

**THE**  
**ECLECTIC MEDICAL JOURNAL**

**OLD SERIES VOL. IX.—NEW SERIES VOL. II.**

**EDITED BY**

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## 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.

(Continued from page 542.)

Take for example the disease called hydrophobia. It has been known for twenty years in the Eclectic ranks that hydrophobia is not an incurable disease—over and over again it has been cured by American Eclectic practice—by scutillaria, lobelia, and the vapor bath, and yet up to the present time the standard works of the Allopathic school have failed to adopt this treatment. The latest and highest authority, Dr. Watson of London, expresses a belief that neither art nor nature has ever cured a patient attacked by hydrophobia, and although he alludes to the use of scutillaria in America, he discredits almost all the resources of European Allopathic medicine in the cure of this disease, and professes merely to mitigate, by anodynes, the sufferings of the patient, and give him an easy death. Now if the lapse of twenty years has not procured even a recognition or mention of the successful treatment of hydrophobia in the standard Allopathic works, how many years will it be before the main body of the profession shall have adopted the successful treatment? Is it not probable that the main body will in this, as in the cholera, linger half a century in the rear of the Eclectic vanguard? At present the case stands thus—the most distinguished allopathic writer believes that a case of hydrophobia never recovered under allopathic treatment—but under the American Eclectic practice, I have never heard of a case which has proved fatal.

In the treatment of all female disease, there is a striking contrast at the present time, between the best Eclectic and the best old school practice. Some of the most important principles in the treatment of this whole class of diseases are but little known at present beyond the Eclectic ranks. The proper use of the invaluable Macrotyn is almost unknown to the great multitude of the profession, and not only in this but in all other diseases, a large majority of the Eclectic prescriptions are essentially different from those of the old school practice. In the rapid progress of Eclecticism, we find new medicines and new modes of practice introduced, superior to the old—we lay aside the old and comparatively worthless drugs, which have been superseded by better agencies—we advance to a new position, and leave the old conservative body of the profession, enamored of old fashions, still using the old prescriptions which we regard as obsolete, while the Eclectic physician of the present generation uses, at the present time, those improved methods of treatment to which the old school multitude will not attain until another generation has passed away.

Thus the Eclectic vanguard and the Allopathic bulk of the profession stand related somewhat as the present generation stands related to the past—or if we consider the majority of the medical profession as the representatives of the present generation—then they stand related to the Eclectic profession as the present race do to a future generation, which will smile at our ignorance and errors.

The party of the future and the party of the past now stand arrayed in opposition—the one stubborn, dogmatic, haughty and vindictive—the other sanguine, bold, hopeful, tolerant and kindly.

The one party, cherishing the exploded errors of the science, has but little time or love to give to radical improvements—the other party, fully satisfied in reference to these now obsolete delusions, looks eagerly to future progress. The party of the past are diligent and learned, their scientific labors are arduous, their contributions to medical science and literature are voluminous, but for want of the proper animating spirit, much of their learning and labor proves barren.

The Eclectic party have long since discarded that dangerous delusion, the idea that mercurial medicines are necessary in the treatment of a great number of diseases—it has long since been ascertained to be a delusion, that no other remedies but the mercurial will act efficiently upon the liver, yet the great majority of the whole Allopathic body, are profoundly ignorant of the fact, that we have other remedies more potent than calomel, for the control of the liver and for all other purposes aimed at by mercurial medicine. It is difficult to overcome this ignorance and these delusions, because they are fortified by an amount of professional bigotry and vanity, (among the leaders,) which defies all instruction, that does not come by authority.

That other grand delusion of Allopathic medicine, which prompts to the use of the lancet, has been long since denounced by American Eclectics—it has been demonstrated throughout the various climates and localities of this republic, that a system of practice which totally discards the lancet, is preferable to the old depleting practice. The strictly non-mercurial and non-depletory practice of American Eclectics, has been attended by far superior success to the mercurial and depleting system, even in the hands of the most learned and skilful. The average mortality attending Eclectic practitioners, so far as I have yet learned from their reports in all classes of cases, is but about one or two deaths in a hundred cases of disease. Young men go forth from our Institute inexperienced in practice, and in a short time we learn that they have treated five hundred cases, and not had more than five deaths among the whole. A number now sitting before me can verify these statements. Now I do not know what is the average mortality of old school private patients, but I do know that the average mortality of old school practice in the Hospitals of Europe, under the most eminent professors, has been between nine and ten per cent. The difference therefore in this comparison, is not less than a ratio of five to one, and in many cases ten to one in favor of rational liberal medicine.

Yet still leaders of the antiquated Chinese-like profession, cling to the lancet, calomel, and opium—cling to the most absurd of these exploded delusions—with fierce tenacity, glorying in a pretended antiquity of two or three thousand years, and cherishing, because they are old, a set of doctrines, habits or notions, so repugnant alike to reason, to science, and to experience, that we can only exclaim, in the language of the poet Mackay,

“Old opinions! old opinions! Rags and tatters! GET YE GONE!”

Thousands of our young men, with energies and capacities fitting them for the highest usefulness, annually resort to American Colleges to be clothed in these “rags and tatters” of medical delusion.

They resort to the temple of Allopathy in this city, to be indoctrinated with the errors of the European system of practice, and to learn to imitate that wondrous medical skill by means of which the Faculty of that Institution have heretofore permitted one-sixth of all their patients in the Commercial Hospital to die a regular Allopathic death. I refer to this Institution, not in consequence of any hostile feeling (for I wish it the utmost prosperity, and the most elevated reputation for teaching sound and useful knowledge) but because it is a state Institution, endowed by the means of the people of Ohio, in which, therefore, we the people have all a common interest, and into the management of which we have a right to enquire, to enforce a just responsibility.

Let us look for a moment at the blood shed, and devastation

which this college has been instrumental in spreading through our country. Not having access to its catalogues, let us suppose a case to illustrate its merits. Suppose such a college for a series of twenty years to graduate annually fifty young men as practitioners of medicine, and suppose them to continue each, on an average, fifteen years in active practice with five hundred patients per annum. Suppose too, that in private practice they surpass their teachers, and lose only one-third as many patients as the Professors lose in the Hospital. With these data we perceive that every graduate will have during his entire career seventy-five hundred patients, and losing one in every eighteen, the total number of deaths for which he will be responsible will be four hundred and sixteen.—The thousand graduates in the course of twenty years, each losing four hundred and sixteen patients, we have the grand aggregate of scientific death, amounting to four hundred and sixteen thousand men, women and children. Now I believe that the legitimate mortality of such patients treated in a rational manner, would not equal the half of this amount. Granting that a mortality as high as two per cent. should be the legitimate mortality of general practice, the sum total of deaths at such a rate, in the case supposed, would be, not four hundred and sixteen thousand, but one hundred and fifty thousand. The difference between these amounts, or two hundred and sixty-six thousand, is the number of deaths occurring under an irrational practice, which would have been prevented by that system which the benevolence and common sense of America have originated.

If these calculations are correct, two hundred and sixty-six thousand, is the probable number of men, women and children whose lives are sacrificed in consequence of the successful establishment, and wide spread influence for twenty years of an old fashioned Mercurial Medical College.

I know not whether the Ohio Medical College has graduated one thousand—I know that it has recently graduated over fifty in a year, and that it has been in operation more than twenty years. We need not be more liberal than to suppose the graduates three times as successful in private practice as the professors in the Hospital; but even granting this, we perceive that college would stand responsible for a loss of human life to the amount of more than ten thousand per annum. Yet even supposing nine tenths of this calculation to be erroneous—the loss of 1 fe, in consequence of the errors of that college, would amount to one thousand per annum!

If the mercurial practice is attended by but one per cent. more of mortality, than the Eclectic practice, the annual mortality of the United States under the influence of Mercurial colleges would be at least 200,000 more than under a liberal system of medicine.

Examine this matter as you please—calculate by any fair rule, and you cannot come to any other conclusion than that our State Medical College, so long a focus of professional bigotry, delusion,

and deception, has been instrumental in causing a terrible mortality. I would if I could come to some other conclusion, for these facts are almost too appalling and too terrible for belief—but I do not see how to escape this conclusion—there stand the facts upon the records of the Commercial Hospital and the Ohio Medical College, and reason upon them as you may, with all the ingenuity and special pleading that you can employ, you must come to an appalling aggregate. The more we examine this matter, the more certain does it become, that this calculation is but too well grounded. Look at the cholera mortality in this city—4,350. We do not suppose that more than one-sixth of the whole population was attacked by cholera—granting that one-sixth were attacked—which at that time would not have been more than 15,000, this number of patients, if treated for cholera by Eclectic practitioners, would have had a mortality at the usual rate, ( $4\frac{1}{2}$  per cent.) of 650—this leaves about 3700 deaths as the result of Allopathic delusion and error. If three thousand perish in a single city in a single epidemic invasion, we can easily imagine that throughout the length and breadth of the land during a series of years, hundreds of thousands of victims have been hurried to untimely graves.

Look at this allopathic practice in detail, and we see its defective nature. For example, a malignant dysentery accompanied the cholera, which often proved as fatal as the cholera, killing, sometimes, one half of the patients under Allopathic practice. Several Eclectic practitioners in this city have treated several hundred cases without a single death.

In malignant scarlet fever it is no uncommon circumstance for the Allopathic practitioner to lose one-fourth and even one half of his patients. The Eclectic practitioner who lost even one-tenth, would consider himself quite unsuccessful. I could refer to Eclectic physicians who have never lost a single case of scarlet fever in their lives, and I believe that one death in fifty is a sufficiently high estimate of its proper mortality.

Puerperal fever among the best Eclectic practitioners scarcely ever proves fatal. In the Allopathic school we know it is a disease of terrible fatality.

Cancerous diseases which the Allopathic faculty regard as incurable, are cured in a large majority of cases without the use of the knife by the Eclectic practice.

Viewing the aggregate results and the character of the systems of practice—we must again affirm that the Eclectic system is half a century in advance of the Allopathic—and if we examine the latest progressive movements of Eclecticism, we shall find that it continues still as far as ever in advance, and the distance is rather increasing than diminishing.

Mark for example the condition of physiological science in Allopathic Colleges. In all the medical colleges of the United States

as well as in the universities of Europe, instruction in Physiology is in various degrees lamentably defective.

Is it not almost incredible that in the present enlightened century when so vast an amount of labor has been bestowed upon physiological and anatomical research—the physiology of the brain is not taught in a single medical college either in America or Europe. In some institutions the phrenological functions of the brain as taught by Gall are alluded to, but in none of our American schools, so far as I have been informed, is there a thorough course of instruction even in Gall's incomplete system of phrenology—while the functions of the brain as a physiological organ are almost entirely overlooked.

Our medical writings abound in acknowledgments of ignorance, in reference to the whole nervous system and nervous functions of man. The British & Foreign Medico-Chirurgical Review acknowledges that all the minute researches into anatomy, pathology, &c., have as yet thrown very little light upon the functions of the nervous system.

Professor Watson says, "We are yet terribly in the dark about morbid affections of the nerves, both organic and functional. Hereafter some medical Newton will cure and reduce all these apparently complicated phenomena under one simple law. At present all that we can do is to collect, and as far as we may, to arrange facts, in the hope that at length some betterlight will be shed upon the subject" (p. 409.)

Muller, while acknowledging the insufficiency of pathology anatomy to develop the functions of the brain—says that the true principle for the development or ascertainment of the functions of nervous matter is to experiment upon the living organs. This is the principle which is carried out in this institution.

When the ignorance of Allopathic Colleges is thus candidly acknowledged, it might be supposed that they would be zealously engaged in exploring the functions of the brain, and also, that they would hail with delight, and honor with cordiality every successful attempt to explore this mysterious subject.

But on the contrary, so well contented are they with their present ignorance, and so jealous of all innovation, that they have denounced and overwhelmed the distinguished Dr. Elliotson for daring to bring forward his mesmeric experiments, and contribute to their stock of substantial knowledge. The most distinguished professor in one of the most flourishing medical colleges in the United States, was compelled by his colleagues of the Faculty to desist from laying fully before the school the facts of Mesmerism and was refused permission to publish anything upon the subject in the medical journal of the school—a school of which he was in reality the founder.

When in the year 1841, I announced a solution of the gran-

problem, which had defied the medical world for so many centuries—when I announced that the functions of the brain, heretofore so imperfectly known, had been discovered by a new method of experiment—I presented a narrative of the facts and discoveries to the same medical journal, not doubting for a moment that the narrative would be eagerly published. I was not a stranger to the gentlemen professors and editors. They knew me, and my father before me, (their predecessor)—they knew that whatever I stated was true unless I was deceived, and the facts were of a palpable public and noted character. But in vain did I demand even a single hearing. They seemed to look upon a grand scientific discovery, not as a meritorious but as an unworthy act—as a matter which every medical man should shun, suppress, denounce and slander—they regarded it just as Inoculation and Vaccination were regarded in their day, or as ether was regarded by a portion of the profession year before last. Not only did they suppress the paper—they also manifested an unwillingness even to see or know the facts. Their colleague, an older and more distinguished man attended my lectures as a learner, but they could not be induced even to look at the experiments. And I may add, the gentleman who thus refused, and who has never yet witnessed a demonstration of the functions of the brain, who has so perfectly imitated the professor at Padua, who would not look through the telescope of Galileo to learn the new discoveries in Astronomy—this wise proficient in the art of keeping the eyes closed, has been translated to the Queen City of the West, to assist in perpetuating the darkness of medical Hunkerism. Perhaps I should say to assist in closing its eyes.

With all the learning and talents of the medical profession at the present time, there is not a college in America or Europe where a course of successful experiments upon all the functions of the brain has been carried on, or where one tenth, or one hundredth part of these functions are known. The Eclectic Medical Institute is the only college in existence which even professes to teach the physiology of the brain, and should one of our graduates visit Europe, he might travel the rounds of all the European colleges and Universities, might listen to Andral, Velpeau, Bouillaud, Dumas, Longet, Muller, Burdach, Tiedemann; or might listen in the British dominions, to Watson, Forbes, Stokes, Todd, Abercrombie, Mayo, Carpenter, Owen, Bird, Williams, Copland, and the whole host of the illustrious professors of medicine, without once hearing an allusion to those familiar and important facts obtained in his American education in the city of Cincinnati. Nay, more, if he should attempt to give a little American light to the luminaries of European Medicine—if he should state a few familiar facts, familiar to every student of this institution; or should offer to demonstrate his knowledge to their medical majesties, by convincing experiment, and should succeed in obtaining a respectful hearing,

he would excite in their minds the most profound astonishment—he would be asked the puerile questions, and assailed by all the little difficulties which occur to the mind of a tyro in neurological science, and he would come back with the sentiment, that although the wise men of Europe might abound in the lore of antiquity, and might be learned in modern medical knowledge, yet the time had come when knowledge was no longer concentrated in London and Paris—that while the star of empire is gradually wending its way to the west, the star of medical science is also approaching the Western Hemisphere, and the time has already arrived when the renowned potentates of medicine must turn their faces to the west to acquire that knowledge which has been beyond their own researches.

They must turn their faces to America if they would learn the functions of the brain—they must turn to America to learn the treatment of cholera—they must turn to America to learn the major part of the details of medical practice—they must turn to America to learn how to treat disease without allowing more than one million of the human race to perish every year, who might be saved by proper treatment.

We were alluding to the ignorance of Europe, and the ignorance of the entire medical profession in reference to the physiology of the brain. How long will this ignorance continue? How long will it be before the Allopathic medical colleges of our own country will advance to the position of the Eclectic Medical Institute, and institute a proper course of instruction in cerebral physiology.

The time is far off—look at their progress in other matters—even in simple anatomy—it was about fifty years ago that Gall and Spurzheim demonstrated the true structure of the brain—anatomical professors assailed them, ridiculed them, and almost denied the evidence of their own senses—but now no respectable anatomist denies the truth of their principal discoveries in cerebral anatomy—and yet in the Allopathic medical schools at the present time, the anatomy of the brain is generally superficially taught, and the discoveries of Gall and Spurzheim are often shamefully neglected.

If it requires fifty years for Allopathic colleges even to learn a little lesson in cerebral anatomy, it will require at least a century at the same rate, for them to become masters of cerebral physiology.

In another department of medical science, the recent movements of the Eclectic vanguard have placed them still farther and farther in advance of the Allopathic multitude.

The illustrious Hahnemann—illustrious as a benefactor of mankind, lived and died in Europe, in the midst of Allopathic learning and power. As a bold and fearless reformer, his labors date back even prior to the earliest dawn of Eclectic medicine in America. Like all great reformers he was reviled and insulted—the progress of Homœopathy in Europe, like the progress of Eclecticism in America, was accompanied by haughty contempt, by legal perse-

cution, by incessant misrepresentation, by the silliest slanders, and the coarsest revilings of the medical press. The weak minded were easily misled, and those imbued with the true spirit of old school conservatism, delighted in the ribaldry of the press, but to those who were wise in such matters, the loud scoffing and the hideous mockeries of the medical press in reference to a new discovery in medical science, indicated no more than the screaming of night owls alarmed by a sudden light, or the crowing and cackling of barn yard fowls which precedes the rising of the sun.

Homœopathy has become the dominant medical reform of Europe—Eclecticism the dominant medical reform of America—Homœopathy, amid the universities of Europe, and at the great source of emigration, has necessarily spread abroad and overflowed the American continent. Thus the two great systems, congenial in their interior spirit, though differing in their exterior form, have been brought into contact upon the American soil. It was an inevitable consequence that they should exert a beneficial mutual influence, and that they should unite in firm alliance.

It is no poetical fiction to speak of the combined labors of Homœopathy and Eclecticism in the great work of medical reformation as the union of benevolent ministering spirits. Homœopathy, strong in its European position, its dignified associations, its learning and its statistical evidences of success, comes to save mankind from the vast number of medical barbarisms to which they have been subjected. Eclecticism, strong in American energy, in its ample resources, proud of its benevolent achievements, and glorying in its unlimited future, claims to be the harbinger and the dawn of a better day for man. They unite, as when the Angel of Mercy, rising in the East, soars toward the zenith, and the Angel of Hope, rising in the West, each soars up along its own path of light—each radiant with its own glory, and crowned with its own peculiar liadem—to unite in blessing mankind.

How shall I describe this new accession to our therapeutic resources. I would compare it to the swelling volume of our grand American streams.

The great Father of waters originates in the interior of our continent, in the numerous little lakes which lie in the high and healthy regions to the north of Iowa; thence it pursues a steady course, a calm, clear, crystalline stream, with health and beauty upon its borders, until at length a mighty and rushing stream from far,—coming from the Rocky mountains, and bearing with it a world of upturned elements, pours its turbid tide into the calm and beautifully transparent stream. Thus does the pure parent stream of Eclectic medicine, which rises in the honest intelligence and benevolent spirit of the American people, receive into its bosom the turbid stream of Allopathy, coming from far, and bearing with it the wreck and fragments of a world of knowledge, of truth, and of

falsehood. The turbid stream is received, but its drift and sediment are gradually deposited—its snags, and its vegetable and mineral deposits are dropped on the way, and the deep powerful stream pursues its course until a still more beautiful stream, coming from the East—La Belle Riviere—the beautiful Ohio, brings in another tributary flood of the pure and wholesome element.

Thus does the great stream of Eclecticism, like the great Father of Waters, receive from the East the tribute of German science—the pure stream of Homœopathic knowledge—flowing in like the Ohio—and then the mighty volume of these waters flows on to the great ocean of Futurity.

But what shall be the color of the stream hereafter—what shall be the relative influence of the tributary waters, is a question which should be left to the future.

The God who rules in Heaven ordains the law of constant progress which we obey—and the spirit of truth which rules in our hearts ordains that we shall go *wherever science may lead us.*

We have already advanced so far as to recognize the value of Homœopathy as an important portion of the immense circle of medical knowledge, and to introduce it as an essential study for the graduates of our Institute, and in taking this position I presume no one will doubt that we have done that which no Allopathic medical college in the United States is prepared to do, or will be prepared to do for fifty years to come, and that thus the vanguard stands in this as in other movements, full fifty years in advance of the conservative multitude.

In taking this position the intelligence of the age is with us—the free spirit of America is with us—the triumphs of our practitioners—the increasing throngs that fill our halls, and the declining condition of the citadel of old school Allopathy in this city, all bespeak a triumphant revolution in medicine.

You, gentlemen, are to go forth as the heralds of this revolution, to go forth before the contest is over, and have the honor of bearing the banner with your own hands. Remember proudly your medical lineage, remember that you stand full half a century in advance of conservatism—remember that you should ever be among the foremost few in every useful science that relates to man—remember that you belong to the Vanguard of the Army!

## CHRONIC DYSENTERY, FORMULA &amp;c.

BY DR. D. E. SMITH.

*Editors Eclectic Medical Journal:*

I heartily approve of the suggestion you make in the address to medical practitioners, respecting the reports of valuable Formulas, and the treatment of particular diseases, through the medium of the Journal.

Most physicians have their private recipes, and their peculiar manner of applying them to diseases, which if communicated as above, would not only impart valuable instruction to your many readers, enlarge and dignify the science of medicine, but would be the means of bringing peace, health and happiness to the firesides of thousands.

The following is at your disposal:

On the tenth of February last, I was called to visit Mrs. Ross, aged, I should judge, about 22 years, then residing in Graham street, East Brooklyn. About fifteen months previous she had an attack of *Dysentery*, and from some cause, her disease had assumed a chronic form, and had remained with her since; although she had been under the *old school* treatment, from the first of her attack until I was requested to see her.

