than is generally believed.

Chronic eruptions are but an evidence of the existence of a virus seeking an outlet on the skin. This view of their origin, so greatly overlooked in the present, was at a former period, very generally admitted. The medicines *ordinarily* used for the cure of such eruptions are dangerous in the extreme. Fortunate is that patient whose constitution is sufficiently powerful to resist all attempts of this kind to eradicate the disease; since, should the astringent, or stimulating qualities of the ointment or wash, employed to efface the eruption be successful, more serious symptoms, indicating disease of an internal organ, are certain, sooner or later, to present themselves; and these can only be relieved by the re-appearance of the eruption, or the destruction of the virus by constitutional remedies.

The principle Hahnemann has so powerfully advocated, viz: that chronic diseases are caused by a virus infecting the system; or, in many cases, by overdoses of medicine taken with a view to cure them,—thus receives an unexpected and very decisive confirmation. The grand and very important distinction is, that the treatment by homœopathy gradually neutralizes the virus in the mildest way; whereas the “wasserkur” expels it forcibly from the system, provided the constitution of the patient be sufficiently strong to endure the violent and painful means adopted to effect it.

Happily, the desirable result may be obtained by the gradual and cautious employment of remedies answering homœopathically to the morbid effects of this virus, which, if not allowed to settle in the system, may, without difficulty, be completely eradicated.

As this virus, by whatever name it be called—scrofula, gout, or psora—is confessedly hereditary; and as, by neutralizing it early,

Austrian Silesia. The treatment requires to be modified according to the strength of the patient. He is roused at four or five o'clock in the morning; and before getting out of bed, is wrapped up in blankets soaked in cold water, in which he remains an hour. By degrees warmth spreads over the surface, and copious perspiration ensues. The patient is then dried; he dresses himself very quickly, and descends into a subterraneous passage, where a bath has been prepared, the temperature of which, even in summer, does not exceed 44° Fah.; he remains in the cold bath ten or twelve minutes; and then returns to bed, to be again enveloped in cold wet blankets; and, after a slight perspiration, gets up to breakfast. During the day he takes forced walks, and drinks a great quantity of cold water. The diet is of the simplest kind; all stimulants are excluded, and the only beverage permitted is water. The cure is always preceded by the appearance of pustules, ulcers, or abscesses on various parts of the body, chiefly on the feet. This treatment sometimes occupies several months; and as the ulcers, &c., heal, the cure becomes established. Nothing could more fully corroborate Hahnemann's theory of chronic disease.

it may be, in the majority of instances, arrested in its progress, *CHILDREN ought to undergo a regular course of ANTIPSORIC MEDICINES*, where the slightest suspicion exists of their liability to inherit the diseases of their parents. By pursuing this course, it is not too much to expect that chronic disease will gradually diminish in intensity, and, at length, be altogether effaced; and that acute cases, treated by mild and innocuous remedies, will not weaken the system or undermine the constitution:—the too frequent result of many of the violent means now very commonly employed.

Hahnemann's theory of chronic diseases is of so startling a nature, that we need not wonder it has met with violent opposition. Its truth, at least as regards the principle, begins now to be generally admitted. To those who have duly reflected on the subject, it must be evident, when a miasm is once received into the system, that, until it has exhausted its power, or been medicinally eradicated, it will, under peculiar exciting causes, produce its malignant effects. Such is the fact with respect to scrofula, gout, syphilis, &c.

Hahnemann considers psora, syphilis, and sycosis, to be the chief sources of chronic disease; but from whatever cause it may have originated, its existence is a bane, and should, if possible, be destroyed. This, it is believed, may be accomplished, although sometimes, it may require more than the lapse of one generation before the end is attained. It is, therefore, advisable to put all children under a course of antipsoric medicines, even though they appear to be in excellent health; but more especially so, if their parents have, at any period of their lives, been effected with any eruption, other than that resulting from the exanthematous fevers.

There is, moreover, an additional reason for putting children under this course, viz:—that by *VACCINATION*, immense as are its advantages, it is more than probable, that if any taint exist in the child from which the virus is taken, the child vaccinated with it will receive the morbid predisposition. This, however, ought not to deter parents from availing themselves of the inestimable advantages which the discovery of Jenner offers to mankind; since it is only by this invaluable preservative—which is in truth purely homœopathic—that the small-pox can be eradicated: and, indeed, the poison, if any remain, may be destroyed by antipsoric remedies, before it has had time to do much injury.

The extraordinary success with which *SCROFULA* and *GOUT*, two of the most intractable diseases, are treated by homœopathic means, proves the power which specific remedies exert even over hereditary affections. These means should be employed as *prophylactics*, where hereditary taint in the young is in the remotest degree suspected. It is in such cases that the advantage of the antipsoric or, as it may be termed, the *alterative* system is particularly evident, the noxious miasm being thus, imperceptibly, destroyed.

(To be continued.)

Part 4.---Editorial.