The following symptoms presented themselves when first seen by me:

The tongue was covered with a thick tenacious coat, of a dark brown appearance; pulse very feeble, and somewhat accelerated; abdomen sore and painful on pressure. A preternatural discharge from the bowels at intervals of from three to six hours, quite profuse, resembling in appearance, brewer's yeast, very fetid, occasionally containing lumps [of coagulated mucous, or undigested substances, (*scybalous fecal matter*)] with tenesmus during, and burning in and after evacuations. Comatose symptoms were also present, but this was owing to sulphate of morphia, the influence of which she had been under for the past six weeks. Skin dry and husky; and with the exception of her face, (which was much bloated,) presented the appearance of a living skeleton.

Her physicians had long since signed her death warrant, which, through the appropriate administration of Eclectic remedies, and the blessings of Divine Providence, was countermanded.

Notwithstanding my entire confidence in our remedial agents in every form of disease, I am free to confess, from the above formidable symptoms, and apparently *hopeless* condition of the patient, that my faith was somewhat weakened; and when my opinion was solicited, honestly expressed my doubts as to the favorable ter-

mination of the disease. At the request of the patient and her friends, however, I consented to prescribe.

The course of treatment was such as I usually adopt in the chronic form of this disease. It is simple, yet efficacious; and for the benefit of others who may be called to treat similar cases, I will give it.

*Carbo Vegetabilis* in ten grain doses, was given once a day, in connexion with Neutralizing mixture. The same with the addition of brewer's yeast by enemata. This treatment was ordered with a view to produce a new action of the mucous membrane of the bowels, and thus change the nature of the disease; while at the same time the carbon counteracted the great tendency to putrescency. The above treatment (with the addition of the alkaline bath, which was ordered three times a week,) was continued for two weeks with decided improvement.

The following was given in table-spoonful doses, two or three times a day, or oftener, if required.

℞ *Geranium Maculatum*;

*Prunus Virginiana*, ʒ ʒ;

*Rubus Villosus*, ʒ ij;

Aqua, q. s. Form in syrup 1 pint.

In the meantime the nurse was directed to apply to the bowels a flannel, wet with best brandy, and sprinkled with powdered Cinchona, to be worn constantly until cured.

Diet during treatment, *Tapioca, toasted bread, and boiled rice*. Drink, a tea made from the leaves of the *Hammamelis Virginica*. Duration of treatment, four weeks. The patient has, since her recovery, enjoyed better health than for years previous. How much better than calomel, opium, sugar of lead, &c.

I send you a formula, which I have used extensively for the cure of rheumatism, gout, chronic lameness, swelling of the joints, &c. It is, perhaps, as near a specific in the above diseases, as any medicine can be.

℞ Gum Guaiacum

ʒ iij;

*Macrotys Racemosa*

ʒ iij;

*Phytolacca Decandra*, (juice of berries) and Gin, ʒ ʒ cong. ss.

Digest two weeks and filter. Dose from one to three table-spoonfuls, night and morning.

Brooklyn, Nov. 1st, 1849.

## Part 2.---Miscellaneous Selections.

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**COLLODION.**—The attention of the profession has been called to this new agent in surgery, and it is justly regarded as an important addition to the means of usefulness in the hands of the surgeon. It is one of the results of the increased attention of late to the uses of ether, and, as in the case of the solution of camphor in chloroform, shows that the progeny may improve upon the parent stock. As an excellent method of procuring adhesion between divided living parts, the solution of gun-cotton in ether is a valuable discovery. Its use will grow upon the esteem of those who test its merits. As an adhesive article its value is very great. It is not influenced by heat or cold, or water, and it passes rapidly from a fluid state to a firm and persistent coating over a wound. In "cuts, burns, excoriations, and sore nipples," it has been highly commended; but, if we may judge from experience, not more so than it deserves.

Dr. Erasmus Wilson bears strong testimony to the value of collodion in diseases of the skin. He says he has used "it with advantage in chronic erythema of the face; intertrigo; chapped nipples and chapped hands; herpes labialis, perputialis, and herpes zoster; lichen agrinus; lupus non exedens, and exedens; acne vulgaris; and several affections of the sebiparous organs. We are able to corroborate Dr. Wilson's strong testimony to the value of collodion in various diseases of the skin. In a troublesome and obstinate case of erysipelas, in which nearly the whole round of ordinary treatment was tried, without any benefit to the patient, the collodion worked like a charm. All other applications seemed to be injurious, but the disease commenced improving soon after the collodion was used, and it is now so near well, that we have no fear but that it will be thoroughly cured.

In ulceration of the os and cervix uteri, Dr. Mitchell, of Dublin, says the collodion is the best application he has ever used. After the ulcerated surface had been thoroughly dried, by repeated applications of lint, the collodion is applied with a camel's hair pencil, through a speculum. Repeated coatings are to be made, until a firm and adhesive varnish is attached to the ulcerated surface. At the end of forty-eight hours the dressing is to be renewed. In simple abrasions, Dr. Mitchell says this is sufficient; but where large granulations are present, it is necessary first to resort to

nitrate of silver, or acid nitrate of mercury; after which the collodion may be used with advantage.

In the application of collodion to chronic ulcers, Dr. Startin, of London Cutaneous Infirmary, gives the following directions: "Dry the ulcer well with bibulous paper; wash over its surface with a large soft brush, wetted with ether; dry a second time with the paper; apply, with a brush, the collodion in a circular manner, so as to cover the edges of the ulcer to a greater or less extent, as may be deemed necessary, and varnish over so much of the ulcer itself as to leave a *small central opening* for the escape of the discharges." "This expedient," says Dr. Startan, "reduces a large sore into a small one, and does prevent any stimulus judged favorable to cicatrization being applied in the dry form, before the varnishing process is commenced."

In order to give the collodion a tint resembling the skin, Dr. Startin recommends the addition, to the collodion, of an ethereal solution of turmeric or saffron, and of red saunder's wood, or alkanet root, so as to produce the required tint. And to render the collodion opaque, more elastic, and to remove its great contractility, Dr. S. recommends the addition of linseed, cocoa nut, pure cod liver, or lard oil, previously dissolved in ether, in the proportion of from half to a drachm of oil, to the ounce of collodion. The best materials should be used.

Dr. Comstock, of Wrentham, U. S., has applied collodion to a case of extensive laceration of the perineum with a success that he thinks never attended any former method of treatment. He says: "The dressings remained firmly attached, and solid, during the process of healing, notwithstanding they were for a time almost constantly covered by urine, mucus, and subject to being displaced by the motions of the patient."

In a recent number of the "*Journal de Pharmacie et Chimie*," we find a paper by M. Ilisch, of St. Petersburg, on the use of a combination of collodion and cantharides, for the purposes of vesication. The important point in his paper, is his method of preparing the compound, and we submit it to the attention of our readers.

*Preparation*—Take one pound of cantharides coarsely pulverized, with one pound of sulphuric ether, and three ounces of acetic ether, and mix them together. In this way we obtain a saturated solution of cantharides, and an animal matter of a green color. In two ounces of this liquid, dissolve twenty-five grains of the gun cotton.

This preparation may be kept without alteration in a close phial, and offers an excellent method of vesicating any part of the surface. The blistering agent cannot slip about, and vesicate parts that do not need it. And from a drachm and a half of this preparation we

obtain as much effect as we could from half an ounce of the ordinary blistering ointment.

M. Livonius, of Neustrelitz, in the same Journal, gives a report of a series of experiments in making a collodion of remarkable adhesive power. He says that in making this improved collodion, he takes 200 parts of dry nitre, which he pulverizes finely, and 300 parts of strong sulphuric acid. The two substances are mixed in a porcelain mortar, and stirred with a glass tube. While stirring, add, as quickly as possible, 10 parts of pure cotton, very dry. After being in contact three minutes, during which it is continually stirred, the cotton is washed in distilled water, pressed and dried at a low temperature. But this does not make a complete solution, and M. Livonius says, that by observing the same proportions as above, mixing the dry nitre with English sulphuric acid, and leaving them in contact a space of five minutes, and then continuing the former operations, he obtained an article which dissolved with facility in sulphuric ether, and which makes a collodion of remarkable adhesive power. 5 grains of the cotton thus prepared, agitated in 110 grains of sulphuric ether, with the addition of 20 grains of alcohol, make a complete and transparent solution of the consistence of gum mucilage.

We cordially commend the collodion as a valuable and useful remedy in many cases, and as an important aid to other remedies, in various affections. Its application to its various uses, cannot fail to strike the attention of the intelligent practitioner.—*West. Jour. Med.*

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NEURALGIC AFFECTIONS.—This form of disease, occasionally baffles all ordinary attempts at relief. We have seen cases in which all the agents of materia medica were set at defiance, and which raged uncontrolled under the use of purgatives, antispasmodics, tonics, and powerful anodynes. A case of this kind is vividly impressed on our memory, and in order to give some assistance to those who may be bewildered as we were, we subjoin a history of the leading features of the attack.

Mrs. H. S. was delivered in 1845 of her first child.—The labor was not attended with any unusual occurrence, and the mother passed the first two days free from suffering of any description. We have never seen a case that was more propitious in all its characteristics, up to the beginning of the second week. At that time, the patient complained of pain in the right groin, extending down the thigh, towards the knee. We feared, at first, that phlegmasia dolens was about to show itself, but all the diagnostic symptoms of that disease were absent, and the case soon showed the unmistakable signs of neuralgia of a very grave character. The pain was of a most excruciating character; the patient could not

tolerate the least motion of the limb. There was no constitutional disturbance; all of the system, except the leg, was in a healthy condition. The lochial discharge was as it should be, the bowels regular, and the appetite good.

The treatment consisted of local applications, with a great variety of internal remedies. The most powerful stimulating liniments that could be borne, were freely used; the limb was enveloped in hot fomentations; and all measures proved futile. The various preparations of opium, and other anodynes, such as lactucarium, conium, henbane, &c., failed to give any kind of relief. During the fortnight that these remedies were used, there was no mitigation of the suffering. The iodide of potash, the vinous tincture of colchicum, and all other remedies of this class were tried freely and faithfully without any useful result. The patient was nearly worn out with suffering and loss of sleep, and the case assumed a desperate appearance. In this state of things, the continued affliction of the sufferer, and the failure of all common means for her relief, we remembered a suggestion of Johnson's *Materia Medica*, that a camphor vapor bath often proved powerfully anodyne. The suggestion was immediately improved, by placing the patient in a cane-bottomed chair, and disposing quilts around her so as to confine the vapor properly. An ordinary tin pan was placed over a spirit lamp resting on the floor, under the chair, and as soon as the pan was thoroughly heated, half an ounce of powdered camphor was thrown upon it. A powerful vapor was thus created, as so perfect was the effect that the patient could scarcely credit her own sensation when she found herself free from pain. This was her first respite for nearly three weeks. She enjoyed a refreshing night's rest, and next day seemed entirely well. On the following day she was much alarmed by the commencement of pain in the left groin, and for some hours the suffering was severe. In this case the pain extended upwards instead of downwards, as in the first attack. It occupied one half of the abdomen, the *linea alba* being the dividing line between the healthy and the suffering parts of the abdomen. The patient, a very intelligent lady, declared that the bowels on the left side of the line were in the most intense agony that could be conceived of, while the portion of the intestines on the right side was free from any kind of uneasiness. The camphor vapor bath was again resorted to, and perfectly relieved the sufferer. In a subsequent labor, this patient recovered without any return of this singular and obstinate neuralgia.

We have often used this remedy since it was resorted to in this case, and in no instance has it ever disappointed our expectations, and we commend it to the attention of our professional brethren as well worthy of use.—*Ibid.*

## FRACTURES, AMPUTATIONS, &amp;c.

It seems not to have entered into the conceptions of Drs. Walker and Stone, while contending for a higher and purer surgery than the amputating knife presents, that there was a height far above their own. For the kind of surgery that they practice and inculcate, their rules are excellent; but there is a kind of surgical science that makes these rules an utter abomination. Instead of all this care about large openings, dividing membranous and tendinous structures, preserving dependent orifices, or making counter openings for the exit of matter, would it not manifest a higher degree of skill to prevent the formation of matter, and thus render these barbarous measures for its discharge, unnecessary? The powers of the bandage are so obvious, so simple and successful in all these cases; they are so superlatively beyond all other means in their successful results, that we are at a loss to imagine how any other rules than those that belong to the proper application of the simple roller, can, by any possibility, find a lodgment in the mind of the surgeon. We have seen the most formidable injuries to joints, tendons, and muscles; comminuted, compound and simple fractures, invariably yield to the influence of the bandage, and many of them must have had, judging from observation of other methods, a serious termination under any other treatment. Under the influence of the roller, we have seen formidable gunshot wounds assume the aspect of ordinary incisions, and heal kindly in a space of time usually required for the sloughing process to complete itself. The formidable sloughing, immoderate flow of pus, fistulous formations, long continued illness and confinement are all absent under this treatment. Upwards of twenty years ago, we saw a case of injury that would have required amputation, and which must have ended in death, but for the bandage. Professor Dudley has recorded this case, and we cheerfully bear testimony to the accuracy of his details, for we saw the child dragged from its perilous place, and were incredulous as to the possibility of her recovery. Professor Dudley says:

A little girl, twelve years of age, playing in a horse-mill, was caught by the knee, between the principal wheel and walls of the building, and was carried round to a point where the approximation was so close as to stop the machinery propelled by four horses. After remaining between five and ten minutes in this situation, by the aid of levers and wedges the limb was disengaged. On examination, a few minutes after, I found all the integument, cellular substance, and most of the fascia protecting the muscles and tendons of the ham, for eight inches up and down the limb, were removed, and for about four inches around. The tendons of the biceps, semitendinosus and semimembranous were, exposed for at

least four inches, and the head and upper portion of the gastrocnemius to a still greater distance; most of the bursæ being scraped off, thus leaving the tendons ragged and bare. The head of the fibula was completely denuded. A small portion of integument, rolled up like a cord, was left on the outer portion of this extensive wound. On the inner and front portion of the limb and a little above the knee, a spot of some magnitude, of a livid appearance, indicated the opposite seat of pressure and violence.

The bandage was immediately applied, from the toes to the hip, for the purpose of preventing all swelling and inflammation, and to keep the limb extended during the cure. When the dressing was applied, the limb was nearly divested for the time of sensibility.

On the fifth day from the accident, the dressings were removed for the first time, when the integument that was killed all came away, leaving a suppurating surface, without either inflammation or swelling. On the twelfth day, and third dressing, by the process of sloughing, the whole of the lacerated fascia came away and left the entire surface of the wound healthy and suppurating. The flexor tendons were so extensively exposed that fears were entertained that they might slough, especially that of the biceps, the whole of which was exposed. All fears on that head were speedily dissipated by the appearance of granulations on all the tendinous surface. But from causes not known a fever now supervened, which was only subdued after a patient and unremitting effort of fifteen days. During the continuance of the fever, the patient lost as much by ulceration as the sore had gained previously by the granulating process, so that at the expiration of the first four weeks the wound was as large as at first, with a most obstinate disposition to contraction in the flexor muscles, created by some inflammation which had taken place. For it must be understood that from the loss of soft parts, the irregular conformation of the joint, and the impossibility of making complete, equable, and efficient pressure upon all points, the disposition of inflammatory action could not be entirely controlled. Under the persevering use of the bandage for another month, however, no medicated application being made to the wound, she was so far restored as to render farther attention on my part unnecessary. The occasional use of a splint, in aid of the bandage, was resorted to in order to counteract the flexor muscles of the limb.

Great apprehensions had been entertained for the preservation of the joint, because of the inflammation and the protracted nature of the case; but before the expiration of the third month, she was enabled to walk the streets with but partial stiffness in the joint, and that was temporary in character.

The frightful extent of the wound, the great loss of soft parts, and the contusion resulting from pressure that suspended for a num-

ber of minutes the motion of machinery drawn by four horses, furnished ample apology for the amputation of the limb; nor is it probable that it could have been preserved by any other treatment than that adopted in the case.

We regret that we have not space to continue this subject, for we have many interesting details to furnish in vindication of the claims of the bandage to a much more important place in surgical art than it generally obtains in surgical works. Of its great power over many affections for which it is rarely recommended, we shall present ample proof, and if the clinical reports of Dr. Gibb and Dr. Walker speak strongly in favor of the practice of M. Bauden and Dr. Walker, in comparison with the results of primary amputations, we shall be able to show that the surgical art which understands the bandage, and applies it with judgment, may boast a success and a series of results unattainable by any other means. These are matters of no ordinary interest, and cannot be too frequently enforced upon the attention of the profession. In realizing John Hunter's very correct idea of the difference between true surgical art, and operative surgery, the bandage will maintain a position that bids defiance to rivalry from any quarter.—*West. Jour.*

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ON THE USE OF IODIDE OF POTASSIUM IN CHRONIC LEAD POISONING.—*By M. Melsens.*—The treatment proposed by MM. Melsens and Natalis Guillott rests on this principle: to render soluble the metallic compounds which the system would retain, by associating them with a body which the system most readily eliminates. This point of view has already been realized: first, by means of the property possessed by all the insoluble compounds formed by salts of mercury and the substances which are met with in the system, to become soluble in iodide of potassium; secondly, relying upon the facility and rapidity with which this system eliminates the iodide of potassium, it has been admitted by analogy, that the compounds of lead retained by the system would most probably be dissolved and eliminated by iodide of potassium.

In the present communication, M. Melsens mentions several well authenticated cases of recovery from poisoning, by preparations of lead. All the patients treated with iodide of potassium were cured. M. Melsens shows clearly that neither sulphuric acid, nor the sulphates can be considered as remedial agents in chronic diseases arising from handling preparations of lead, whilst the sulphate of lead is a poison sufficiently virulent to destroy animals in a few weeks. Dogs never resist its action longer than one month, and some die in a few days. When sulphate of lead and iodide of potassium are conjointly administered to a dog, no morbid effect is produced within the time necessary to kill a dog, to which the sulphate alone was administered.

M. Melsens says, that if a very strong dose of iodide of potassium be administered in the first case to a dog suffering from disease arising from the administration of the sulphate, carbonate, or iodide of lead, he quickly dies—but that, if on the contrary, we commence by giving small quantities of iodide of potassium at a time, and gradually increase the dose, the animal is cured in a very short time. The doses of iodide of potassium which kill a dog laboring under the effects of lead, produce no action on a healthy dog. M. Melsens also relates several cases of complete cure who he obtained by following the same plan of treatment with persons affected with tremor from working on mercurial preparations. One of these was completely cured without ever discontinuing his regular work. The mercury came away in the urine, and was found in the state of the iodide: it was impossible to find any trace of the mercury in the urine of the patient after his recovery.

The result of the facts established in this communication is, that by means of the treatment with iodide of potassium, the cure of chronic poisoning by lead or mercury is not obtained until after acute poisoning has first taken place, which acute stage the medical man is fully able to direct, according to the strength of his patient, but which ought to be an object of the most scrupulous attention on his part. The experiments also prove that, although certain medicinal preparations, have an action of their own, yet they also act through the medium of substances which they find in the animal economy.

[We do not find that iodide of potassium exerts any well-marked solvent action on iodide of lead, although it very readily dissolves the iodide of mercury. It would have been most satisfactory if, before assigning the recovery of these cases to this solvent action of iodide of potassium, the experimentalist had distinctly proved that lead was thus carried out by these secretions, more rapidly than when the iodide was not exhibited. Until this had been shown, the conclusion respecting the curative properties of this salt is not warranted by the facts. It has been recently tried in some well marked cases, and has signally failed.—*Ed. Med. Gaz.*—*Med. Gaz.*]

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TREATMENT OF RIGIDITY OF THE OS UTERI.—*By Dr. Scanzoni.*—Dr. Scanzoni, who has carefully examined the conditions of the os and cervix, in the latter months of pregnancy, believes that the constriction, which sometimes declares itself in the first stage of labor, is due to rigidity of the upper orifice of the uterine neck, and not the lower, which is generally sufficiently dilatable. Instead of the treatment usually recommended, viz: bleeding, antimony, belladonna, frictions, &c., he advises a continuous douche of warm water upon the os and cervix, directed by means of an appropriate instrument.—*Union Medicale.*

[On the subject of the *artificial dilatation of the os uteri*, Dr. Lawrence of Montrose, observes :]

I would advert to two points of practice, of which my experience is decidedly in favor, although I cannot offer any statistics regarding them. The first is gentle dilatation of the os uteri with the finger, when the pains are at all inefficient. That uterine action is often rendered much more brisk and effective in this manner, I entertain not the smallest doubt; while, on the other hand, I have never experienced anything unfavorable to result from it.—Query—Does the oxytocic effect depend upon a reflex action being excited by the pressure of the finger, or upon the os uteri, being placed in a more favorable position for being acted on by the longitudinal fibres of the body of the organ, when the os is pushed a little forward—just as the eye, when it has been deeply inverted by the internal rectus, cannot be advantageously acted on by the external rectus, until it is brought forward by the inferior oblique?

The second point of practice referred to, is the method adopted to secure timely expulsion of the placenta. Besides directing pressure to be made over the uterus after the birth of a child, I invariably lay hold of the cord, and, without pulling, *retain it in a state of tension*. This seems to have the effect of exciting the uterus to speedy contraction; and to this practice I attribute the fact of the placenta being expelled in all my cases within ten or fifteen minutes, in the majority within five minutes after the birth of the child. While it cannot explain the fact of my fortunately having met with no cases of retained placenta from adhesion, I think I am warranted to ascribe to this method of procedure the fact of my having met with no cases of placental retention from inertia, or irregular contraction of the uterus.

I may also state what may seem almost too petty to mention that I never use tape for tying the funis before the separation of the child, but always strong sewing thread. I was led to this from having got some serious frights at the outset of practice, by the slipping of the tape, and the alarming, and to the child almost fatal hemorrhage which ensued. I have known the same causality to occur in the practice of others, from the same cause.—*Monthly Journal*.

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ON THE EMPLOYMENT OF CUPPING-GLASSES TO THE SPINE, IN INTERMITTENT FEVER.—M. Gondret submits the following method which he states, has never, in his hands, failed to cure intermittent fever: Apply eight or ten middle-sized cupping-glasses on each side the spinal column, from the neck downwards, and let them remain on for about thirty or forty minutes, without scarification, or, in other words, dry cupping. The time for applying the cups is the beginning of the cold stage, or, if it is possible, a short time

before its accession, say a quarter of an hour; and this not only prevents the attack, but, at the same time, the hot fit and the sweating. In most cases, one application of the cups is sufficient to cure entirely an intermittent fever—however, in cases of long standing, it only modifies the time of the attack, and requires, for a complete cure, to be repeated three or four times.

In my own private practice, for these last twenty-seven years, I have never once met with a case of intermittent fever which has not given way to this simple treatment. The vacuum produced along the vertebral column, operates, I think, as a salutary derivative, which is easily understood, by considering the different anastomoses which exist between the vertebral arteries, and those of cerebrum, such as the vertebral arteries, the circle of Willis, the bronchial, the cardiac, the esophagian, &c. I cannot affirm that his mode of treatment would succeed in your climate: at all events the experiment can easily be made.

As to the seat of the disease, it is impossible to affirm, with absolute certainty. However, from my own observation, I am inclined to think that it is sometimes located in one organ, sometimes in another, and the treatment is based on that belief; thus, when there are headache, giddiness, heat, and heaviness of the head, I apply cups to the back of the neck, and sometimes take away one ounce or an ounce and a half of blood, which immediately relieves; if there is cough, difficulty of breathing, palpitation, &c., I apply them between the shoulders; and draw two or three ounces of blood, and so on. By following this plan, I always find the symptoms disappear in a short time.—*Encyclograp. Medicale.*

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USE OF SULPHATE OF IRON IN CHANCER AND GONORRHOEA.—  
[An anonymous correspondent of the *Lancet*.]

The whole class of caustic agents, when applied to the Hunterian chancre (though the potassa fusa cum calce be used till the ulcer be "punched out," as recommended by M. Ricord) form an eschar with pus still secreting; in fact, the morbid cells have not been destroyed. The alkaloids and hydro-carbons are equally inefficacious.

If a chancre be perfectly freed from its eschar and the enclosed pus, at the bottom of the excavation may be observed minute white points or germs, secreting, slowly, the morbid virus. If, now, the proto-sulphate of iron, minutely pulverized, be dropped into this excavation, the parts will instantly assume a charred appearance, the metal is absorbed into the tissue, the morbid cells or germs will instantly cease to secrete pus, the cleared cavity will shortly granulate, and a smooth surface, without any induration, will be the result of the use of the proto-sulphate of iron. The chancre is destroyed.

It is known to chemists, that the proto-sulphate of iron absorbs large volumes of oxygen and nitrous oxide gases. The proto-sulphate of iron, I have observed to be the most powerful agent for arresting decomposition in animal and vegetable substances. Inflammation and decomposition in the living tissue is likewise arrested by it.

In gonorrhœa, we have now an agent arresting the morbid cellular action, in the salts, which should be used in solution super-saturated.

In leucorrhœa, and in simple ulcers, the morbid action is arrested or peroxidized by this metallic salt.

Large doses of this salt have been exhibited in obstinate diarrhœa, with great benefit.

The action of this salt will produce a great change in superseeding mercury, in the treatment of diseases of specific origin.—*Lancet*.

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ON A SOLUTION OF IODINE IN OIL.—By *M. Marchal*.—This preparation has superceded the other form of iodine at the Val-de-Grace. *M. Marchal*, believing that cod-liver oil owes its virtues to the small quantity of iodine which it contains, concluded, that a more effective preparation of this substance, than the iodide of potassium is found to be, might be made by combining it with an organic body; in which state, the drug would probably be longer retained in the economy. He selected an oily body, in the hope, that the oil, by forming an emulsion with the bile, would allow of the substance being digested in the small intestines, and enable the stomach to become relieved of its presence. In this way, large doses of iodine can be administered, if requisite, without irritating the latter organ; while the iodine is eliminated by the urine more slowly, than is the case with the iodide. At the same time, its absorption is made certain, by the fact of its not being detected in the feces. The iodine is dissolved in fresh almond oil, as wanted, in the proportion of one part to fifteen, and of this, an emulsion is made with gum tragacanth and the milk of almonds. The minimum dose is one grain, gradually increased to six grains. *M. Marchal* has used it extensively, in the treatment of buboes and other glandular enlargements, with the best effects, in promoting and hastening their cure: *M. Ricord*, also adds his testimony in favor of this preparation.—*Gazette de Hopitaux*.

## Part 3.--Homœopathy.

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### THE HISTORY OF MEDICAL SCIENCE.

AN INTRODUCTORY LECTURE, BY STORM ROSA, M. D., PROFESSOR  
OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY, IN THE  
ECLECTIC MEDICAL INSTITUTE, CINCINNATI, OHIO.

*Gentlemen of the Medical Class:*

Custom has made it incumbent upon professors in medical colleges, when first entering upon their duties in their official capacities, to give what is commonly styled, an introductory lecture before the class.

In obedience to the duty thus imposed, I now stand before you with a hope that I shall, in the course of a few remarks which I am about to make, present some things which will be interesting and useful.

But before entering upon the subject which I have chosen for our consideration, I will ask your indulgence for a few moments, whilst I make a few preliminary remarks, which recent occurrences have suggested, and the present occasion seems to demand.

The responsibility of a public teacher is increased or diminished, according to the nature of the science or doctrines which he professes to impart; it is therefore proper, when any thing new is about to be generally diffused among mankind, that the community should have the right to express an opinion freely upon the matter and manner of the teaching, although it has no power to suppress by force, any doctrine, however odious or improper it may appear to be, but only through the supremacy of public opinion.

Amongst the things which concern our material existence, it must be conceded that the science of medicine stands foremost, and holds the most prominent and important rank, and in this matter, the public is the only legitimate tribunal from which a just and true verdict can ever be obtained, with regard to the merits or demerits of any particular mode of medical practice.

It is not the subtle intricacies of fine spun medical theories which interest the family of man; but it is the result of medication which now immediately demands their attention, and of which they assume to be competent judges. It is true they may be kept in a slumbering ignorance, when there is no opportunity for comparing the success of the different methods of medication. But the day is past when legislative protection can any longer be called to

the aid of any denomination of medical practitioners; the light of mental improvement has compelled all men to stand before that stern tribunal of public opinion, upon terms of equality—the day is past when a homicidal practice can be palmed upon mankind with fearless impunity. All men can look upon the results of the several methods of medication, and choose such professional men as appear to them to be most successful in the cure of diseases.

A homœopathic professorship in a medical college of another method of practice is a novel experiment in the U. States, and yet more than thirty chairs are filled in the different colleges of Europe by Homœopathic professors, and no serious difficulties have grown out of the arrangements, so far as we have been able to learn. But when it was first proposed to me to accept a professorship in this Institute, I regarded the project as chimerical and impracticable, owing to the peculiar nature of our Institutions in this country. It is true I had not given the subject much consideration, nor did I know of the generous policy of the Eclectic Medical Institute. I knew that the Institute acted under a charter from the legislature, and that it had all the powers that any college possessed in the State. I knew also that all the branches of medical science usually taught in medical colleges were taught in this; and I found, on further investigation, that all that constituted the difference between it and the old school of medicine, consisted in expunging from the *materia medica* all acknowledged dangerous remedies, and instituting a more rigid research in the arcana of nature for more efficient and more safe remedies for the removal of disease, as well as better principles for guiding their application. All of these facts being duly considered, I then determined upon my future course, provided the way should be opened as had been suggested.

When I cast my eye over the medical world, I saw the mighty struggles which the young science of Homœopathy was making against the combined force of the most powerful profession in the civilized world; I witnessed their ribaldry and sarcasm, and their undignified personal abuse against all who did not bow down before their idol, and do homage at their bidding; I regarded this opportunity of presenting the claims of Homœopathy under the patronage of this liberal and popular institution, as a special interposition of Divine Providence.

But I regret that the mantle had not fallen upon the shoulders of one better qualified than myself to discharge the onerous but honorable duty of imparting so noble and so useful a science as Homœopathy, to this intelligent medical class. But as the task is mine, with your indulgence and co-operation, I will endeavor to discharge the duties with fidelity to the cause which I have undertaken.

It has been urged, and perhaps with great sincerity and honesty of purpose, that the promulgation of our doctrines to a medical class, which was at the same time instructed in another method of

healing the sick, would necessarily amalgamate the two methods of practice, and thereby destroy the identity of both. Such an argument as this, to a well informed Homœopathic physician, would be preposterous and absurd, and he could not seriously entertain it for a moment. He would at once see the impossibility and utter impracticability of such an amalgamation—men less informed in the science, possibly might entertain such or any other fears which their imaginations might suggest.

The well informed Homœopathic physician knows that no prescription in his line of practice, can by any possible means, be mixed with any other method, without an entire failure; and this must be the inevitable result in all cases. Now who will practice Homœopathy when it fails him in all cases? And now where is the argument of amalgamation?

The reflection which I have given this subject, has led me to a different conclusion.

The student is here presented with the different doctrines of medical science, and at the same time he is left at full liberty to believe or disbelieve either. He is not held responsible to any one for his medical creed, the mind being left free to judge of the comparative merits of the different doctrines, he will be better enabled to select from the whole a creed which will be more satisfactory to himself, in his future labors as a medical man.

The arguments which have appeared in a few public Journals, seem to imply that students are bound, in *some way*, to practice the method taught in the school where they were educated; consequently, if Eclecticism, Allopathy, Hydropathy, and Homœopathy should, perchance, be taught in the same university, the students would necessarily practice them all, mixed in a medley of hybridism and indescribable amalgamation, that nothing but inspiration could name or disentangle.

The great and leading object of the founders of this Eclectic Medical Institute was, and still is, to reform and improve medical practice, for which laudable and noble enterprise, it is well known they have been denounced by the self-styled regular schools throughout the length and breadth of the land. They have steadily, notwithstanding the war of extermination which has been waged against them, pushed onward—they have brought into requisition a countless number of new medicinal agents, by which they have conquered the most fearful malady that ever visited this city or the family of man. For proof of this we have only to refer to the official report of the cholera hospital for the past season, and the results of private practice, which have been equally satisfactory.

But as I have already passed the limits which I had designed to occupy before entering upon the subject of my discourse, I will leave all other preliminary remarks for some future occasion.

No science is more important to the whole human family than

that of the healing art. And yet there is none, the history of which is less known to mankind in general.

The pretensions of the allopathic medical profession, however, in historic authority, are neither few nor moderate, for there is no profession that boasts more of its antiquity—none more of its research and great learning—none that makes higher claims to regard on account of its ancient records and accumulated wisdom.

For the most part, it is held to be a satisfactory argument, for the high value of orthodox medical practice to be able to recount the names of the fathers, with their opinions and sanctions—as though it were empiricism of the most undignified character, as though it were heresy to raise a single question touching the usefulness of those ancient truths and antiquated dogmas.

The general ignorance of mankind upon this important branch of history, enables the learned of the profession, whether their position be true or false, always to obtain a victory over the mind of the multitude.

There is among mankind a natural veneration, and a very laudable one indeed, for ancient usages, those especially which have been carefully handed down to us through a channel of credible and indisputable authority; and when these usages have been put fairly to the test of experience, they obtain with us a permanent credit.

But the history of Medicine, which is the present object of our consideration, with its dogmas, is not entitled to such regard for its antiquity. So far is this from being true, that its history is only a record of the follies, ignorances, caprices, superstitions and credulities of man; and in our view nothing but an unblushing ignorance of the whole matter of it, would be an apology for resorting to such arguments in its behalf.

I propose to consider a few of the leading dogmas in connection with the history of this important science, in a very brief and concise manner, and thus exhibiting a comprehensive view of facts, from which we shall see how much the ancients have contributed to elevate the science of medicine.

Upon a full and fair examination of the whole subject before us, I am unable to find much which will be likely to interest us at this time, anterior to the second century of the Christian era.

In the year 131 was born at Pergamus, in Asia Minor, Claudius Galenus. He received his first lessons of rudimental knowledge from his father; afterwards he accumulated much learning by traveling and by conversation with the most eminent and learned physicians of the age. He was distinguished for his indefatigable perseverance in endeavoring to accumulate wisdom from all sources which were within his reach. The science of medicine was his favorite pursuit above all others. At length his great popularity gained him sufficient influence to overthrow all previous systems of medicine, and to establish an entirely new one, which governed

the medical world with a kind of oracular power for about *thirteen hundred years!*

This system which obtained for so great a period of time, is now regarded by the learned of the allopathic profession as replete with strange conceits and ridiculous follies, and as not having contributed in the least towards the advancement of the science of medicine over its predecessors.

With all the attendant absurdities of this system, it gained great credit for its author, and during the whole period of its continuance as the standard of medical practice, it was regarded as a kind of therapeutical heresy to question or doubt a single position which he had laid down as a guide in medical practice. Indeed, no one dared to question his authority as equivalent to immutable truth. It was suicidal to the reputation of any one to presume upon any thing which was not sanctioned in the works of Galen.

It does not require the mind of a Newton or a Bacon to discover the same dominating disposition in the old medical school: and were it not for the intelligence of the present generation, all who dissent from the maxims of the allopathic school, would be robbed of their reputation, and would be driven from the ranks of the profession in disgrace. The threats and denunciations of the medical sanhedrim have, in all times past, held the people and the members of the profession in ignorance. The number even at this day, (when the people are calling loud and long for reformation,) is comparatively very small of those that dare to "beard the lion in his den."

In reference to Galen, an able writer of the present day says, "For thirteen hundred years after his death, no one dared to oppose his authority, either in point of fact or hypothesis; and it was even considered a kind of heresy to pass over the limits of investigation which he had assigned to medicine, or to suppose that he had left any thing to be discovered by his successors.

In consideration of the importance of the subject before us, and of the prominence of the character of Galen, whose authority is often quoted by the allopathic writers of the present day, I have regarded it proper to set forth the leading dogmas of this distinguished medical leader.

He taught as the fundamental principle of all medical science, that the human body is composed of four elements, to wit, earth, air, fire and water.

He also taught as another fundamental truth, that the animal body consisted, in addition to the four elements, of four humors. This doctrine of elements and humors, it is said, he borrowed from the writings of Hippocrates.

The seat of disease in all cases was in the humors, and that disease resulted in all cases from a vitiated state of one or more of these humors.

He also taught that life consisted of four qualities, to wit: heat, cold, moisture and dryness, and that these four qualities might exist in the four humors, in four different degrees, and by some unlucky or accidental combination of these four qualities, which existed in the four humors, disease is produced.

His *materia medica*, and the qualities which he assigned to medicinal agents, are no less curious and singular than his theory of disease.

He assigned to all medicinal agents four qualities, which were identical with the four qualities in the human body, and that they were curative in the exact ratio in which they were found to contain one or more of the above qualities preponderating.

By what test he was enabled to determine which of the four qualities preponderated, we are left to conjecture, but infer that the taste was the principal means of ascertaining that fact.

Charms, amulets and incantations were the natural accompaniments of all the absurdities which were taught in the Galenian school, and all these, as history informs us, were freely plied in practice, and more especially so, as literature lapsed into the dark ages which followed.

There were numerous commentators, who produced elaborate and voluminous works upon the doctrines of Galen, all of whom served merely to perpetuate the fame of their master, without daring to venture upon one single innovation on his established doctrines—no heresies arose to be extirpated or denounced—the bounds of wisdom and philosophy were fixed by the arbiter of all reasoning—none had the temerity—none had the propensity to pass over them.

At the beginning of the fifteenth century, the regular medical profession had lost nearly the entire confidence of all the refined and better portions of mankind. All the medical literature of that period of which the world had so long boasted, and which is now the pride of allopathy, consisted of some of the commentaries upon the texts of Galen, which had been translated into Arabic, the whole of which consisted, according to the most learned historians of that time, of a mass of the most inconsistent incongruities which a blind superstition ever cultivated as a science.

According to the opinions of modern medical writers, Galen did not contribute in the least over his predecessors towards the advancement of medical science; but on the contrary turned the attention of all the learned in the profession to minute distinctions, abstractions and hypothetical theories, and at the same time lost sight of all practical research, which had measurably distinguished his predecessors.

But the season of intellectual darkness, superstition and bigotry, was not fully accomplished. The mental darkness which was mainly the result of superstitious and ambitious leaders of all the

learned professions of that period, only prepared it for still greater drafts upon its credulity. All scientific knowledge was placed beyond the humble walks of life, and the common people held all science, more especially that of medicine, as a mystery, which was under the special control of a good or evil spirit.

This low state of literature, and the prevailing superstitions to which the practitioners of medicine had greatly contributed, and which now hung upon the mind like an incubus, prepared the way in a peculiar manner for a new leader in medical science.

Paracelsus, a Swiss by birth, was in every way eminently qualified for the undertaking. He saw the low ebb of the human intellect, and the almost entire extinction of every species of literature amongst the mass of mankind; he also appreciated the prevailing superstitions of the age, together with the unlimited credulity in the medical profession, all of which served his purposes, in an eminent degree, to overthrow the doctrines of Galen, and to establish an entire new theory of his own invention.

Paracelsus commenced his career as a public teacher, first in the university of Basle, in the year 1527. He possessed peculiar qualities of mind, and great eccentricity of character. For impudence and assurance he had no parallel. His doctrines spread throughout the continent of Europe, with nearly the speed of the magnetic telegraph, and effectually overturned all the dogmas of his predecessors, which had stood the test of public opinion for so many years.

However there were still devotees to the doctrines of Galen, who lingered about the old dilapidated temple with a devotion and tenacity not very unlike the old school adherents of the present day. For want of argument they resorted to abuse, and quoted their ancient dogmas in the absence of all other reasoning, to sustain their unenviable position.

The theories and fancies of Paracelsus only obtained for a short period, and proved of no great value either to science or the art of healing. But his doctrines served to remove the spell which had held the mind in superstitious ignorance for so long a period, and left it free to search after truth amidst the follies of by gone days.

The study of alchemy was the ruling passion of Paracelsus. In that science he could perceive all the laws which govern animal life. Physiology and pathology were both embodied in the laws of alchemy, and were completely within his comprehension.

He defined animal bodies to consist essentially of *Mercury, Sulphur and Salts*, and that these three elements were the constituents of all organized beings, and that these three elements must exist in mathematical proportions in each individual, in order to constitute health.

He embraced and taught the doctrine that life is the combined action of certain divinities, which resided in, and presided over the

several organs. Each organ having its own appropriate divinity, was entirely independent of any other, and that it was by some definitive treaty between the whole that the functions of life were performed harmoniously.

These divinities were divided into different grades; he imagined the first class, (to whom he had assigned about equal rank) as presiding over the brain, the lungs, the heart and the stomach; the second class were again divided into different grades, according to the importance of the organ over which they presided.

At that period when Paracelsus commenced as a public teacher, the Galenists were still in possession of mostly all the medical schools. A fierce war was now waged between the contending parties, all of which gave consequence to the new school, and finally served effectually to break down the old dynasty.

This war with superstition, bigotry and absurdity on the one side, and poesy, novelty and fiction on the other, lasted nearly a whole century. The Galenists continually losing strength and numbers, whilst the Paracelsians were continually increasing. At length hostilities ceased between the parties by commingling the different views upon the subject, and all agreeing by making reciprocal acknowledgments of their own deficiency, that neither party was in possession of the true art of healing, which was readily acquiesced in by the people.

The doctrines of this singular genius were rapid in their progress. They passed over the civilized world with surprising rapidity; but like all other theories which had preceded them, their absurdities became too apparent. They became the subject of ridicule by all parties, and were doomed to remain among the things that were.

Nothing now remained but to get rid of all the rubbish which had beclouded the human understanding on this all important branch of science, for so many centuries, and to seek something which might be useful to suffering humanity.

At the close of the sixteenth century, a new era seemed to dawn upon the world; all eyes were now turned towards a distinguished and learned man, a native of Brussels—John Baptist Van Helmont. This distinguished gentleman now became the great leader and teacher of medical science. He assailed all the principal doctrines of his predecessors with great violence, except a few from the works of Paracelsus. His doctrines were almost entirely based upon chemical principles, and consequently served no valuable purpose towards establishing a reasonable foundation upon which to erect a rational science of medicine.

He endorsed the doctrines of Paracelsus, of presiding divinities, but he assigned to them qualities or power which the creative genius of Paracelsus had never conceived of. He supposed them possessed of all the human passions individually, and that any

cause which might perchance disturb the equanimity of either of them would produce disease. This improvement principally enabled him to overthrow the remainder of the doctrine of his immediate predecessors, and to establish one in accordance with his own views. His *materia medica* was based upon chemical principles exclusively—whilst he lost sight of all induction and experiment, and brought all the departments of medical science to a hypothetical standard.

All medicinal agents must have the power of appeasing some one, or all of the offended divinities which power could only be determined by a peculiar chemical analysis of the article to be used.

This power in a remedy capable of appeasing an offended divinity, and which could only be determined by some mysterious chemical process, was too absurd to obtain much confidence amongst the thinking part of mankind, and consequently, after looking over the absurdities which had in all time accompanied the profession of medicine, they repudiated and denounced the whole matter as being an imposition which had been palmed off upon the human family by designing jugglers.

But the natural demand for something to relieve human sufferings prevented the door of science from being closed against all effort in behalf of humanity. Sylvius of Germany and Willis of England commenced a work of medical reformation simultaneously. Whether a concert of action was agreed upon between these two reformers is not known, but there was a remarkable coincidence in their efforts. Their first effort was brought to bear against all the former theories of medical literature, and without much mental exertion, they succeeded in proving clearly that the world had been greatly imposed upon by the great medical leaders.