MEDICAL SCHOOLS IN THE WEST.

We have received a copy of *Prof. Drake's* Introductory Lecture of the present session, which, with the exception of certain errors, is quite a respectable document, and contains some good suggestions, as to the importance of preliminary education for medical students. After quoting from a previous lecture on this subject, he continues:

"Since those words were spoken, one generation has been buried and another arisen;—the age of the pioneers has passed away;—the axe has conquered the forest;—infant villages, overshadowed by native trees, have grown into towns, with shade trees from distant lands;—towns have expanded into cities, which abound in the luxuries of every climate;—new institutions of elementary learning have from year to year, come into existence, and abounding opportunities have been brought to the door of every young man who aspires to the study of medicine; and yet, I am sorry to know, that the preparatory learning of the pupils of the West, is now scarcely superior to what it then was. All else has displayed progress—this alone shows no improvement. Young gentlemen, a defect so degrading to our noble profession, should not be permitted to continue; and I most earnestly and affectionately call upon you, now while you are in the springtime of life, to devote to the cultivation of letters, a portion of every day, from the time you leave the college. All that I propose—all that is necessary—lies entirely within your grasp. You have only to resolve, and it will be accomplished. In the year 1840, while making a tour through the central parts of this State, for the study of its diseases, I met with a young physician, who rode with me for a while, and desired to converse on the means of improving himself in the literature and science of his profession. He had entered on its study with but little preparatory learning, and after an attendance on a single course of medical lectures. The result of our conversation was a determination, on his part, to assign a fixed portion of every day to the study of the elements of literature, and other portions to the cultivation of his profession. He left me, but was not forgotten, and the hopes he had inspired were soon realized. In three years I had the pleasure to see his name in one of our periodicals, to which he became a regular and respectable contributor. His writings brought him reputation; and in less than seven years from our interview, without

attending a second course of lectures, he received an honorary degree from one of the most distinguished schools of the West. I must return to the discourse which has suggested this narrative, but cannot do it until I have exhorted each and all, when you shall become members of the profession, to look faithfully into the literary acquirements of those who desire to become your pupils; rejecting all who are not qualified, and turning them to some other pursuit, or to the academy for further elementary instruction."

Referring to the progress of medical schools in the West, he says :

"Never before, in any land or age, did a few fleeting years transform the broad face of half a continent, from the wild and savage scenery of nature, into a panorama of cultivated fields, with throngs of intelligent and busy men. At the time that appeal was made, there was in the West, as we have just seen, but one medical college. Now there are twelve in operation, one temporarily suspended, and three in the forming stage. Thus, on an average, every three years has given birth to new medical institution. Their distribution is as follows: Lexington, one; Louisville, one; New Orleans, one; St. Louis, two; Chicago, one; Laporte, one; Buffalo, one; Geneva, one; Cleveland, one; Columbus, one; Cincinnati, one. The one in a state of suspension, is at Memphis; and the three projected or not yet fully organized, are at Indianapolis, Evansville, and Nashville. In the twelve schools, there were, last winter, not less than fifteen hundred pupils: and yet large numbers left the West, for the institutions of Philadelphia and New York. From this evidence of the growth of your native or adopted country, you will perceive, young gentlemen, how great it must become, while you are yet actors on the stage of professional life. You will realize, I trust, that you are not doomed to spend your days among rude and ignorant backwoodsmen; but in the midst of intelligent and refined communities; and that you should, by deep and protracted study, prepare yourselves for such associations;—for building up a profession worthy of such a state of society, and for performing an honorable part in a thousand works of learning, science, charity, and patriotism."

"*Cleveland, one; Columbus, one; Cincinnati, one!!*" (medical school.) Really there is a good deal of self-possessed insolence in this sentence. A professor in a fourth rate medical college, a college surpassed in the number of its pupils by three others in the same State, and overshadowed by its next neighbor can enumerate but one medical school in Cincinnati! Doubtless every gentleman

has a right to render himself ridiculous whenever and however he pleases!

The following account of the origin of medical schools in the West is characterized by a slight omission:

"To the State of Kentucky, the oldest of the Western sisterhood, belongs the distinction of having chartered the first University in the wilderness. Its franchises permitted the organization of every faculty, usual in the higher seminaries of learning; but a medical school was not in the contemplation of those who asked, or those who gave the charter. The town of Lexington, in early times the metropolis of the West, may justly claim the pre-eminence of being the first to cherish such a school. About forty years ago, Dr. Samuel Brown, and several other respectable physicians of that town, suggested the founding of a medical department in Transylvania University; but the suggestion was not then acted on; and it was reserved for Dr. Benjamin W. Dudley, in the year 1815, soon after his return from Europe, to revive the project. It was favorably received by the Trustees of the University, and four professors were appointed. In the winter of 1815-16, some of them, without concert, delivered short courses of lectures, to a small number of pupils. In the summer of the latter year, I was invited to join them; but did not do it until the autumn of 1817; when, for the first time, the Faculty was organized. The professors of that, the pioneer medical Faculty of the interior of the continent, were Doctors Dudley, Overton, Richardson, Blythe and myself. Our class consisted of twenty pupils, drawn chiefly from the neighboring counties. In the following spring, a public commencement was held, and the degree, to which you are aspiring, was conferred upon a single candidate—Dr. John McCullough—the first ever graduated in the West. Such was the implantation of medical institutions in the Valley of the Mississippi.