Their next movement consisted in preparing the public mind to receive some extraordinary development. They held out that a true science of the art of healing lay still deeper in the arcana of nature, and only required deeper research to discover it and bring it forth, they intimated, that they had just begun to discover the twilight of truth.

They had succeeded in awakening the curiosity of all Europe, and all eyes were now turned upon these two prodigies of learning and philosophy, and all appeared anxious to hear and adopt anything which they should finally determine as truth.

They finally succeeded in discovering that life is a mere fermentative process, that two elements or agencies only, produced all the phenomena of life in health and disease; these two agencies consisted of an acid and an alkali, and that all abnormal conditions originated in some disproportion of these two chemical agents.

This doctrine in its turn became quite popular, on account of its great simplicity. It commended itself to all grades of society, it

being so easy of comprehension. It therefore required but little effort to establish this doctrine as a great truth.

This new theory enabled the physicians of that school to solve all pathological questions, and to bring the whole matter of the disease within the comprehension of every body. All investigations of diseases was easy, and the only question to settle was, which preponderated, the acid or the alkali, and the remedy was at hand for a speedy removal of it.

Chemistry was a science which had been cultivated to some extent by the fathers of medicine, and it was now made available in the new practice. It taught that an alkali and an acid neutralized each other, and from this principle it was easy to determine what medicine was indicated.

To make this new medical practice harmonize in all respects, it became necessary to establish the doctrine, that all vegetables and minerals were endowed with these two great agents, an alkali and an acid, and which existed in them in different proportions, and to render an article available in any given disease, it should possess one of these two great agents in an inverse ratio to the disease.

The materia medica was arranged in accordance with the alkali and acid principle. Some remedies were supposed to contain large proportions of alkali, and others to participate largely in acidity, these qualities entitled such articles to a distinguished place in the materia medica.

This fermentative doctrine of Sylvius and Willis continued to dazzle and blind the world, but for a short period, when William Harvey discovered the circulation of the blood. This discovery took place in the fore part of the seventeenth century, when Sylvius became one of his disciples, and advocated his doctrine in the university of London, where he was then first professor of medicine in that great institution.

At this period, Descartes revolutionized the literary world with his corpuscularian philosophy. Mechanics and natural philosophy seemed to engross the attention of all great men, and with all their circumstances combined, served most effectually to demolish the chemical theory of Willis and Sylvius and again to sweep every vestige of medical theories of by-gone days into a hopeless oblivion.

At about the close of the 17th century, all hypothetical fancies, and imaginary speculation which had hung over the human mind, upon the subject of medical science, since the days of the great founder of the Galenian school, being swept into forgetfulness, only remained upon the pages of history as an index, pointing to the follies of the past. But destiny determined that such a blank should not continue long. Bellini, an Italian, stood out in bold relief. He directed the attention of all the learned, to an entirely new principle for curing diseases. His native country had remained

in darkness for many ages, and more especially upon the subject of medical science; consequently, local and national pride gave him great consequence in his own native land. He directed the attention of the profession to entirely new laws, by which animal life was governed.

He maintained that all the functions of animal life are subject to the laws of gravitation, and are wholly controlled by it; and that the same laws which govern mechanics, hydraulics, and hydrostatics are applicable to animal life; and that a complete and perfect knowledge of these laws, will enable us to solve all the phenomena of vitality and organized life.

A modern historian says: "Perhaps no hypothesis, since that of Galen, was ever received with more enthusiasm, or adopted with more implicit faith. In proportion as mathematical reasoning prevailed, attention to chemistry was withdrawn, and so entirely was the learned world engaged with the fascinations of mathematics, that for nearly a century scarcely a single improvement was made in the science, and the application of chemical laws to pathology and therapeutics was altogether suspended. Now instead of acidity, alkalinity, fermentation, putrescency, &c., we find the medical authors of this period constantly referring to calculations respecting the size of the particles, the diameter of the pores and vessels, the friction of bodies against each other, the impulse of the fluids, their deviations and revulsions, the momentum of the blood, its viscosity and lentor, its obstructions, resolutions, and various other hypothetical expressions, derived directly from a mechanical cause, and considered as the sole agents in every corporeal action."

After a very short experience mankind became convinced that out of all this mechanical doctrine, no practical benefit whatever could result, and they compelled the profession once more to retire from the field of humbugery.

Secret remedies were now freely plied everywhere, and supplied the place of those which had formerly emanated from the hands of scientific men, and the most ignorant and impudent juggler took the place of the most learned practitioners in medicine, and the science of healing the sick became once more the object of contempt.

Soon after the decline of the mechanical theory, at about the beginning of the 18th century, George Ernest Stahl, a professor in the University of Halle, became a leader of a sect of physicians in opposition to the mechanical theorists. A fundamental principle in his theory was, that there was a power in the animal existence, which appeared to resist injuries, and repair them, which Van Helmont had recognized, and to which he had ascribed a certain degree of intelligence. Stahl recognized it, and affirmed it to be the soul, "which he affirmed, not only originally formed the body, but is the sole cause of all the motions, in the constant excitement of which, life consists: whence diseases were generally regarded as a

salutary effort of the presiding soul. This hypothesis, besides its visionary character, was partly deprecated as leading to an inert practice, and the neglect of the collateral branches of medical science, even of anatomical research, which Stahl maintained, had little or no reference to the art of healing."

It was quite natural that when a man of great genius like Stahl, had taken a full view of the history of medicine, and had fully witnessed the follies and absurdities which had been fostered and venerated by the renowned of all the earth, that he should fall into some of the opposite errors.

He repudiated the heroic practice of that day, and condemned it as being injurious to health, and also endangering life. He condemned the use of cinchona, opium and mercury, the remedies, which then as now, stood at the head of all curative agents.

The doctrines of Stahl soon lost all of their charms and finally settled away into a kind of careful and attentive nursing as their practical result.

We have now arrived to within our hundred and forty years of the present period, with our historical narrative, and we leave the profession in about the same condition in which we found it nearly sixteen hundred years previously, and we do not learn, during that whole period, that any important discoveries were made. From the days of Galen to near the close of the 18th century, the whole history of medical science is a mere reflex of the follies, fancies and caprices of the mind of man.

Ambition, superstition and avarice have each held separately and collectively a very prominent position in directing and establishing all of the theories which have for so many ages held the human mind in ignorance.

Upon a final review of all the facts connected with the history of the healing art, can there be a much greater absurdity than for an enlightened member of the old medical profession to quote the past for medical authority? And yet, we are frequently saluted with the *Syren* song, that ours is the only regular profession, it has stood the test of ages, and has amongst its lore, the accumulated wisdom of twenty-five hundred years.

The value of such boastings and arguments can easily be appreciated from a true history of the past; and when it shall be as familiarly known to mankind in general as other branches of historical knowledge, I feel quite confident that no medical man who has any regard for his reputation, will have the unblushing effrontery to even hint at such claims to regard and confidence.

It would give me pleasure to continue this interesting branch of history up to the present period of time; but the number of leaders with their different theories, have multiplied so rapidly since the time of Stahl, that the materials would fill volumes of absurdities which are no more entitled to our regard and respect, than the doctrines of Galen and his immediate successors. (*To be continued.*)

## HOMŒOPATHY.

*Gentlemen :*

In viewing the back numbers of the Eclectic Medical Journal, I must say I am highly gratified with a large portion of the medical matter they contain, especially the number of the present season. Reform is advancing rapidly, not only in your beautiful city, (which bids fair to be the Emporium of Medical Reform,) but is triumphant everywhere; may its blessed consummation hasten. But there is a new feature in your valuable Journal, which I will style a singular phenomenon. And although it is highly probable that I am not as competent to appreciate the revolutions that are taking place in the healing art, in these latter days, as those who are at the fountain head, yet I feel disposed to make the matter the subject of a few remarks, and I know of no better source to direct my remarks to, than the Editors of the Journal.

The phenomenon I allude to is the appropriation of a part of the Journal to Homœopaths, together with a Homœopathic professorship in the Eclectic Institute. I am fully aware that it is one of the fixed principles of reform, to extend liberality to all, and not only investigate, but court investigation; and this, I presume, is one of the reason why the Journal has put on its present feature. For I presume it is not intended to make Homœopathics out of Eclectic physicians. It will do very well to make Homœopaths out of Allopathic, for it is considered by both that no practice is better than Allopathic or old school Hunkerism. I go for any plan that will prevent the alarming mortality that attends the old exclusive mineral practice. But at the same time, if Eclectics have established a reputation of treating disease more successfully than Allopathics, it has been from the fact that they use better medicines, and apply them more skilfully, the action of which is more in accordance with the laws of life. Now, if such be the fact, Eclectics feel confident in the potency of their remedies, and go forth fearlessly to cope with disease in all its violence and multifarious forms, and find they are not disappointed in their expectations. Then the healing art is not a mere humbug, but a matter of certainty, and if giving medicine is not a hoax, then it must be given so as to produce a certain effect. If one-tenth of a grain of Ipecac will not nauseate, and five grains will, then ten or twenty grains will produce emesis, and if it is necessary to dislodge corrupt or bilious, or other deleterious matter from the stomach or intestines, then it is necessary to give emetics or cathartics, and those that will act efficiently. I would not give a groat for a medicine that does not act upon the functions designed to be acted upon, and that in a manner, so that I can perceive its action, and know it is performing its appropriate office.

The course I have adopted is, that when I am certain that a specific action in the system must be aided or established, and have in my possession a certain medicine that will produce or aid in bringing about said effect, to give and keep giving until the desired effect is attained; and if a medicine (so called) does not act in an obvious manner after testing it a few times, I throw it aside. Quite a number of articles of the Eclectic practice have met this fate, in the few years I have been prescribing for the sick. But I have all confidence in medicine; if such was not the fact, I would not be engaged in the practice. But I have no objections to the change contemplated by Homœopathists to reduce the amount of poison to infinitesimal doses. This would accomplish much good; it would place all the old hunkers on as safe premises as the young doctor was when he would not give any medicines but catnip tea, lest he might do harm. One thousandth part of a grain of arsenic is not so dangerous a dose as one, twelve, or fifteen grains; so with calomel, copper, zinc, lead, antimony, &c. From this consideration, I bid them god speed. Eclectics can look on and feel gratified at their success, hoping in the events of the future, to be the means of giving them more light, and elevating the entire practice to what the Eclectic now is or may be.

If these few remarks, in your judgment, will not give offence to some or any of the good friends of Homœopathy, you are at liberty to insert them in the Journal.

D. B.

*Bellefontaine, Ohio.*

In publishing the foregoing candid observations, we deem it our duty to remark that Homœopathy has something more than the negative merit which Dr. B. ascribes to it. Homœopathy has, if human testimony be worth anything at all, a valuable curative power. We have long demanded that old school practitioners shall pay some regard to the practical evidences of Eclectic success. We have denounced them for their unwillingness to investigate. Now Homœopathy makes the same demand of us, that we shall look at the extensive array of evidence of its practical value, and that we shall give it a fair trial. We find the evidence of its success, and great superiority to Allopathy, decisive and satisfactory. We find it eminently worthy of a trial as a species of medical reform, and it now rests with Eclectic practitioners to ascertain, by actual experiment, whether any of the Homœopathic remedies are capable of accomplishing objects which cannot be attained by the means already in use, or whether in any disease, the Homœopathic remedies act with greater certainty and safety than we are accustomed to witness.

So far as we have heard of, the trials of Homœopathic remedies by Eclectic physicians, the results have been highly satisfactory, and in many cases, the results are as prompt and decisive as by any other system. It is true, as Dr. B. remarks, that the Homœopathic doses are too small to produce any important effect, if applied in the ordinary manner, but it must be borne in mind, that they are applied on a totally different principle.

A small fraction of a grain of Ipecac would be entirely insufficient to produce emesis, nor would a repetition of the dose produce that effect. But it should be recollected, that Ipecac is used by the Homœopathist not to *produce emesis*, but to *allay nausea*. It is well known that a small dose of Ipecac or Lobelia will very generally allay or remove nausea—even a much larger dose than Homœopathists generally use will produce that effect. In like manner, a Homœopathic preparation of *Podophyllin* would be used, not to overcome costiveness, but to counteract a bilious diarrhœa. Hence it is obvious that the dose must be exceedingly small to prevent the development of the usual results of remedies, and enable them to operate in this retro-active manner.

The Homœopathic method of practice possesses a convenience, delicacy and precision which belongs to no other, and which, in many instances, would render it preferable, if equally certain and efficient.

Every enlightened physician knows that there are a great many different remedies, and different methods of practice, which will accomplish similar results in the treatment of any disease. Hence it is desirable to have command of all the resources of the *materia medica*, for it often happens that we find the utmost limits of our knowledge insufficient for the accomplishment of our purposes. The worst feature of old school practice was its limited and pernicious *materia medica*. To that Eclecticism should present the greatest possible contrast, in availing itself of everything that is safe or successful. We think we have ample evidence to warrant the assertion, that the numerous safe and delicate specific remedies introduced by Hahnemann, are worthy of the attention of Eclectic practitioner, and will, in some instances at least, accomplish results very difficult of attainment by any other agencies.—B.

## Part 4--Editorial.

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### AN EARNEST APPEAL!

Friends of Medical Reform! Have you ever patiently reflected upon the position of the medical profession, and the duties which devolve upon every member of that enlightened portion who constitute "the vanguard of the army?"

We fear too many have overlooked their own great responsibilities, and relied too much upon the power of truth and its public champions. We fear that each practitioner has not fully realized *his own importance* as a member of the army of reform, and the indispensable necessity of his laboring for the regeneration of medicine, and the temporal salvation of mankind.

At the present time, there are probably as many as fifty thousand physicians in the United States, who are attached to the old school system of practice, and who have an immense amount of wealth, reputation, and social influence, nearly all of which is devoted to the perpetuation of the falsehoods, the bigotry, the prejudice, and the despotic organization of the profession, which we collectively designate under the title of *Old Hunkerism*.

Wherever this influence prevails—wherever it has not been broken down by the spirit of reform, every great innovation in science, morals, philanthropy, or governmental justice, is resisted with a stubborn and vindictive opposition. The medical profession under its old organization, has stood firm like the Catholic church and the aristocracies of Europe, against every boldly progressive movement of science, liberty, and humanity. At the present time, if you would excite the implacable hostility of the members of the Hunker organization, all you need to do is to make a signal improvement in your profession, and to treat with success diseases which have baffled their skill. The young man who wishes to receive the frowns of his seniors, and to have a strong combination to put him down, need only pass by the offices and colleges of an unsuccessful practice, and take lessons from some one who is really

a successful practitioner. Or if he has bowed to their authority so far as to take lessons from the high priests of medical delusion, he can easily secure their anathemas by treating with courtesy and justice, any man of profound science, who has learned more of nature's laws than collegiate professors are acquainted with, and who has, therefore, been excluded like Harvey, from collegiate fellowship and professional courtesy.

The spirit of Hunkerism is every where the same, and fraternizes all over the globe. In the medical profession, in church, and in state affairs, it is alike everywhere the spirit of selfishness, the spirit of hypocritical ambition, scorning all truth which is not subservient to its own advancement, and repudiating every high and holy principle. Until this Satanic spirit is crushed, the world must advance but slowly in science and in happiness—the lovers of truth must struggle with persecution, and fashionable scientific homicide must continue to ravage our country.

Against the fifty thousand, whose influence contributes directly or indirectly to maintain the power and organization of Hunkerism, what force can we array? We believe there are not more than five thousand of all classes of medical independents, including Eclectics, Homœopaths, Botanics, &c. Were these all animated by the proper spirit, and really desirous of overthrowing promptly all medical errors—did they take a proper view of their position and responsibilities, the whole country would be regenerated in ten years beyond a doubt, and medical Hunkerism might be buried in oblivion along with the follies of Galen and Paracelsus!

To prove this let us enquire—What is it that sustains the power and influence of Hunkerism? It is simply the fact that the young men who enter the profession, study with old Hunker preceptors, and are by them taught to reverence the authorities, and believe in the errors of the profession. From those offices they go duly prepared to undergo the influences of the colleges, in which the medical professors impart their own learning, with all the attendant falsehoods and bigotries, exerting, by the influence of their rank and authority, a mesmeric control over the impressible minds of the pupils, who regard them as the oracles of almost infallible wisdom.

But why is it that so large a majority of the students of medicine place themselves under these influences, imbibe their prejudices, and allow their minds to be closed up against all liberal thoughts?

Simply for the reason that a much greater number of old school practitioners are ready and willing to receive students, than can be found among reformers. In other words it is simply because medical reformers do not discharge their duty, and have not seriously reflected upon its importance.

If every independent practitioner in the United States would make it a rule to engage one student per annum, and send him to a liberal medical school, we should have at once a larger number of medical students and medical graduates in the ranks of liberal medicine, than in those of Hunkerism, for there are not at present, and have not been at any time heretofore, as many as five thousand students in attendance upon the lectures of the old school institutions. This course would, in ten years, completely overwhelm the power of the old school party, and ensure its total disorganization and defeat. Many would renounce their profession, others would espouse Eclectic principles; students would avoid old school offices, when they saw the great revolution in progress, as they would a sinking ship—the old Hunker colleges would begin to decline, and the more unsuccessful ones would be closed, and while a few would hold fast to all their prejudices, and fight to the last, the great body of the profession would yield to the force of circumstances, and the spirit of the age.

All these results are clearly within your power *Friends of Reform!* you have but to will it, and you shall yet see, during this generation, the GRAND REVOLUTION achieved. It is necessary only that you make it a rule to invite into the ranks of the profession, every young man whose talents and moral worth are sufficient to fulfil honorably its duties. *Make it a rule always to have one or more meritorious students on hand*, and urge them to go through a most thorough collegiate course of instruction.

At the present time, not one in ten of our Eclectic physicians has done his duty fully in this matter, and the consequence is that Eclecticism is still in its infancy, struggling against powerful opposition, at a time when it might have been triumphant throughout the land, if our friends had all realized the necessity of sustaining the cause, by bringing in able recruits to fill our ranks.

Let us then most earnestly entreat our readers not to delay action any longer in this matter. It is to you, *Eclectic practitioners*, that we must look for triumph or defeat. If you do your duty our tri-

umph will be speedy—if you are dilatory, we shall have a tedious and harassing strife, and you will be continually insulted by haughty assumptions of superiority in your opponents.

We know of Eclectic practitioners who have from six to eight students under their care, and who are thus performing nobly their duty to their country, but alas, we know of too many who never think of this duty—physicians who, perhaps, have applications to take students, or who might have them if they would give any encouragement, but who decline such engagements merely because they do not reflect upon their vast importance to the common cause. To all such we would give a word of admonition—are you willing, now that you have embarked in this great cause, and are enjoying the fruits of the labors of those who have given it an existence and reputation, are you willing to enjoy its advancing prosperity and reputation, to which others have contributed so largely, without doing your full share of effort in the promotion of the reform? We do not believe that you are. We do not suppose that you desire to be drones in the hive, and leave to others the duties, while you enjoy only the profits. On the contrary, we believe that you have heretofore overlooked this matter, and have rated too humbly the importance of your influence, and the necessity of your exertions to gather in recruits for the vanguard of the army. Remember that the private practitioners are the very pillars of the temple of medical science, and unless they yield an efficient support, it must fall in ruin. Arouse, then to a full sense of your responsibilities—you may have it in your power to inflict immense injury on the great cause, by bringing into its ranks men who will dishonor its name, or on the other hand, you may attract to the cultivation of this noble science, a gifted pupil, who may prove the Haller, the Hunter, or the Sydenham of America. You may leave the great cause to dwindle and perish by neglect, or you may fill its ranks with noble hearted young men, who will regenerate the profession, and accelerate the progress of mankind in knowledge and happiness. Rouse up, then, to your duty, and let your offices be filled at once with the worthy and intelligent young men, who are even now waiting your consent and encouragement, to come forward and regenerate the medical profession.

B.

**PROGRESS OF ECLECTICISM.**—A graduate of the Eclectic Medical Institute, at Janesville, Wisconsin, writes that he and his partner have treated about four thousand cases, with only twenty-five deaths, thus saving more than ninety-nine per cent. of all their patients.

Dr. Childs, of Madison, Indiana, writes as follows :

"Allow me to congratulate you on the prosperity of your Institution, and the triumphant success that is crowning your praiseworthy efforts, in reforming the outrageous abuses of prevailing medical practice. I am exceedingly happy to be able to inform you of the rapid extension of liberal principles in this quarter. Less than two years ago, (when I first came to this place) there were not three families who would for a moment entertain the idea of employing an Eclectic, while now I am in regular attendance on about three hundred, and every day called to more. This is truly an age of progression, and we who are engaged in spreading the sentiments of Eclecticism, can compliment ourselves upon rapid progress. In looking back over the past five years, and beholding what a mighty arm of reformers the little "Spartan band" (that used to assemble in Fourth street hall) has swelled into, I am joyfully amazed."

Eclectic colleges are germinating every where. An Eclectic Medical school is seeking a charter in Louisville, Ky. Who are the leaders in this movement, and whether they are really reformers, or not, we do not know, as we have received no definite information concerning the scheme.

The Herald of Truth, a religious newspaper, (16 pages monthly—one dollar per annum) published at Philadelphia, contains in its first number, just issued, the following paragraph.

**ECLECTIC MEDICAL COLLEGE.**—The friends of medical reform in this city, have in contemplation the establishment of a college of the above name and character, and the chair of *Anatomy and Physiology* has been given to the Editor.

The editor, we believe, is Dr. J. T. Walsh.

The Central Medical College of Syracuse (Eclectic) has, according to Prof. Potter, "about eighty matriculants." The Faculty design holding a spring and summer session. Mrs. Fowler and Mrs. Gleason, co-operate with the Faculty in teaching females. We hope they will obtain a good number of female students. The medical profession should be open to women, and we presume the New York and Yankee girls are not afraid of its responsibilities.