Soon after the session ended, believing Cincinnati superior to Lexington as a site for a medical school, I resigned my chair—*Materia Medica*—and determined on proposing the establishment of a school in this city.

As promotive of the enterprise, a course of lectures on Botany was delivered, in the following summer, to a class of ladies and gentlemen, including several students of medicine; and in the winter, ten or twelve students of medicine, were collected for instruction of a strictly professional character. On the 19th of the following January, 1819, in consequence of a personal application to our legislature, the MEDICAL COLLEGE OF OHIO, in which you have enrolled your names, was chartered; but it did not become organized until the autumn of 1820; when its first session began with a class of twenty-five pupils. Thus came into existence the

second medical school of the West, and the first on the northern side of the Ohio river.

The foregoing statement should be modified by the following correction. The first movement towards the establishment of a medical school at Lexington, was made by our father, Dr. JOSEPH BUCHANAN, (who died in 1829.) Dr. Buchanan, Dr. Overton, and Dr. Rollins had been pupils of Dr. Brown, above mentioned. Dr. Brown was a man of rare talents and accomplishments—his three pupils were distinguished for intellectual vigor; but by common consent, a superiority in learning and mental vigor was recognized in Dr. Buchanan. Soon after the commencement of his professional life, upon his return from Philadelphia, he urged the establishment of a medical department in the Transylvania University, and procured the necessary action by the Trustees. He was appointed professor of the "Institutes of Medicine and Clinical Practice," under which appointment he proceeded to prepare a course of lectures for the first session. But before the commencement of the session, he became satisfied that his colleagues would not be such as he deemed indispensable to the success of the scheme, and therefore resigned the chair.

The philosophical doctrines which he designed embodying in his lectures, were subsequently published under the title of Buchanan's "*Philosophy of Human Nature*," a rare work, of which a few copies are still extant, which exhibits great acuteness and originality of thought.—B.

VALUE OF ECLECTICISM.

The value of the Eclectic system of medical practice to our country might easily be determined, if Eclectic practitioners generally would pay proper attention to recording their practice as recommended by our National Association.

From statistics already received, we are enabled to present the following summaries which are highly interesting, as they fully sustain the assertions heretofore made by the friends of medical reform, as to the vast superiority of the Eclectic practice. Will not our readers take this matter in hand, and resolve henceforth not to allow their experience to pass away unrecorded.

The documents of the statistical committee thus far, present the following results :

Dr. T. V. Morrow 1726 cases, 13 deaths ; Dr. J. Borton 525 cases, 7 deaths ; Dr. A. Eckert 365 cases, 11 deaths ; Dr. J. G. Hunt 300 cases, 9 deaths ; Drs. G. and J. Ball 244 cases, 4 deaths ; Dr. N. L. Vansant 700 cases, 4 deaths ; Dr. Webster 300 cases, 4 deaths ; Dr. S. E. Pearre 500 cases, 2 deaths ; Dr. Wm. King 76 cases, no deaths ; Dr. T. J. Wright 200 cases, 4 deaths. Total 4936 cases, 58 deaths.

These are the reports of the results of general practice, embracing all kinds of cases, and are entirely distinct from the special reports of practice in particular diseases. They are therefore fair illustrations of the usual results of Eclectic practice. The average mortality which they exhibit is but little more than one per cent. about one and one-sixth, or in decimals 1.175 per cent.

The average mortality of the European hospitals is about ten per cent., or *more than eight times* as great as the mortality of Eclectic practice. The mortality exhibited by the last report of the Commercial Hospital of this city, under the care of the Ohio Medical College, was a little more than one death to six patients—one to 5.91—The mortality of the Eclectic practice is but one death to 85 cases. Hence it appears that the proportion of deaths under the old school practice of the Ohio Medical College is more than *fourteen times* as great as under the private Eclectic practice !!

How long shall these abuses be tolerated by an intelligent community?

MORUS NIGRA AND COTTON ROOT.—Dr. L. of Memphis, says in a recent letter:—"For some time past I have been using as a vermifuge, the bark of the root of the common Mulberry (*Morus Nigra*,) and find it unsurpassed by any article of the materia medica for the *lumbrici*. In one case of protracted delivery, I found a decoction of the cotton root much more efficient than ergot, or any other remedy that I used."

ITEMS.—The Eclectic school at Memphis has forty matriculants. The Ohio Medical College has from a hundred to a hundred and ten students in actual attendance. Three students at the Syracuse school have been arrested in consequence of dissecting the body of a German female.