The Memphis School (Eclectic) has about forty matriculants,

who are said to be a very intelligent, respectable class. Dr. Wilson occupies the Obstetrical chair. He is said to be a good teacher, and an extensive practitioner.

Dr. Mott, President of the N. Y. Academy of Medicine, has recently avowed rather liberal sentiments for an old school professor, and Prof. Dickson, of New York, one of the most distinguished professors in America, avows himself in favor of the Eclectic principle, and says that the profession are "bound to adopt whatever they might find good in Homœopathy or any other new system." The *New York Universe*, which is our authority for these statements, says that the "Academy of Medicine is virtually defunct."

A Homœopathic Academy of Medicine has been formed in the city of New York, which embodies a new and valuable principle that we have often advocated. The business of giving diplomas is entirely separated from that of teaching, and teachers are left to stand upon their own merits, by a system of free competition. Any one who is competent, may teach as many students as he can get, and those who have been taught, must then seek their diplomas from an independent board of examiners. This is the true democratic principle, which must in time, be adopted, although it may not as yet be practicable in all cases.

The discordant elements of the Ohio Medical College do not hold together very well. Prof. Mussey has resigned his chair. Thus does the lapse of time remove from the field of action the more bigoted opponents of scientific progress. Cooke, Harrison, Mussey and Drake, who have been leaders of conservatism, no longer give it any strength. Their names and influence are passing away like a dream. Younger and more liberal men will occupy their places.

Prof. Kost, of the Botanic Medical School, (recently changed to Physio-Medical) has resigned his chair in that institution. As Prof. K. is regarded as the ablest man in the institution, his withdrawal will in all probability bring about a dissolution of the school. If a re-organization or new movement should take place, in accordance with the views of Dr. Kost, we are inclined to believe it will be beneficial to the great cause of medical reform. B.

**FECUNDITY.**—Prof. Hill, of the Eclectic Medical Institute, on the 20th of December last, delivered a woman of this city of a male child, weighing fourteen and a half pounds. The child and mother are doing well.

The New York Eclectic Journal says: "The wife of a German, at Rochester, New York, has recently had three sons at one birth. Last year she had three, thus making six sons at two births, and all alive and thriving."

B.

### SMALL POX.

This disease has prevailed more extensively in this city, and throughout the country during the last two or three months than at any previous period for many years.

Inasmuch as I have been repeatedly solicited by friends from a distance, to give them the course of treatment pursued by Eclectics here, where we have a much more extensive field of practice, than at any other point, I now proceed to give the course which I have pursued, and which has been successful in every case. My treatment does not differ materially from that of other Eclectics, whose success has been almost if not not as entirely as great.

In the early stage of the disease, it is often difficult to distinguish it from an ordinary severe attack of fever, attended, frequently, with strong catarrhal symptoms—with severe head and back ache—nausea and vomiting.

In this stage of the disease I order a thorough emetic of the acetous tincture of Lobelia, (seeds pulverized) Sanguinaria and Ictodes Fœtida, &c, prepared with good cider vinegar in proportion of two and a half ounces of each to the quart of vinegar, kept nearly scalding hot, in a tight vessel for four or five days—of this tincture I give doses every ten to fifteen minutes, commencing with one teaspoonful and increasing it one teaspoonful each time up to four; then give four each time until the patient has vomited freely three or four times. It is best to be given in warm catnip tea, quite sweet. After the emetic, if the patient sweats freely, I give him freely of a strong infusion catnip or aesclepias, with an equal part of sassafras, (bark of the root) and continue the sweat as long as possible. As soon as the stomach is settled, say in a half or three quarters of an hour, a cathartic is given, composed of equal parts of Beach's *anti-bilious physic* and the *neutralizing physic* given in form of a strong infusion, made by adding about three drachms of each to three-fourths of a pint of boiling water, and sweetened. Of this I give one tablespoonful every hour, until it operates freely. This will generally operate in four or five hours,

and often sooner, but if not in five or six, I give some stronger dose, as Podophyllin or the anti-bilious physic in substance, the Podophyllin in one-fourth grain doses, tinctured with ten times its weight of sugar, repeated every hour or two.

After the cathartic has operated, and during the operation, I give freely of the tea mentioned above, and if he does not sweat freely in two or three hours, he is then bathed or sponged all over in weak ley, and subjected to the vapor of burning alcohol, to produce profuse perspiration. This is done by placing a vessel with alcohol, as a tea cup or saucer, under a wood bottomed chair, seating the patient in it, surrounded, except his head, by a wollen blanket, so as to prevent the escape of the vapor and heat, of the alcohol set on fire. If the heat is too severe, raise the blanket a little. At first let him drink the tea, but as soon as he sweats freely, give him freely of cold water and continue to sweat him for one-half, three quarters, or an hour, or until he feels faint. Then wrap him up in the blanket and put him in bed—let him sweat on moderately by giving the tea until the eruption is out freely, which will sometimes be several days.

When the eruption is freely out, I discontinue the tea, and let him drink all the cold water he wants, and also give him one table spoonful every three hours of the infusion of the *Macrotys Racemosa*, made one ounce to the pint. This is continued from this time on, until the patient is convalescent. I give sweet oil in doses of one or two table spoonsful every night, or as often as is necessary to move the bowels every day—apply sweet oil to the face and such other parts as suffer much from the pustulation—often bathing him all over with it. Also bath him once a day in warm milk and water.

Let him have mild and unirritating diet, but do not *starve* him.

In all cases where the eruption has been brought out *early and freely* by the spirit sweat and the sassafras, I have found the patient to do much better than when sweating was not produced.

I look upon the *Macrotys* as a most valuable remedy, in modifying the disease and rendering it much less malignant. It seems to exert a specific influence over it.

I believe it greatly mitigates the violence and danger of the *secondary fever*, for in no case when it was constantly used, have I seen this fever prove troublesome. If this fever should rise high, a pretty free use of cathartics, of the kind used at first, followed by tonic diaphoretics, such as asclepias and chamomile flowers, has soon removed all dangerous symptoms. The practice of making applications of strong medicines to the face to prevent pitting, that is pursued by some old school men, (such as chloride of lime and mercurial ointment,) I look upon as most reprehensible—as I have never known it to succeed in preventing the pitting, while it often produces dangerous, if not fatal effects. A young man died a few

days since in this city on the twentieth day after the eruption appeared, and four or five days after the characteristic symptoms, of small pox had subsided, on whose face the mercurial ointment had been constantly applied to prevent pitting—I believe he died from the effects of the mercury absorbed from the ointment. M.

### CONSULTATIONS.

I am constantly being called upon, by letters from practitioners at a distance, describing difficult cases of disease, for advice and directions in their treatment. Being desirous of aiding practitioners as much as possible in their profession, I have in all cases given free and full replies to their applications, as soon as time would permit. These applications have been gradually and steadily increasing in number, as my acquaintance with practitioners has become more extended, so that for the past year, the labor necessarily required to make the proper replies, has become very great, and it has become a great tax upon my time. Not unfrequently do I receive letters of this kind in one day to fully answer which, requires more than another day of time and hard labor. Up to this time I have borne the burden, and performed the task without complaint or compensation. But of late the increase of these application has been so great as to seriously interrupt my business, in writing replies.

Now, I cannot afford this any longer, and as I am not able to distinguish between the comparative merits of the different applications, I must in justice, answer all or reject all.

But I do not wish to reject any, and cannot afford to answer all for nothing, therefore, I have concluded to say to all who may wish to consult me by letter respecting the treatment of diseases, that their requests shall be fully and promptly complied with as far as is in my power, *provided* a sufficient fee is enclosed to pay me for the necessary time and labor spent in investigating the subject, and writing out my opinion and directions. This fee will be from two to five dollars, according to the importance of the case, and the ability of the patient.

The practitioner should make the *patient* pay the fee. There is no reason why a patient should not be as ready to pay for counsel when put in writing and sent a thousand miles, as when the consulting physician or surgeon is present and gives his advice and directions orally, a much more convenient way for him.

B. L. HILL, M. D.

For the reasons assigned in the foregoing article from Dr. Hill, I would state to the friends who wish to consult me as heretofore, that to ensure replies, a fee must be enclosed.

T. V. MORROW, M. D.

## SPRING AND SUMMER SESSION OF THE ECLECTIC MEDICAL INSTITUTE.

The Faculty of the Institute, in compliance with the urgent request of the students now in attendance, as well as of students and practitioners from abroad, have determined, contrary to previous announcement, to hold a *Spring and Summer Session* as heretofore.

The Lectures will commence on the second Monday in March, 1850. The course will be full and complete; from six to seven Lectures being given daily.

### FEEES.

For students who have but one course to attend, in order

to graduate,	\$70 00
For all others,	35 00
Matriculation Fee,	3 00

Demonstrator's Ticket, (optional, except to candidates for graduation, who have not previously attended to Dissections,) 5 00

Any student, by the pre-payment of \$100, will be entitled to attend three or more courses of Lectures; or until he is qualified to graduate.

Physicians attending this course, who have been four years engaged in practice, or students who have attended one or more courses of Lectures, in this, or some other Medical College, will be entitled to present themselves for graduation at the close of the session.

Graduates of this and other Medical Institutions, will be admitted to attend by paying the Matriculation Fee.

This course will afford an excellent opportunity for students of other Medical Institutions, who have but one more course to attend, to finish their collegiate studies, and graduate.

Good board can be had for from \$2,25 to \$2,50 per week.

By forming clubs with from four to six persons, (a very common practice among students,) and renting rooms, students may board themselves for from 75 cents to \$1,25 per week.

There will be a trifling additional expense, for anatomical material, to those who attend to dissections.

Those wishing further information relative to the Institute, or course of Lectures, will please address letters, post paid, to the subscriber.

T. V. MORROW, M. D.,

Dean of the Faculty.

THE

# ECLECTIC MEDICAL JOURNAL.

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## Part 1.---Original Communications.

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### SMALL POX.

BY PROF. B. L. HILL, M. D.

(The following essay on Small Pox, prepared by Prof. B. L. Hill for our January number, was accidentally mislaid after being handed in. As its suggestions are highly important, we requested him just before the Journal was issued, to re-write his communication. Under the pressure of his engagements, it was briefly and hastily re-written and published. Owing to a mistake of the printer, it was published in an inaccurate manner, without the author's name, or any other explanation. In justice to Dr. H. we now publish the original article, which had been mislaid for a time.—B.)

This disease seems to have prevailed more extensively in our city, as well as in many parts of the country, and in country towns, during the last three months, than at any previous period since the settlement of this country.

Nor has it yet subsided, as there are a large number of cases still in the city, and we are daily receiving letters from various parts of the country, announcing its appearance.

Inasmuch as the course of treatment pursued by the Eclectic practitioners in this city has been almost universally successful, it is due to the readers of the Journal that they should have the benefit of our extensive experience. Having treated a large number

without the loss of any, I propose to give a brief account of the course of treatment relied upon.

Omitting any attempt at a description of the disease, as that is unnecessary, I proceed directly to the *treatment*. If called in the first stage, while the symptoms have the characteristics of a severe attack of bilious or inflammatory fevers, such as full, hard, and frequent pulse; hot, dry skin; thirst; *head and back ache*; nausea or vomiting, with a furred tongue, and entire loss of appetite; I order, 1st, an emetic, of the acetous tincture of Lobelia, Sanguinaria, and Ictodes Foetida, &c, to be given in warm catnip tea, at intervals of 10 or 15 minutes between the doses, beginning with a tea-spoonful put into about a gill of the tea, sweetened, increasing the emetic one tea-spoonful every dose, up to 4 tea-spoonfuls, then giving 4 at a time every 15 or 20 minutes, until the patient has at least four spells of vomiting.

I then let the patient rest from half to one hour. If he sweats freely, which is not often the case, unless he has been two or three days sick, I give him Sassafras, (bark of the root,) and catnip in strong infusion, to drink freely, and thus keep up the perspiration as long as practicable; but if he does not sweat, I leave off the infusion. Whether he sweats or not, I give a cathartic composed of equal parts of the Bilious Physic, and Neutralizing Physic, (Beach's) in doses of three drachms of each, added to one pint of boiling water, steeped for half an hour at nearly a boiling heat, strained and sweetened—one table-spoonful given every hour until it begins to operate. This will operate freely, from four to six times, generally, without greatly debilitating the patient. As soon as the physic begins to operate, I give the tea above directed, as freely as the stomach will bear. I have found the *Sassafras* to exert a most potent influence in bringing out the eruption in small pox, as well as in measles, or scarlatina. Its value for such purposes, I apprehend, is not properly appreciated. By adding the catnip, the infusion is rendered more diaphoretic and anodyne. If the patient sweats freely under this treatment, I continue it, and wait patiently for the eruptions to appear. But if not, the patient is then freely sponged or washed all over in ley, and rubbed thoroughly with a crash towel, and the bare dry hand of the nurse, and immediately after the sponging, he is subjected to the vapor of burning alcohol, by sitting in a wood bottom chair, the feet in a vessel of hot water, with a woolen blanket around the neck, (leaving the head out,) coming down to the floor, so as to confine the heat and vapor around the body, while a tea cup or some other small vessel, containing alcohol, (if it be strong add a little water to prevent its burning too rapidly,) is placed under the chair, and the alcohol set on fire. If it becomes too hot, let the blanket be raised a little.

Let the patient drink freely of the tea at first, but as soon as he

perspires freely, let him drink as freely as he can of cold water. This will keep up his strength, while it aids greatly in determining the fluids to the surface. When he has continued in a free perspiration for half or three quarters of an hour, or until he feels faint, wrap him up in the blanket, and put him in bed. Then continue to give the tea, one or two table-spoonful every hour, and discontinue all other treatment until the eruption is fully out on the face, neck, and arms, and begins to appear on the body and lower extremities. At this stage I discontinue the *Sassafras* and *Catnip*, and give an infusion of the *Macrotys Racemosa*, one ounce to the pint; in doses of one table-spoonful, warm, every two or three hours, and continue this until the patient is convalescent.

Sweet oil is given in doses of one or two table-spoonfuls every night or every other night, so as to produce at least one evacuation from the bowels every twenty-four or thirty-six hours. If at any time the patient becomes much choked up by collection of mucus or phlegm in the air passages, I give a little of the emetic before described, just enough to cause slight vomiting once or twice. This is not often necessary; but if severe pneumonic symptoms should appear, which some times happens, the emetic may be used freely without danger.

After the eruption is out freely, the patient often suffers much from the swelling and inflammation of the surface. This suffering may be much alleviated by frequently bathing the surface in warm milk and water; also by keeping the surface well lubricated with sweet oil. The face and neck should be kept constantly lubricated in this manner. The most severe cases will frequently escape pitting entirely, by this simple and most grateful application. It is the most successful application for the prevention of pitting that I have ever seen tried. Fine thin silk, lubricated with sweet oil may be spread over the face, and the light excluded as much as possible.

This is the course I have pursued, with perhaps some slight variation in a few instances, with entire success—not having lost one, although I have treated patients of all ages, from a few months old, to old age. It is substantially the practice pursued by all the Eclectics here, and their success has been very great, almost universal.

The *Macrotys Racemosa* seems to exert a specific influence in modifying this disease, and I am confident no one who has fairly tested its virtues, will ever fail to prescribe it. Under its use, the secondary fever, which often carries off the patient, rarely rises so as to attract or be worthy of attention, even in the confluent kind, and after the disease has passed off, the patient seems to recover his strength much more rapidly than under other treatment.

I would here caution the practitioner against the free use that is sometimes made of various articles to prevent pitting, such as chloride of lime, mercurial ointment, &c., I have known some very

serious effects to follow their use, and I have not been able to learn satisfactorily, that either of these articles ever prevented pitting in a severe case, where it was strongly probable that any pitting would have occurred, had nothing been used as preventives. It is much safer to risk the disease than the remedy. Patients treated thus, often die after the small pox has run its course. A heretofore healthy young man died in this city a few days ago, on the twentieth day after the eruptions appeared, six days after it had run its course; mercurial ointment was kept constantly spread over his face to prevent pitting. He doubtless died from the effects of the mercury which had been absorbed from the surface to which it was applied. If called to a case after the eruption has made its appearance, I am cautious about the cathartic, and use only very mild ones, if any, relying mainly upon the sweet oil for evacuating the bowels.

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### ECLECTICISM IN NORTHERN ILLINOIS.

Dr. T. V. MORROW:

Dear Sir—Believing that you are ever ready to listen to the reports of all medical men, especially those of the Eclectic practice, I take the liberty to trouble you with this brief sketch, and if you deem it worthy of publication, you may herald it to the numerous readers of your Journal; and here let me say, I have been a reader of the Eclectic Journal since its enlargement—and must say that it is a highly valuable medical instructor. It has been a staff and shield to me, located as I am in Northern Illinois, where our resources for gaining a thorough medical knowledge are limited. I would not be deprived of reading it for ten times its cost. It is a great pleasure to hear of the success of the practice in Cincinnati and elsewhere, that I am striving to impress upon the inhabitants of this part of the Republic, and I laugh to see the walls of Hunkerism crumbling to the ground and turning back to its mother dust, to inhabit the mineral kingdom never more to return.

This season has been a peculiar season, and one calculated to draw a line of demarcation between the old and new schools of practice; not that our remedies are more efficient this season, but the class of diseases present a different aspect, the cure of which is more strikingly impressed upon the people, who are anxiously pressing the medical faculty for relief, and are as often forced to return to their places of abode, and there midst all the horrors of a dire calamity wait for death to relieve their sufferings; but thank God, the spirit of Reform has crept in here, and has taken fast hold of the people. The principles as taught by the Eclectic School are being promulgated and the system is becoming very popular; but our

feeble efforts would avail but little were it not for the knowledge and influence that a Beach, a Morrow, and a Buchanan have cast throughout the length and breadth of the land, which stirs up the practitioner, and guides him through his tedious course of practice, and gives the people confidence.

I read medicine under the new school, and have studied the principal works of the old school, and am satisfied that the truth is on our side, and the time will soon come when the people will all be with us. I rejoice that I commenced the practice with a mind unfettered and free to investigate, and a spirit of Reform that prompts me to search all things and hold fast that which is good, and thus by putting on the whole armour of the principles of reform, I am prepared to stand up and face the enemy and successfully combat him. When I commenced practice in this place last Spring and hung out my card representing the platform upon which I stood, many a sneering glance was given, and even my own person as I passed along the streets was scoffed at. Even those that styled themselves scientific M. D's. strove to brow-beat, ridicule and scandalize me, as being some obscure imposter and medical pretender. But mark the change even in the short space of six months' time; these feelings and this spirit have been compelled to hide, and the name of an Eclectic is never ridiculed here now. And what has wrought this change in so short a time? It has not been for the want of energy and diligence on the part of the Allopathics, for they have rallied themselves in fierce array against us, and made use of every means both reasonable and unreasonable; but their strong holds are broken up and themselves put to flight by the healing power and efficacy of the *Vegetable Materia Medica*. And now, to cut short the story, I will mention some of the agents I made use of in my treatment of cholera. My whole reliance was on the tinctures of *Hydrastis Canadensis*, *Xanthoxylon*, *Myrica Cerifera*, *Cypripedium*, *Myrrh*, *Syrup of Ginger* and *Capsicum*, of each equal parts, except Capsicum which I add in proportion to the strength I wish, at pleasure. Of this compound I give from one to two table-spoonsful every fifteen or thirty minutes, (or if the case is severe I am not particular about the amount given) till my object is accomplished. A few portions of this, with occasionally a portion of the neutralizing mixture would soon stop vomiting; and I frequently give the same compound by Enema or Clyster, to be followed up immediately after each evacuation, which will soon check the cramp, relieve pain, and regulate the bowels. These means together with external applications, Mustard, Capsicum, Brandy, hot bricks, bottles, b'ocks, boiled corn, &c., will soon change the course of the disease, produce a determination to the surface, promote perspiration, equalize the circulation, and restore the stomach and bowels to a proper tone.

After this is accomplished, or after the force of the disease is broken up, my treatment is based on general principles, such as regulating the bowels with mild cathartics, (of which I very seldom found it necessary to give anything stronger than Rhubarb, Cream Tartar, &c.,) strengthen the general system with some good tonic, regulate diet, keep the patient quiet, and attend to such other symptoms as the case may present. These means proved successful in every case before collapse, so much so that I almost hold them as specifics in cholera. I frequently made use of the sudorific tincture in small quantities, but do not rely on its use; this is the only form that I have used opium in this disease, and that very seldom, and never given till after the character of the stool is changed and force of the disease checked. Diuretics I use from the start, and pay strict attention to the nervous system. Under this treatment my patients convalesce remarkably fast, whilst those treated by the Allopaths with Opium, Morphia, Calomel, &c., die with perfect facility.

This country is undergoing a revolution. The people have become tired of the deadly effects of quackery. W. P. T.

Nov. 13, 1849.

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## WOUND OF THE LEG.

*Messrs. Editors:*

The following case is one of great importance, and one of peculiar interest to the medical fraternity, as it is one of those affections for which no efficient treatment has been heretofore adopted or recommended by the regular faculty, or any other faculty, save the Eclectics, that can be relied upon, for a permanent cure in this affection, and as it had been treated by several eminent physicians and surgeons all to no effect, and then pronounced incurable, without amputation, we might have considered that the ultimatum of medical science had been attained.

The subject was a young man about eighteen years of age. Four year ago he run a snag into his left leg just above the external malleolus. The snag struck the tibia, and followed the bone some two or three inches, severing the muscles from the bone, without lacerating the integuments, except where it entered near the external malleolus, and there made but a small incision, but wounded the periosteum of the tibia for two or three inches, making a very ugly sore. When I first saw the patient, which was about the first of October, his leg was very much swollen, and the swelling extended from the malleolus to the condyles of the tibia, and the leg was black and hard as a bone, from the patella to the tarsus; the veins were swollen and varicose. I commenced my treatment by giving

a Hydr. Cathartic once a week for two or three weeks, bandaged the leg from the toes to the patella, or as far as the swelling extended, applied bitter herb fomentations twice a day, and bathed the leg with the tinctures of *Phytolacca Decandra*, *Lobelia Inflata*, *Impatiens Palida*, *Hydrastis Canadensis*, and *Capsicum*, twice a day, but washed the limb as far as the sore extended, with mild soap suds, before bathing with the above compound, and at night applied a poultice made of *Ulmus Fulva*, *Lobelia Inflata* herb, *Nymphaea Odorata*, and *Asclepias Tuberosa*, and kept up this treatment for two weeks. I then took the caustic Potash, and made four eschars as large as a half dollar, on different parts of the leg, and kept the eschars open, and kept up a running sore for six or eight weeks. By this time the swelling had all subsided, and healthy granulations began to form around the eschars. I continued the above applications all the time, such as fomenting, bathing, and washing, and gave the alterative Syrup, and also gave white sugar, sulphur, and cream tartar,  $\bar{a} \bar{a}$ , equal parts at bed time, kept the eschars washed with a solution of vegetable caustic for two months, and then healed the sores with the black salve, and bathed the limb with the above named composition.

I saw the patient a few days since, the sores are all healed up, the swelling all gone—veins all natural; the limb feels soft, and the patient says he feels no pain or soreness in it, and can work and use his leg as well as he could before the accident happened.

N. B. I have been practicing in this place since the first of July last, and have treated near three hundred patients, with the loss of but one single patient, which was a small child about fourteen months old, who had the flux for eight days before I was called to it. It died in four hours after I first saw it.

The Eclectic system takes pretty well in this place.

Yours,

J. F. HANCE, M. D.

Fletcher, Miami Co., Ohio, Jan. 1, 1850.

## DYSPEPSIA.

*Editors Eclectic Medical Journal:*

GENTLEMEN: I forward the following laconic report for insertion in your very interesting, instructive, and valuable Journal.

The signal success of Eclecticism is strikingly exhibited in the following case:

On the 20th of July, 1849, I was requested to visit Jonathan Wilson, a resident of Warren County, Ky., aged 66 years, who had been afflicted with dyspepsia 15 years.

About three years ago his disease assumed a decidedly aggravated character. He forthwith sent for Dr. T. G. Jones, an old school physician of this county, who became his medical attendant twelve

months. At the end of that time, the patient growing no better, but rather worse, discarded Jones, and obtained the medical skill of Dr. S. A. W., an intelligent, courteous, and experienced old school physician, who treated the case two years without any material benefit to the patient.

Wilson now resolved on forsaking the old school system of practice, and accordingly sent for me in order to test the merits of Reform. I accordingly went, and found his condition truly unenviable. His body was emaciated almost to a perfect skeleton, skin constricted and of necessity dry, with flatulency, distention, and frequent excruciating colic pains. His strength had failed, and the epigastric tenderness and distress were severe and constant. Diarrhœa had constantly attended him for three years, having from five to ten stools every twenty-four hours; and his food frequently passed off imperfectly digested. All the relief he obtained during the last three years was a cessation of the bowel complaint *one whole day and night*, which happened under Dr. W's. administration. Jones never checked the bowels even that long, much less the disease; though it is highly probable that if he had been permitted to tamper with the patient twelve months longer, he would have effectually quieted both bowels and body.

**TREATMENT.**—In the course of medication which I adopted, there is nothing novel to Reformers.

The neutralizing cordial thoroughly checked all tendency to acridity and acidity in the primæ viæ, and as a matter in course, the diarrhœa also.

One anti-dyspeptic pill every night at bedtime cleansed the stomach, and in conjunction with the restorative bitters, imparted a healthy energy to that organ and the whole system; while the alkaline wash each night relieved the constricted surface of the skin. Thus, the cordial, pills, bitters and wash accomplished in about four weeks, what two physicians could not in three years—a complete cure. The patient's appetite is good, and he has increased in flesh about twenty-five or thirty pounds.

I will close by offering you my unfeigned love, tender regard, and sincere desire for your prosperity, and the advancement of Eclecticism, which must, ere long, inevitably triumph.

JESSE H. SMITH.

*Bowling Green, Ky.*

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### SCARLATINA, RICKETS, &c.

*Messrs. Editors:*

I have read the Journal the past year with much interest and profit; and being willing to contribute my mite to its pages, the following short statement of my treatment of the diseases mentioned, if you consider it worthy of publication, is at your service.

In practice I am independent, and fettered by no *one* authority. I have Allopathic, Eclectic, Hydropathic, Homœopathic, and Thomsonian works; and I employ that medicine or course of treatment which I think best calculated to subdue disease, whether recommended by Eberle, Hahnemann, Beach, or any one else. In short "*Eclecticism*" is my motto. In the treatment of the diseases mentioned below, I have pursued the treatment given with good success.

1st, *For Rickets*. This disease I have never failed of curing in a very short time, with the following prescription, viz:

R Apocynum Can.	2 parts.
Zingiber, Off.	1 part.

Mix. Pour a tea-cupful of boiling water over a tea-spoonful, and sweeten well with loaf sugar. *Dose*, a table-spoonful three or four times a day, or sufficient to loosen the bowels. The surface of the body should be washed with cold water, and then rubbed with the best French brandy every morning.

2d, *For Scarlatina*. When the symptoms denote an accumulation of morbid matter in the stomach, I use the following:

R Tinct. Bals. Tolutanum,	2 parts.
" Lob. Inflata,	1 "
" Sang. Can.	1 "
" Liquorice,	1 "
Opii	$\frac{1}{2}$ "
Mel.	3 "

Mix. *Dose*, sufficient to vomit. This is a good expectorant, and its use may be continued, in doses of fifteen or twenty drops, as often as necessary to prevent an accumulation of phlegm in the trachea.

To promote diaphoresis, I use a strong decoction of Melissa Grand. and Asclep. Tuber. When there is soreness or swelling of the throat or face, I use an ointment composed of fresh butter submitted to heat, till it becomes an oil,

Oil Origanum	4 lbs.
" Rosemary,	8 oz.
	2 "

This will remove the inflammation. As a gargle, I use a solution of Muriate of Ammonia, or a decoction of Statice Carol. Hydras. Can., or Ger. Mac., sweetened with honey.

3d, In cases where a sialagogue is indicated, I use a preparation of,

Actea Alba,	1 part.
Asclep. Tub.	1 "
Ipecac,	1 "
Carb. Soda	1 "
Nit. Potas	$\frac{1}{2}$ "
Lob. Inflata,	$\frac{1}{2}$ "

Pulverize very fine, mix; and triturate *till well incorporated*.  
Dose: 2 grains every one or two hours, until a copious flow of saliva is produced.

This may be accomplished in six or eight hours, by giving as much as the patient can bear without vomiting, every half hour. By giving it dry, more will be retained in the mouth, and the action of the glands will be sooner excited. In using this, I have often been charged with giving calomel, as it produced a soreness of the gums. Washing the mouth with cream or milk will cure the soreness, and of course, remove the impression that calomel has been taken.

GEO. ELLIS.

Springfield, Pa., Jan. 25th, 1850.

### MERCURIAL SALIVATION.

Extract from a letter of Dr. J. Bender, of Alleghany City, Pa.:

"This is only one case out of a number which came under my care. I recollect it very distinctly, although it has been some eight years since, for it was the second case I ever saw of the kind, and there was considerable excitement about the patient's recovery. I would have given anything at the time for a certain remedy, and of course I ransacked all my authors, but all to no effect. None of them could tell me what to do, so I cast them aside, and concluded to adopt my own mode of treatment, and as luck favored me, the remedies which I applied checked the effect of the mercury much sooner than I expected they would. I have used the same ever since in all cases of Ptyalism, or salivation, and they always operated with equal success.

Mr. L. Throop's daughter, aged four years, a perfect picture of health, had an attack of Inflammation of the lungs, and was treated by Dr. Cadmon, of the same place, (Adrian, Michigan,) who bled her several times, and blistered her all over the breast and side, and gave some forty doses of *calomel*, with a few other articles, such as squills, antimony, carbonate of ammonia, opium, &c., and finally gave her up to *die*, (with quick consumption as he called it\*) all in the short space of four weeks, at which time he said she could not live forty-eight hours longer. Her parents were not satisfied to lose their child without trying further, and finally sent for me, when I examined her, and found the symptoms as follows: She was reduced to a mere skeleton, with a slow mercurial fever, dry cough, *breath very offensive*, tongue coated *dark brown* in the centre, and tip and edges *red*, gums black and much swollen, and a dark spot on the outside of the cheek, as large as a dime, which increased to the size of a half dollar, before I got it checked. Three of the double teeth, and part of the jaw bone came out, and

\* I will admit that it was quick consumption, (or that she was consuming very fast,) but it was the effect of *calomel* and the *lancet* and nothing else.

when the soft parts sloughed off, it left a large hole, with nearly all of the cheek gone. The bowels were constipated, skin dry and hot, pulse from 100 to 126 in a minute, with restlessness, and a constant thirst. Treatment.

R. Ol. Terebinth,	3ss.
Ol. Sassafras,	3ij,
Tr. Myrrh,	3i,
Tr. Opii,	3ii.

All well shook up, and applied on the outside, by wetting cotton as often as it dried in, and applied to the inside of the mouth, diluted with a strong decoction of the inner bark of the root of Sumach, until the effect of the mercury was checked, after which I applied slippery elm poultice, until the soft parts sloughed off, and then I used the black healing plaster, until it was well. My internal remedies were as follows: I gave senna and manna in decoction, with sulphur, until it operated well as a cathartic, which discharged a large quantity of black fecal matter, very offensive, which continued for several days before it became anything like natural stools. Then I gave diaphoretic powders until the fever ceased, after which I gave mild tonics and sulphur, to keep the bowels open.

When I saw her last, some two years since, she had enjoyed good health, with the exception, that whenever she took cold her gums would become sore, and that she had a deformed face, which she will carry to her grave.

I can recommend the above course of treatment without the least hesitation, for I have used the same ever since, and I never knew it to fail where it had a thorough trial."

## ECLECTIC PRACTICE.

WILLIAMSPORT, Pike Co., O., Dec. 17, 1849.

*Prof. T. V. Morrow:*

When I returned home last spring from your able lectures, to spend the summer in perusing my notes and books, I found my preceptor unable to ride, so in the place of reading theories, I went to practicing. Since that time I have treated upwards of three hundred cases of disease, and many that were thought to be incurable. Among the incurable (so called) diseases, I have treated four cases of cancer, and one of rattlesnake bite. On the last of June I was called to see Amos Howard's child, that had been bitten by a rattlesnake some five hours before. When I got there, her leg was very much swollen. She was bitten on the fibular side of the right ankle; the foot and ankle were so distended that it appeared it would burst; it was of a purplish blue color, dry and husky. The child was in great pain, with some little nausea at the stomach. I well remembered hearing Prof. Hill speak of the Philadelphia M. D.'s letting one of their faculty die, after that

monster had stuck his fang into his flesh. I thought of the Doctor's treatment. I first scarified and cupped; then I directed a poultice of plantain and catnip, and to give a tea of the same, with the addition of *broken* doses of Lobelia and Sanguinaria, (my preceptor has cured several cases that were given up to die, with the Sanguinaria.) The family were much alarmed, but I told them not to be scared, I would cure her. In three days she was up, in six days was well.

I cured a lady in Circleville, of cancer, who had it cut first out of her breast, and in place of one, three returned, one under the arm, and two in the breast. They were taken out by a Reformer, with caustic, but he gave no constitutional treatment, and within three months after he left, four returned, three in the breast, and one under the arm.

I commenced the treatment with but little faith, but knowing there was great efficacy in the Eclectic system, I followed it up as you taught me to do, and succeeded. It has been some four months since I extracted the last one; no symptoms of any return exist. She thinks she is cured for the first time. I have had some 50 cases of Diarrhœa and Dysentery. Out of these I lost one patient; and about the same number of cases of intermittents with entire success. I will not give all the cases here; suffice to say, I have lost but this one case myself. I attended a young man that died through neglect, but he was under the treatment of Dr. Griswold, an Allopathist, when he died.

G. W. HURST.

### CHOLERA REMEDY.

Dr. BENEDICT, of Bloomington, Indiana, writes as follows:

"I see much said in the Journal on cholera medicines, but there is a superior remedy for diarrhœa, growing in the length and breadth of the land, of which I see no mention. That is Redbud. My cholera mixture, which has won for itself an unparalleled fame, was thus formed: Redbud root, four bushels, or of the bark of the root one bushel; Dewberry root, half a bushel; Cranesbill, (*Geranium Mac.*) one peck; Witch hazel leaves one bushel—boil till all the strength is extracted; strain, and boil down to three gallons—add one gallon best sugar house molasses, one gallon best brandy, and one gallon No. 6, (Thomsonian.) Of this mixture I have sold, since July 7th, upwards of sixteen gallons, nor has it failed to put a final check to diarrhœa, flux, and summer complaints. This compound possesses one advantage over every other I have ever used, and I have used *some*. It leaves the bowels in a healthy state, the succeeding discharge *always* being of a healthy character. Of this I could get hundreds of certificates, among which is Elder J. M. Mathes, Editor of Christian Record, and Tribune and Farmer. Dose from a table-spoonful to two ounces, according to the urgency of the case."

## Part 2.---Miscellaneous Selections.

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### SIMPSON ON ANESTHESIA.

*Anesthesia, or the Employment of Chloroform and Ether in Surgery, Midwifery, etc. etc.* By J. T. SIMPSON, M. D., F. R. S., E. Prof. Midwifery in the University of Edinburg, Physician Accoucheur to the Queen in Scotland, &c. &c. 1 vol. 8vo. pp. 248. Philadelphia, Lindsay and Blakiston, 1849.

More than two years ago, Dr. Forbes, in a very able article in the *British and Foreign Review*, wrote as follows—and every operator who uses these agents confirms his account—

For the purpose of obtaining information on all the points of this most interesting subject, we personally questioned all the patients in the London hospitals, who at the period of our visits, still remained in the wards after the ether operations. They were in all *fifty-four*, and the great majority had been the subjects of capital operations. They were unanimous in their expressions of delight and gratitude, at having been relieved from their diseases without suffering. In listening to their reports it was not always easy to remain unmoved under the influence of the conceptions thereby communicated, of the astonishing contrast between the actual physical condition of the mangled body in its apparent tortures on the operating table of a crowded theatre, and the really happy mental state of the patient at the time. The old story of the magician in the *Arabian Tales* seemed more than realized before us, the ether being like the tub of water, one moment's dip of the head into which, produced a life-long vision in the dreamer's mind.

But, furthermore: it is asserted that not only does the use of anesthetics abolish the pain attendant on surgical operations, which, we repeat, is no "trivial matter," but that it conduces largely to the restoration of the patient, and gives him a better chance of ultimate recovery. The proof of this is two-fold. First, the authority of a multitude of intelligent, experienced and candid observers concurring in the assertion, that after severe operations, the constitutional disturbance is less and convalescence more rapid in patients who have been etherized, than in those who have not: and second, statistics of a sufficient number of cases to render this view of the case extremely *probable*, though, of course, not absolutely certain.

Chapter V. of the work now under notice, is headed "Value and Necessity of the Numerical Method of Investigation as applied to Surgery"—and chapter VI. contains some interesting statistics in regard to etherization. We wish we could transfer both of them in full to our pages—we are sure they would amply repay perusal; but we must content ourselves with the concluding pages of the latter:

No. VI.—*Table of the Mortality of 618 Amputations of the Thigh, Leg and arm, without Etherization, performed during the last few years in 30 British Hospitals.*

Seat of Amputation.	PRIMARY.			SECONDARY.		
	No. of Cases.	No. of Deaths.	Per-centage of Deaths.	No. of Cases.	No. of Deaths.	Per-centage of Deaths.
Thigh,	73	45	63	211	62	29
Leg,	80	26	32	135	28	17
Arm,	77	17	22	42	10	24
TOTAL,	230	88	38	388	95	24

No. VII.—*Table of the Mortality of 302 Amputations of the Thigh, Leg, and arm, under Etherization.*

Seat of Amputation	PRIMARY.			SECONDARY.		
	No. of Cases	No. of Deaths	Per-centage of Deaths	No. of Cases	No. of Deaths	Per-centage of Deaths
Thigh,	24	12	50	121	25	20
Leg,	32	9	28	81	13	16
Arm,	17	4	23	27	8	29
TOTAL,	73	25	34	229	46	20

I shall now proceed to contrast these results with the results of the same operations in the same class of hospitals, and when performed upon patients not in an etherized state.

Before doing so, however, let me observe in passing, that the data I have adduced in Tables No. I. and V., (pp. 72, 76) have been objected to, on the ground that they are collected from too many different hospitals, and too many different sources. But, on the contrary, I believe all our highest statistical authorities will hold that this very circumstance renders them more, instead of less trustworthy. Professor Chomel of Paris, after pointing out the first requisite for a successful statistical comparison of therapeutic or other results—viz: a sufficient similarity between the number of collated cases—adds, as the second condition, “that the data be numerous, collected at different times, in different places, and, if possible, by several observers. It is easily seen (he adds) that the results of a number of facts too limited, collected in a short space of time, in a single place, and by a single observer, however exact as regards that individual series of data, may yet be very different from, or even the reverse of conclusions drawn from a larger series, and one collected under various circumstances.”

COMPARISON OF THE MORTALITY FOLLOWING THE LARGER AMPUTATIONS OF THE LIMBS, 1. WITHOUT, AND 2. WITH ETHERIZATION

The major amputations of the limbs, including those of the thigh, leg, and arm, are generally fatal in hospital practice in the proportion of about one in every two or three operated upon. In the Parisian hospitals, the fatality according to Malgaigne, amounts to upwards of one in two. In Glasgow, it is two and a half. In British hospitals, I found that under these amputations one in three and a half died. The same operations, performed in the same hospitals, and upon the same class of patients, in an anæsthetic state, present a mortality of 23 in 100, or 1 in 4, only. The following table shows the amount of the individual cases, and the percentage of death in the different collections, with the corresponding proportion of deaths in those operated on in an etherized state.

No. VIII.—*Table of the Mortality of Amputations of the Thigh, Leg, and Arm.*

Reporter.	No. of Cases.	No. of Deaths.	Per-centage of Deaths.
Parisian Hospitals—Malgaigne	484	273	57 in 100
Glasgow Hospital—Lawrie	242	97	40 in 100
General Collection—Phillips	1369	487	35 in 100
British Hospitals—Simpson	618	183	29 in 100
Upon Patients in an Etherized State.	302	71	23 in 100

The evidence which the preceeding table affords in favor of the greater safety of amputation with ether than without it, is sufficiently strong and striking. While 24 in 100 died under the amputations named, when the operations were performed upon patients in an anæsthetic state, 29 in every 100 died under the same amputations in the same hospitals when the patients were not etherized;—in the Glasgow hospital as many as 40 in a hundred died—and in Paris, as many as 57 per cent. In other words, out of every 100 persons submitted to amputations of the thigh, leg, or arm, the lives of 6 were, by the employment of etherization, saved above the average number of the same operations in British hospitals;—17 lives in each 100 were saved, if we take the Glasgow returns as a standard of comparison; the average mortality was, under ether less by 34 in every 100 cases than that which was found by Malgaigne to accompany the same operations in the Parisian hospitals.

But probably, to most minds, this comparison would be rendered more clear and simple, if we took not a class of operations, but a single operation as a standard and medium of comparison. For this purpose, let us select amputation of the thigh as the *individual* operation regarding which we possess the largest series of observations.

COMPARISON OF THE MORTALITY FOLLOWING AMPUTATIONS OF THE THIGH, 1. WITHOUT, AND 2. WITH ETHERIZATION.

There are few or none of the operations deemed justifiable in surgery, that are more fearfully fatal in their results than amputation of the thigh. "The stern evidence, (says Mr. Syme,) of hospital statistics, shows that the average frequency of death, is not less than from 60 to 70 per cent;" or above one in every two operated on die. Out of 987 cases of amputation of the thigh collated by Mr. Phillips, 435 proved fatal; or 44 in every 100 were lost. "On referring, (observes Mr. Curling,) to a table of amputations in the hospitals of London, performed from 1837 to 1843, collected with care by a private society to which I have the honor of belonging, (the Medical Society of Observations,) I find 134 cases of amputation of the thigh and leg, of which 55 were fatal, giving a mortality of 41 per cent." Out of 201 amputations of the thigh, performed in the Parisian hospitals, and reported by Malgaigne, 126 ended fatally. In the Edinburgh Infirmary, 21 died out of 43. Dr. Lawrie found the mortality attendant upon this operation in the Glasgow hospital to amount to 46 deaths in 127 cases. In the collection of cases from 30 different British hospitals which I have published in table No. V. (p. 76,) 284 cases of amputation of the thigh are reported; 107 out of these 284 operations proved fatal. On the contrary, I have collated 145 cases in which the same operation has been performed during the past

year in British hospitals, upon patients in an etherized state. Out of these 145 cases of amputation of the thigh, only 37 proved fatal. Or, in other words, the fatality was not greater than one in every four operated on when the patients were previously etherized. The following table presents these results in a more clear form:—

No. IX.—*Table of the Mortality of Amputations of the Thigh.*

Reporter.	No. of Cases.	No. of Deaths.	Per-centage of Deaths.
Parisian Hospitals—Malgaigne	201	126	62 in 100
Edinburgh Hospital—Peacock	43	21	49 in 100
General Collection—Phillips	987	435	44 in 100
Glasgow Hospital—Lawrie	127	46	36 in 100
British Hospitals—Simpson	284	107	38 in 100
<i>Upon Patients in an Etherized State.</i>	145	37	25 in 100

The preceding figures speak in a language much more emphatic than any mere words that I could employ in favor of anesthesia, not only as a means of preserving surgical patients from pain, but as a means also of preserving them from death. Between even the lowest mortality in the table without ether, 36 in 100, and the rate of mortality with it, 25 in 100, there is the difference of 11 per cent. That is to say, according to this standard, out of every 100 patients submitted to amputation of the thigh without anesthesia, 11 more would die from the operation than if the same 100 patients were submitted to the same operation in a state of anesthesia. And if the condition of anesthesia effects thus a saving of 11 lives in every 100 amputations of the thigh;—then out of every 1000 such operations, the lives of 110 patients would be preserved by the use of anti-pathic means.

If we compare these results with the standard of Mr. Phillips, the contrast is still more startling. Out of 987 amputations of the thigh collected by him, 435 proved fatal; or 44 in 100. Out 145 amputations of the thigh under anesthesia, 37 proved fatal, or 25 in 100.—According to this comparison, the amount of persons saved from death in amputation of the thigh by the patients' being rendered anesthetic during the operation, amounts to 19 lives in every 100 operations performed."

A little more than two years ago, Dr. Simpson, Professor of Midwifery in the University of Edinburgh, determined to use, on the first suitable occasion, the vapor of sulphuric ether, in order to try if the same favorable results might not be obtained for the relief of this form of suffering.

The first case in which it was tried, was one in which there

was much deformity of the pelvis. Now as the capability of ether to abolish sensibility had been fully proved, and its alleged danger to life disproved, the only question of any practical importance was, would it arrest the contractions of the uterus as well as the sufferings that arise from them? As version would here be required at any rate, it mattered little, so far as this case was concerned, whether it did or not; and therefore it was deemed a most suitable one for the experiment—which was accordingly made, with the most perfect and encouraging success. But little time was allowed to elapse between the moment of rendering the patient unconscious and the completion of the delivery; but during that time the uterine contractions were strong and energetic.

"On questioning the patient after her delivery, she declared that she was quite unconscious of pain during the whole period of the turning and extracting of the infant, or indeed from the first minute or two after she commenced to breathe the ether. The inhalation was discontinued towards the latter part of the operation, and her first recollections on awaking were "hearing," but not "feeling," the head of the infant "jerk" from her (to use her own expressions,) and subsequently she became more roused by the noise caused by the preparation of a bath for the child. She quickly regained full consciousness, and talked with gratitude and wonderment of her delivery, and her insensibility to the pains of it. Next day I found her well in all respects. I looked in upon her on the 24th (the fifth day after delivery,) and was astonished to find her up and dressed, and she informed me that on the previous day she had walked out of her room to visit her mother. Mr. Figg informs me that her further convalescence has been uninterruptedly good and rapid."

Since this case was published, a day or two after, ether and chloroform (the *anesthetic* powers of which were discovered by Dr. Simpson, in his search after some more pleasant and agreeable agent than ether) have been used in an immense number of cases; and *uniformly*, so far as we have been able to learn, with the happiest results. Can as much be said for any other medicine?

The distinguished professor has used it with "*unvarying success*:" and be it remembered, he administers it in *all* cases of labor, whether natural or preternatural. Drs. Duncan and Norris, house-surgeons to Maternity Hospital, Edinburgh, say:

"On the whole, the results of anesthetic midwifery, as observed by us in the hospital, have been perfectly satisfactory; and we can confidently state that the recoveries have been altogether more perfect and speedy than before. This has been remarked in so great a proportion of the cases, that there can be no doubt whatever of the truth of the observation. Besides the increased rapidity of recovery, we have noticed the almost entire absence of those uncomfortable feelings of fatigue, languor, and slumbering, and of that

shattered feeling which so frequently comes upon the mother immediately after an ordinary delivery. Instead of this, we have found the mother almost invariably awake from the anesthetic sleep comparatively fresh, easy, and cheerful. Not unfrequently the anesthetic has been found to change, without an intermission, into a natural sleep, which may continue for an hour or two.

Further, there have been, since the introduction of chloroform into the practice of the hospital, far fewer than formerly of those violent attacks of rigors, ephemeral fevers or weeds, and abdominal pains, which are so common in most crowded hospitals, forming a class of cases which used formerly to cause much anxiety, and was a common cause of the mother's being detained in the hospital after the usual fortnight allowed for recovery. In fact, since using chloroform, there have been scarcely any women detained in the house by these causes, and much less Dover's powder, calomel and opium, abdominal fomentations, &c., have been used.

The women have been, invariably, found deeply grateful for the relief to their sufferings afforded by the anesthetic influence of chloroform.

Dr. Keith says:

"I have employed chloroform in every case of labor under my care, since its introduction, with one exception; and also in almost every case to which I have been called in by other practitioners. \* \* \* I can state most positively that I have seen no serious symptoms, which could be traced to the chloroform, in any one case, either in affecting the mother or child. Most of the mothers have made uncommonly good recoveries. Those who have had children previously, have, almost without exception, stated to me, that they felt very decidedly stronger after delivery than on former occasions. In two cases the recovery was rather slow, but this was owing to the patient's being in a very delicate state during pregnancy—and, in both instances, I considered the chloroform was of great service, by saving their strength. In none of these cases was the child still-born.

Says Dr. Moir, of Edinburgh:

"Since the beginning of December, I have, with a very few exceptions, used chloroform in the course of my midwifery practice, and I have not met with a single case where any unpleasant effects, either of the mother or child can be traced to its use.

Hear Dr. Malcolm:

"Since November last I have employed chloroform in above thirty cases of labor, and with the most satisfactory and delightful results. A majority of these were first labors. I have kept my patients under it for periods varying from a half an hour to six hours,

and have never found the slightest unpleasant effects to result from its use. All the children have been born alive, and are at this moment in perfect health, with the exception of one that died when about a month old, of a sudden and severe attack of dysentery. All the mothers have made recoveries with rapidity and completeness, far above the average which I had previously observed in my practice. This has struck me as the more remarkable, seeing a large proportion of my patients were primiparous; and I can only attribute this result to the entire absence of suffering and shock to the nervous system which is effected by the use of chloroform.

Dr. Burns of Edinburgh says :

"I regret that I cannot give you the number of cases of labor in which I have exhibited the chloroform, but I may state that I have given it repeatedly, and have not seen any bad consequences either to the mother or child result from its use.

All the mothers have made rapid recoveries, and the children did not appear to suffer from its use.

I have given the chloroform in three or four cases of adherent placenta where the uterus was firmly contracted—and had far less difficulty in extracting it than I have experienced in similar cases where the chloroform was not exhibited.

Dr. Purdie speaks in this fashion :

"I have now used chloroform in seventeen cases, which I have noted and in every instance with decided effect, not merely by lessening suffering, but I am perfectly convinced, by the most careful observation, by shortening the duration of labor. The pains have never in my experience been interfered with, except in rendering them quicker, and far more effectual.

And then Dr. Cumming.

"I am quite satisfied that, if properly given, it acts as a calmative; and I believe, from what has passed under my observation, that very many of what are called exceptional cases are not so in reality, but appear to be such from error in the mode of administration, and that further experience will amply demonstrate the truth of this.

In short, I am, unfortunately for the appearance of veracity, compelled to say, that all my cases hitherto have been so successful, the recoveries so uniformly good, and the satisfaction on the part of the patient (and I may add also my own) so great, that I am rapidly approaching to, if indeed I have not already arrived at the conviction, that, *if there is any sin connected with chloroform, it is chargeable to those who refuse to administer it.*

I may add, that not one of those patients who have already inhaled it will ever be denied it in any subsequent pregnancy, as they have repeatedly assured me; and certainly I shall not attempt to keep it from them, and that not more for their sake than my own.

Dr. Grigor of Nairn uses this strong language :

"Dr Allan of Forres and myself would as soon think of going to an obstetric case without our chloroform phial, as we would of going to bleed a patient without a lancet. In this quarter, doctors are only called in when things are going wrong, or in extreme cases ; so that, since your grand discovery, he and I have only used it in about twenty-four cases, in all which it came up to all you have written about it,—no still-born children—mothers recovering well—fewer after-pains, &c. &c. One of my cases was a first child, the mother nearly forty-eight years of age, weakly in constitution, and of small formation. Had it not been for the chloroform, I do think she would have sunk.

Dr. Protheroe Smith says :

"I have records in my own practice and that of my friends of upwards of one hundred and twenty-five cases of anesthetic labor; and with one exception all have done well. In several thus treated, no hemorrhage has ensued, though in previous labors there was flooding. In nearly all, the getting up has been more speedy, requiring no aid of opiates and purgatives; and it is my sincere conviction that chloroform lessens the chance of puerperal inflammation and fever."

And so say hundreds and thousands of others—men equally capable in observing and candid in reporting—upon whose judgment, accuracy and sincerity, implicit reliance may be placed. In the New World, as well as the Old, witnesses,—not so numerous as yet, but equally clear, decisive, and united in their testimony—have arisen. Some of these, like Dr. Simpson, use it in every case,—others, mainly in the more difficult and protracted labors, or where manual or instrumental assistance is required. Dr. Miller, the much and justly esteemed Professor of Obstetrics in our city University, has repeatedly used it in these latter circumstances, and always with the happiest results. Nay, so overwhelming now is the testimony in favor of the superinduction of anesthesia in many, if not in all the cases of labor, that the "Committee of Obstetrics," in their late report to the National Convention, actually propound the question, in all their seriousness, "*Can anesthetics be rightfully withheld in Midwifery?*"

The grounds of objection are numerous—medical, moral, social and religious. Our limits will not allow us to answer these at length, or even to glance at them. We must refer our readers to this collection of Dr. Simpson's essays on this interesting topic, for a complete refutation of everything which has thus far been, urged against this practice.—*West. Jour. Med.*

## CHLOROFORM.

The discussion relative to chloroform, in the French Academy of Medicine has closed, and its results may be summed up in the following general conclusions:

"1. Chloroform is a powerful poisonous agent, which ought not to be used except by experienced persons.

"2. It is, both by its odor and action, an irritant of the bronchial membrane, and therefore requires to be used with great caution when there is any affection of the heart or lungs.

"3. Chloroform possesses a peculiar poisonous effect, which, if prolonged beyond a certain period, is capable of destroying life.

"4. More danger accrues from certain modes of exhibiting this agent than from the agent itself.

"5. This dangerous effect may be avoided by the following precautions: 1, to use pure chloroform, and in moderate doses; 2, to explore the condition of the thoracic organs previously to its exhibition; 3, to take care that a sufficient quantity of atmospheric air is respired with the chloroform; 4, to suspend the inhalation as soon as the patient becomes motionless; 5, not to exhibit it until digestion is completed."—*Prov. Med. and Surg. Jour.* May 2d, 1849.

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CHLOROFORM AND ITS EFFECTS.—M. Robert read, at a late meeting of the French Academy of Medicine, a paper on chloroform and its effects, which gave rise to a rather warm debate. The Paris correspondent of the *Medical Times* writes:

"Several fatal cases from the employment of chloroform have recently occurred here, and many others have reached us from foreign countries. It is also undeniable that we cannot tell beforehand what the effect of the application on the individual may be. As a few grains of calomel or opium will salivate or narcotize certain individuals, so a small dose of chloroform occasionally serves to develop fatal accidents in certain constitutions. Setting out from these premises, M. Robert asks, 'Are there any premonitory symptoms which may serve as a guide, and warn us not to proceed any further with the administration of the remedy?' He has remarked, as indeed every other physician must have done, that, in many cases, the early symptoms of etherization are accompanied by excessive agitation, precipitous respiration, and disturbance of the motor function, nearly amounting to convulsions. In 120 cases where he had employed chloroform, he had met with three cases of this kind, and it was on this point that he wished to fix the attention of the Academy. The symptoms did not seem to depend on the dose of the chloroform, but on the individuality of the patient. Hence, M. Robert concludes that, when such symptoms ap-

pear, they are a warning to the medical man not to proceed any further.

"M. Velpeau, who descended from the presidential chair to answer M. Robert, made a long discourse in favor of chloroform; but I confess myself unable to guess the conclusion at which he desired to arrive. He did not deny that the use of chloroform was occasionally dangerous; but, on the other hand, he refused to admit, as proved, that any of the deaths mentioned were really occasioned by that substance. In one of the cases, death was instantaneous; and it was impossible to believe that the remedy had proved fatal, before it was respired. In fact, MM. Velpeau and Roux seemed to argue that chloroform could never be fatal, because it had never produced fatal consequences in their hands. M. Roux likewise adverted to the mode of administering chloroform which is often employed, but which he denounced as faulty in the extreme. It is absolutely necessary to have an apparatus with which the air may penetrate to the lungs at the same time as the vapor. If this be attended to, he had not much apprehension of any unpleasant or dangerous effects."

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#### MEANS OF ARRESTING THE FATAL EFFECTS OF CHLOROFORM.—

M. Ricord has lately addressed a letter to *L'Union Medicale*, wherein that eminent surgeon relates two cases, in which the inhalation of chloroform proved nearly fatal. He, however, succeeded in reviving his patients, after all ordinary means had failed, by placing his mouth upon theirs, and forcibly insufflating the lungs by rapid aspirations and expirations. Though somewhat repulsive, this means should not be overlooked. Another medical practitioner of Paris, Dr. Escallier, has written to the same journal on this subject, and states that, in two instances of approaching dissolution by the inhalation of chloroform, he recalled life by thrusting two fingers deep into the throat, down to the entrance of the larynx and œsophagus; a sudden movement of expiration followed, and recovery took place.—*Lancet*.

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#### EXEMPTION OF CLASSES FROM CHOLERA.

[*Extract from a Paper read by John Webster, M. D., F. R. S., before the Westminster Medical Society (Eng.) Sept. 29, 1849.*]

It is gratifying to state, that throughout the entire population of London, during the prevalence of the recent epidemic, several marked exceptions have been noticed in the exemption of individuals from cholera, as well as in the rarity of the disease amongst various sections of the community. Several instances which have come under my notice appear worth relating.

The military in the metropolis, generally speaking, never were

in a better state of health than during the epidemic, although a few fatal cases of cholera occurred in different regiments. Respecting the fatal instances among the troops in London, it is both instructive and important to know, that in one regiment, which lost six men by cholera, five came from a battalion quartered in the Tower, and only one from the other division, occupying a barrack at the west-end. It is likewise worth adding, as an illustration of the influence which locality and individual circumstances exert in producing the disease, that one of the severest cases which a medical officer in the Guards met with, recently occurred in a soldier who had absented himself, without leave, from his barrack in the western part of London, and had passed two days in drinking with a sailor, in Ratcliff Highway. From this unhealthy district, the soldier was brought westward, in custody, and placed under confinement, where the malady very soon manifested most severe symptoms. This patient recovered, although he continued in a precarious condition for some time; and, probably, had he remained for a longer period in the tainted district, or had not been placed at once under judicious treatment, the issue might have been different.

Again, amongst the metropolitan police, which, exclusive of the city force, comprises 5,600 individuals, notwithstanding the laborious duties which they often have to perform, their frequent exposure to the night air in all weathers, and especially in the most insalubrious districts, the sickness and mortality was less than might have been expected. According to the return which my friend Mr. Fisher, surgeon-in-chief to the police, has kindly favored me with, only twenty-seven policemen have fallen victims to cholera during the recent outbreak; that is, one in every 207 members of the force, or about 5 per cent. The particulars respecting the localities in which these twenty-seven deaths occurred are likewise of importance, from being analogous to those observed amongst other portions of the population. Thus, of the total fatal cases recorded amongst the metropolitan police, twenty, or three-fourths, occurred south of the Thames; eleven of whom died in Southwark or its vicinity, and three in Lambeth; five were reported from the north eastern districts; two died in Westminster, one being on the Thames; whilst *not a single fatal case by cholera was met with amongst the whole police force stationed throughout the north-western districts of the metropolis.* No statement can be more conclusive respecting cholera and its propagation, than those now made respecting the military in London, but more especially the metropolitan police, consisting almost exclusively of stout, healthy, and mostly young men, placed under the same discipline and regulations. The deductions to be drawn from such data are self-evident.

Having already alluded to Bridewell, it may appear superfluous to speak of other prisons; nevertheless I must notice two other similar establishments. The first is the Cold-bath Fields House of

Correction—the largest jail in England—in which the regulations, sanitary measures, dietary, &c., are carefully attended to by the authorities. At this prison, notwithstanding there being usually about 1200 inmates, not a single fatal case of cholera has occurred during the recent epidemic, even although the disease prevailed in the neighborhood; and it must be added, that the prisoners were otherwise quite as healthy as at any previous period. Indeed, so little sickness has been recently met with amongst the numerous population of this jail, that last week only two cases of illness were under treatment in the infirmary. The other jail referred to is the Model Prison, Pentonville, in which also no fatal case of cholera has occurred amongst its inmates, amounting to about five hundred individuals. This immunity is, no doubt, owing to its open, airy, and elevated position, its good discipline, its scrupulous cleanliness, and plentiful supply of excellent water, much of which is pumped up from a well in the establishment.

From the workhouses in the metropolis, much useful information might also be adduced. I will, however, only allude to two, the first being situated on the low ground south of the Thames, the other on an elevated position in the northern district. The former, or St. George's Workhouse, Southwark, which contains, on an average, 400 inmates, is situated in the middle of one of the worst parts of the Borough, namely, the Mint. This locality, besides being very insalubrious, is inhabited by the very lowest, if not the most wretched class of Society, and amongst whom, deaths by the recent epidemic have been exceedingly numerous. Nevertheless, among the ordinary residents in this establishment, only eight fatal cases of cholera have occurred; and it is instructive to know, that these were chiefly the aged, infirm, and sickly. It was not so, however, in regard to the persons admitted from the neighborhood; the fatal cases recorded having been principally in that class of patients. This rarity of deaths among the resident paupers indubitably depended upon similar causes to those detailed in other public establishments; namely, the house is well ventilated, even although an old building; it is kept very clean; the food is abundant and nutritious; whilst the water is of good quality, and plentiful. The other workhouse to which I would also allude is that of the parish of Islington, situated on elevated ground, well drained, as also properly ventilated, and where the food is good, with water supplied by the New River. In this institution, having about 350 inmates, only two cases of cholera have occurred, although the residents comprise many paupers of broken down health, from years of suffering, privation, and disease. Respecting the two fatal cases of cholera reported from this workhouse, it is instructive to state, that one was sixty-three years of age, with a chronic cough, swelled legs, and a bad constitution; the other had lived for a short time in the same house with a person who fell a victim to the cholera

in an infected district, from whence she was brought, and died in the parish Infirmary.

Another illustration of immunity from cholera, among a class of persons likely to be attacked, may be derived from the St. George and St. James's Dispensary, to which I am attached. At this institution, out of 3,252 patients almost exclusively living in the upper wards of these two parishes, and attended by the medical officers during the by-gone six months, not a single fatal case of cholera has occurred; whilst it is also remarkable, that fewer persons laboring under ordinary diseases have been admitted during the last three months, especially in September, than throughout the previous quarter, comprising April, May, and June.

Lastly, I would mention that, at insurance offices, which comprise many thousand persons of the middle or upper classes of society, and on whose lives millions of money are now insured, notwithstanding deaths by cholera have been reported at particular offices, the general mortality, from all causes, amongst the insured, has even ranged less than usual. At the London Company, to which I am the medical adviser, not only have no deaths by cholera been reported, but the casualties from ordinary maladies have fallen under the average. And as similar statements have been made to me by other parties well able to give information—especially by Mr. Neilson, an authority on such questions—the opinion now advanced must be correct.

The various statements made regarding the exemption of particular places, and the immunity of different persons from attacks of cholera, are instructive, and deserve further investigation, more especially as the epidemic may, I much fear, recur at future seasons. The malady has done so in other countries, as also in England, and may do the like again, even with similar, if not with aggravated virulence. Many authors might be referred to respecting the history and previous prevalence of cholera, but I will only now allude to Sydenham. According to him, cholera morbus was not only very common, but exceedingly fatal, in his day, as also previously; indeed this epidemic disease seemed like a plague, from the mortality it occasioned; nay, it was even called, in common language, "Plague, or Gripings in the Guts." From it, during the year 1669, according to the above celebrated physician, not less than 4,385 persons died in London exclusively, which large mortality, in a population of about 674,000, makes the ratio of deaths nearly the same as during the present year. In 1679, the deaths from the same cause amounted to 3690. The disease re-appeared frequently afterwards, coming on generally about the close of summer, or towards the beginning of autumn; in fact, similar to the recent epidemic; or, to quote the quaint expression of Sydenham, when describing the cholera morbus then so virulent, "it recurred

as constantly as swallows in the beginning of spring, and cuckoos towards midsummer."

Indubitably the word cholera is not mentioned in the old Bills of Mortality, which I carefully examined at the British Museum. The expression in these reports is, "Gripings in the Guts," being doubtless, the vulgar term, and hence adopted by the parish clerks of London, when drawing up their certificates, instead of the more correct appellation contained in the works of Sydenham. This epidemic malady continued to prevail throughout the seventeenth century, although to a less extent than at previous epochs. During the early part of the eighteenth century, the complaint declined considerably; so much so, that exactly one hundred years ago, or in 1749, otherwise a very unhealthy year, seeing that 25,516 persons died in London, of whom 2,625 were carried off by small-pox, only 148 persons died of the epidemic so common in the time of Sydenham. Subsequently, the disease became still more unfrequent; and in 1793, it had almost disappeared; as in that year, according to the old Bills of Mortality, the number of fatal cases registered, from the same cause, had fallen to fourteen, in a total of 21,749 deaths reported to have taken place from all diseases, amongst upwards of one million inhabitants, at that period resident in the metropolis.—*London Journal of Medicine.*

## CARBONATE OF SODA AS AN ANTIDOTE TO THE CHOLERA POISON.

The following letter from Dr. Maxwell, in China, to the Secretary of State, at Washington, is copied from the Philadelphia Medical Examiner:

HYDRA-BAD, DEOKAN, Aug. 75th, 1849.

SIR.—I do myself the honor to communicate to you for the information of the President of the United States, and the benefit of the people, the important fact which I have just ascertained in the treatment of cholera, viz: that the carbonate of soda is a speedy and effectual antidote to the poison of that disease.

I give it immediately when a case of cholera is brought, in doses of a tea-spoonful dissolved in gruel or water, and drank as hot as the patient can drink it.

It allays the pain and burning of stomach, produces sleep, and restores the heat of skin and pulse in a very short time.

If it should be vomited, I immediately repeat it with a little laudanum, and a full dose of oil, so as to cause the antidote to pass down as speedily as possible to the poison in the small intestines.

When any portion of the oil and antidote is passed in the evacuations, convalescence will be found to have already commenced, the patient will presently pass urine, and then be out of danger.

I continue the antidote morning and evening (if necessary,) and reducing the dose.

I will not trouble you with details, which will appear hereafter.

By thus addressing the head of such an extensive empire, I make sure that the knowledge of this antidote will be speedily transported through its vast extent, instead of being left to chance to work its way up against the stream.

Besides, I am only performing what I consider a duty, at a time when the epidemic appears to be on the increase.

And, with the greatest respect, I remain your most obedient and obliged servant,

N. E. MAXWELL, M.D., *Surg. 3d Lt. Cavalry.*

**CHOLERA COLLAPSE.**—Dr. Bonet, a physician of Paris, informs his professional brethren, that, in a great number of patients affected with cholera in the last stage, that is to say, when the pulsation of the heart and the movement of the pulse are absent, and in the commencement of the blue stage, he has succeeded in restoring the action of the heart, and in recovering the patient from the blue stage, by administering, at intervals of half an hour, four cups of a hot and sweetened infusion of the common lime-tree, mint, balm, or chamomile, &c., in each of which cup of infusion were four drops of volatile alkali, making sixteen drops, which the patient may take in two hours. The reaction (he says,) is almost instantaneous—the pulse commencing almost instantaneously to beat, rather irregularly at first, but afterwards with force, the blue state disappearing, the body, face, and extremities being covered with hot and copious sweat, and in a few hours the patient is entirely out of danger.

A Mr. Royer, surgeon to the Garde Mobile, claims the merit of having *discovered* an infallible remedy in “brandy and salt!” The worthy Mobile seems to be ignorant of the writings of Solomon. *Med. Times*, July 1849.

### CHOLERA FUNGI.

*Extract from a Report on the Nature and Import of certain Microscopic Bodies found in the Intestinal Discharges of Cholera.* Presented to the Cholera Committee of the Royal College of Physicians of London, by their Sub-Committee, on Oct. 17th, 1849.

We shall now briefly re-state the principal results we have arrived at, and submit the conclusion which seems to us justified by them.

1. Bodies presenting the characteristic forms of the so-called cholera fungi are not to be detected in the air, and, as far as our experiments have gone, not in the drinking water of infected places.

2. It is established that, under the terms "annular bodies," "cholera cells," or "cholera fungi," there have been confounded many objects of various, and totally distinct natures.

3. A large number of these have been traced to substances taken as food or medicine.

4. The origin of others is still doubtful, but these are clearly not fungi.

5. All the more remarkable forms are to be detected in the intestinal evacuations of persons laboring under diseases totally different in their nature from cholera.

Lastly, we draw from these premises the general conclusion, that the bodies found and described by Messrs. Brittan and Swayne are not the cause of cholera, and have no exclusive connection with that disease;—in other words, that the whole theory of the disease which has recently been propounded, is erroneous, as far as it is based on the existence of the bodies in question.

(Signed)

WILLIAM BALY, M.D.,

WILLIAM W. GULL, M.D.,

**CREOSOTE IN THE TREATMENT OF DIARRHŒA.**—Dr. Spinks gives, in the London Medical Gazette, the following statements respecting his use of creosote in diarrhœa and cholera:

"From the 1st of July to the 1st of August, I have had 224 cases of simple diarrhœa, 12 cases of rice-water purging, and 18 cases of cholera. The first 93 cases of diarrhœa were treated with the usual chalk mixture and opium, the remainder with creosote; in those treated with the former the diarrhœa continued for some days, and, when checked, was invariably followed by a disagreeable rumbling and flatus in the bowels. In the 131 cases treated with creosote, the diarrhœa *immediately* ceased, and was followed by none of the above symptoms. In the 12 cases of rice-water purging, the effect was instantaneous, the first dose generally putting a stop to the discharge. In the 18 cases of cholera, all of whom had vomiting, rice-water purging, cramps and blue skin, creosote had the same decided effect, at once checking the purging and vomiting, the cramps very soon afterwards subsiding, the pulse becoming full and soft, a free perspiration breaking out over the body and extremities.

Of the 18 cases of cholera treated with creosote, I have only lost two, these being far gone in collapse when I was called to them. The formula in which I use the creosote, is—R. Creosote ℥xxiv; mist. acaciæ ʒss; sp. ammon., c. camphora ʒss ʒij; ether chlorici ʒiij; aquæ ʒviiss;—M. Ft. misturæ. Capiat cochl. ij. qaq. omni horâ.

In simple diarrhœa, I only give two drops every two hours, with the above stimulants, and no astringent whatever.

## NEW PREPARATION OF OPIUM.

To the Editor of the Boston Medical and Surgical Journal:

SIR:—If the following is worthy of a place in your valuable Journal, you may insert it; if not, let it remain *sub umbra*. It was prepared for the last meeting of the Suffolk County Medical Society (after the subject of opium had been pretty freely and learnedly discussed at the previous meeting,) but was not read, as other business pressed.

Some three years since, I saw, in the Dublin Medical Press, a statement from Dr. Nichol, that he had made, and used in his practice, and also given to some of his friends, who also had used the same, what he called "*Muriate of Opium*." Their testimony was, that it was far preferable to any other solution or preparation of opium. Having tried the acetate and sulphate of morphia and the common tincture of opium, and that prepared by citric, tartaric, sulphuric, and almost all the other acids, they found all these leave the patient with headache, constipation, and many other unpleasant symptoms; but the *muriate of opium* answered all the indications of that drug, and left none of the unpleasant sensations. Dr. Nichol's formula was the following:—℞ Pulv. opium 1 oz; muriatic acid 1 oz; distilled water xx oz; mix. Macerate (often shaking the liquid) for fourteen days. Strain and filter. The dose was from twenty to forty drops, according as circumstances should indicate—not varying much from the tinct. opii.

I tried this preparation, and found it answers the description. Out of twenty persons who took it, none complained of *headache and unpleasant sequences*. But it was not of a good color, and soon grew *muddy*, and seemed to be decomposed. I therefore made some modifications of the preparation, until I fixed upon the following formula, which answers admirably, and makes and *retains* the beautifully red and clear form of that which I herewith send you. I use no other preparation of opium, except the powdered gum in diseases of the bowels. ℞ Pulv. gum opii 3i; muriatic acid 3i; distilled water 3xvi; red brandy 3iv. Mix, &c. It is of nearly the strength of the *tincture of opium*, and, I think, much preferable to that or McMunn's elixir.

Boston, Dec. 29, 1849.

W. M. CORNELL.

## MEDICAL INTELLIGENCE.

DEATH OF DR. GALLUP.—Joseph Gallup, M.D., formerly President of the Medical Society of Vermont, and also Professor of the Theory and Practice in the Castleton Medical College, died last week at Woodstock, Vt., the place of his residence, at the advanced age of nearly 81. Dr. G. was an author, and although not very popular as a writer, was a man of strong intellectual powers.

if not precisely an originator of new ideas. His literary reputation was based, in a measure, upon a history of the spotted fever, an epidemic that raged terrifically in Vermont some thirty years ago. His Institutes of Medicine, in two large octavos, on which he evidently exerted his utmost scientific and intellectual power, never took the bibliographical position that he most sanguinely hoped for it—and without any assignable cause, a laborious effort, the crowning glory of a long professional life, has strangely been neglected. In speaking of the work at its first appearance, the idea was advanced by us, that it would be consulted a century hence, with more respect than at the moment of typographical birth. Dr. Gallup was a man of learning—a laborious and careful student, and an ambitious practitioner when in the meridian of life.—*Bost. Med. Jour.*

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**STATISTICS OF INSANITY.**—Dr. Rubio, chief physician to the Queen of Spain, has published the following statistics of insanity:

In Scotland the proportion of the insane to the sane is 1 in 417; Canton of Geneva, 1 in 446; Norway, 1 in 550; Belgium, 1 in 816; England and Wales, 1 in 700; Prussia, 1 in 1000; Holland, 1 in 1230; Spain, 1 in 1667; France, 1 in 1733; Ireland, 1 in 2125; Italy, 1 in 3698; Piedmont, 1 in 5818. In France, Belgium and Holland, the proportion of female lunatics is greater than of males. The reverse obtains in England, Prussia, Russia, Italy, Piedmont, and Spain.—*Lond. Med. Gaz*

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**INSANITY IN THE UNITED STATES.**—Miss Dix, the distinguished philanthropist, in a memorial to Congress, shows that in the New England States, the proportion of the insane to the whole population is about 1 in 600; in the Middle States, 1 to 700; Western States, 1 to 1300. The worst State is Rhode Island, where there is one to every 503; and the best South Carolina, where there is one to every 5,058.

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**NEGROES WITH TAILS.**—M. Du Couret has given to the French Academy of Sciences, a description of a race of negroes in Central Africa, which he considers to be intermediate between the human species and the monkey. The chief peculiarity consists in the prolongation of the os coccygis, in both sexes, into a tail of three or four inches long; in the organization of the cranium; their large mouth, pendulous ears, and long arms. They closely resemble the higher classes of simiæ, but their possession of language incontrovertibly settles their human origin.—*Med. News.*

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**NATIONAL CONVENTION FOR THE REVISION OF THE PHARMACOPOEIA.**—The call for this Convention, to meet in the city of Washington, on the first Monday in May, 1850, has been made by the

proper authority, and we would call attention to the early appointment of Delegates by the several bodies who have a right to representation. These bodies are "the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States." The names of the delegates appointed are to be sent to Dr. G. B. Wood, Philadelphia, Vice President of the last Convention. We hope that speedy action in the matter will be taken by the societies, &c., interested.

**TURKISH MEDICAL JOURNAL.**—A medical journal has been started in the Ottoman Empire. It is called *La Gazette Medicale de Constantinople*, and is published in the French and Turkish languages. The editor is Hair-Ullah-Effendi, who signs himself, "*Docteur en Médecine et Directeur des Etudes de l'École Impériale de Galata-Serai.*"

**MICROSCOPIC DISCOVERY IN TOXICOLOGY.**—The Italian medical periodical, *Il Progresso*, mentions that three physicians, Drs. Ranzieri, Bellini, and Atto Tigri, have just discovered that poisonous substances modify the globules of the blood in a peculiar manner, and that the different modifications thus produced by distinct toxic agents can, by the use of the microscope, be distinguished one from the other. If this discovery be found exact, a new field will be opened in forensic medicine and toxicology.

**ANTISEPTIC COMPOSITION.**—While experimenting, in the year 1845, for the purpose of producing artificial petrification, I discovered the strong antiseptic qualities of the following combination. The result of those experiments can be demonstrated by articles preserved at that period, now in a perfect state, free from the odor of the composition, although they have been kept for nearly five years. This combination, which has recently been thought well suited for the correction or prevention of emanations arising from the decomposition of animal matter, is as follows: Carb. of lime, 5 parts; chloride of lime, 2 parts; nitrate of potassa, pulv., 1-4 part; sulph. iron, 1-4 part; ox. arsenic, 1-6 part; with one part carb. soda.—*Dr. E. R. Smilie, Bost. Med. and Surg. Jour.*

**POISONOUS EFFECTS OF ARSENICAL PIGMENTS.**—Dr. Basedow, of Mersberg, has ascertained that Scheele's green (arsenite of copper,) when employed in painting apartments, &c., may give rise to the evolution of arseniuretted hydrogen under the influence of moisture, and has traced as its results the production of rheumatic and neuralgic pains, marasmus, and diseases of the skin.—*Journal de Chimie Medicale.*

## Part 3.--Homœopathy.

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### THE HISTORY OF MEDICAL SCIENCE.

AN INTRODUCTORY LECTURE, BY STORM ROSA, M. D., PROFESSOR  
OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY, IN THE  
ECLECTIC MEDICAL INSTITUTE, CINCINNATI, OHIO.

(Concluded.)

The old school of medicine has never adopted experience as her landmark, it has been a system of day-dreaming hypothesis upon hypothesis, conjecture upon conjecture, while continued speculation and strange conceits have always formed the basis of the Allopathic school.

At what conclusion would a rational man arrive, when such a mass of conjecture and heterogeneous materials were found to form the basis of the whole superstructure of medical science?

The only object for which a medical theory is intended, is, or should be, to guide the practitioner to a sure basis upon which to make his prescription. If the theory be false, the conclusions are consequently false, and it now remains for the *rational faculty* to show to the world, after a twenty-five hundred years of probation, that they have a theory founded in truth. When that task is accomplished, all other methods will be set at rest, and mankind will sanction it with a *holy cordiality*.

But we have yet to learn that the first effort to that end has ever been attempted, whilst on the other hand the Homœopathic physician presents to the world his great and unerring law of nature, *similia similibus curantur*. He challenges the world to disprove this great law, he invites everywhere a trial of its truth. Why do they not institute a trial, by appointing honorable and discreet men as commissioners to investigate the whole subject? They dare not!

The condition of the science of medicine at about the close of the 18th century, with all of its attendant uncertainties, awakened the attention of Samuel Hahnemann to its sad condition. He saw with an unequalled penetrating eye, the deplorable and beclouded condition of that important science which had for its object the healing of the sick.

Samuel Hahnemann was a profound and deliberate thinker; he reflected deeply upon the science which had been his favorite study, he saw the contradictory doctrines and hypothetical reasonings of the profession, and turned from them in disgust. Subsequently,

however, he instituted a series of inquiries, in order to satisfy his own mind whether the healing art was a fancy of the imagination, or whether the Divine Creator had, in his mercy, provided agents for the removal of disease and suffering. He regarded the sanative and restorative powers of nature as far more salutary and safe than the orthodox method of cure. He viewed the lancet with horror, and huge doses of mineral poisons as the offspring of a darkened and benighted empiricism.

The great literary acquirements of Samuel Hahnemann eminently qualified him to turn his attention to an entire new channel to obtain a livelihood, he had abandoned a lucrative medical practice in disgust. He could not, guided as he was, by a conscientious sense of duty, pursue a profession of which he had so much evidence that it only increased human sufferings, and which greatly increased the lists of mortality.

Having been previously an indefatigable student of all the living languages of the continent of Europe, and also being devotedly attached to the science of chemistry, he commenced the translation of some of the best English and French works upon that science, into the German language. He also commenced the translation of the *materia medica* of Cullen into his native language. "Whilst engaged," says a writer, "in translating the *materia medica* of the illustrious Cullen, in 1790, in which the febrifuge virtues of cinchona bark are described, he became fired with the desire of ascertaining its mode of action. Whilst in the enjoyment of the most perfect health, he commenced the use of this substance upon himself, and in a short time was attacked with all the symptoms of intermittent fever, similar in every respect, to those which that medicine is known to cure. Being struck with the identity of the two diseases, he immediately divined the great truth which has become the foundation of the new medical doctrine of Homœopathy.

Not contented with one experiment, he tried the virtues of medicines, not only on his own person, but on others.

In this investigation, he arrived at the conclusion that the substance employed possessed an inherent power of exciting in healthy subjects, the same (similar) symptoms which it is said to cure in the sick. He compared the assertions of ancient and modern physicians, upon the properties of poisonous substances, with the result of his own experiments, and found them to coincide in every respect, and upon these deductions he brought forth his doctrines of Homœopathy.

"Taking this law for a guide, he re-commenced the practice of medicine, with every prospect of his labors being ultimately crowned with success.

In 1796 he published his first dissertation on homœopathy, in Hufeland's Journal. A treatise on the effects of medicine appeared in 1805, and the *Organon* in 1810.

Hahnemann commenced as a public medical teacher in Leipsic, in 1811, where with his pupils, he zealously investigated the effects of medicine on the healthy living body, which afterwards formed the basis of the *materia medica pura*, and which was published during the same year."

From what has been said in the above quotations, it will be perceived that homœopathy is an inductive science—a system of medical practice drawn entirely from experiment. In this it differs from all others which have preceded it, and it no where claims any respect or confidence from any source, unless its pretensions can be fully established upon the broad basis of experiment.

Homœopathy claims for itself great superiority over all methods for the cure of disease. Its discoverer, and the advocates of it, claim that the law of *similia similibus* is the only one which can be made available in the cure of any disease. Its advocates also maintain that all theories and hypotheses, which are not drawn exclusively from experience are deceptive, false and conjectural, and consequently mislead the practitioner in his pathology, and what is still more important, in the selection of his remedies for the removal of disease.

But whilst the advocates of Homœopathy thus refuse to accord to Allopathy any approximation towards the truth, in the fundamental principles of their science, they are frank to confess that cures apparently, do occasionally result from their mode of treatment, but not by virtue of their law of *contraria contrariis*, for by that principle no cure can ever be accomplished.

Allopathy being a stereotyped edition of discordant dogmas and contradictory theories, which are chiefly the offspring of the imaginations of ingenious men, all of which is entirely destitute of any true method or guide to the physician, is therefore unworthy the confidence of an enlightened people. It is entirely a system of guessing, the dangers of which are too plain to be mistaken, and the patient who has luckily escaped, could he but look back and see the shoals and the quicksands which he had just escaped, in a barque which had neither compass nor rudder, would be taught a lesson not soon to be forgotten.

Why is there such a fierce and determined hostility against innovation and reform? Why do they not meet the reformer upon the broad platform of truth and argument? Is it not because they view their craft in danger?

Hear our Allopathic brethren—do they tell the world that more deaths occur under the treatment of the Homœopathic physician than under their own? No, that is not the charge. We are charged with preparing and giving remedies to the sick upon an entirely different plan from their own—one with which they have no acquaintance, *nor do they desire any*, because the whole system is charlatanism and humbuggery, not having received the talismanic

sanction of some dignitary of their school. Such reasoning may answer their purpose; but the people have taken this matter under their own supervision, and have pronounced already a verdict of GUILTY.

The numerous Allopathic journals of the entire country are studiously employed in ridiculing the reformer. They of late have nearly forgotten the legitimate object for which they were established, and he that can pour forth the most bitter sarcasm and ridicule upon the new science, stands highest in the estimation of the school as an editor.

The public teachers in their colleges have also taken the cue. They falsely represent the doctrines of Hahnemann, and hold them up to ridicule and scorn—they refuse to meet us with sober arguments as honest and literary men are bound to do, and in addition to all this, they refuse to extend the common hospitalities or courtesies of life to those who are guilty of the great crime of differing with them honestly, about the method of curing diseases.

I ask again is their craft in danger? If the waning prospects of the oldest medical school in Ohio are an index to the future, their sun is setting in the west, and the midnight mantle will soon cover over their sins.

But in defiance of all opposition, the march of true science is onward—ONWARD—everything is undergoing revision and reform—this is a day of improvement and of reformation—the philanthropist and the moralist are seeking new standards—all of the civilized world appear to be on the strife to see who shall be first and foremost in the great course of reformation, in order to ameliorate the condition of his fellow man. And now let me ask where are the opponents of reform? I answer by directing you to the old school bigots. I confess that some of the best men the world ever saw can be found in the ranks of Allopathy. But they are wedded to their idol, and there I leave them.

In justice to Allopathy I ought to mention an improvement in their medical practice. They claim to have fallen in with the public demand, and now administer by one half less doses than formerly. Now whether this improvement is the result of careful investigation, or is the result of a *reckless and benighted* demand of an ignorant world, *who have very little interest in their own lives and health*, and who, in former times, patiently submitted those matters to the *legitimate sons of Esculapius*, I cannot determine; but certain it is, they boast loudly of their reformation.

A well adjudicated public opinion has often compelled tyrannical rulers to abandon oppressive and barbarous practices, and has driven the greatest tyrants into mild and humane measures of public policy. The public will finally compel the old physicians into a careful and thorough reformation in all their medical practice.

I have intimated that the Allopathic school stands condemned,

not very unlike a criminal who has been found guilty by a jury of his country, and is only awaiting the sentence of the law. But before that sentence is pronounced, hear the cogency of their reasoning, why it should be delayed.

May it please the court, "our cause has been on trial for about *twenty-five hundred years*, and we have been able all of that time to avert a final verdict, because we have never had a competent competitor, and we have grown careless of *our rights*. It is true that for the last fifty years we have had rather more than our match, and the entire people appear to be turning against us, all because they are ignorant and incompetent to judge of what is for their good in the premises."

*The replication.* You have been on trial, and have had a full and a fair hearing; of this you do not complain, and we now demand of you a speedy reformation; we have been deceived by you, and now declare that in our judgments, you are no more successful in the treatment of disease than the Galenists or any of their successors, up to the present time, and you are not what an enlightened people have a right to expect; therefore away! or REFORM.

In conclusion, I will briefly call your attention to a few of the leading or cardinal principles of Homœopathy.

1st. They maintain that the law *similia similibus curantur* is an unerring guide in all cases of disease for the selection of the proper curative power.

2d. Although this law is a fixed principle and a sure guide for the selection of the remedy, it does not indicate the quantity to be given to the patient.

3d. That there is a power or a dynamic force contained in all medicinal agents, in all the kingdoms of nature, which has never been developed in any other way than by *trituration* or *succussion*.

4th. That before a remedy is capable of exerting its highest medicinal force, it must undergo the process of *trituration* or *succussion*, or both, as the case may be.

5th. That in order to obtain a true knowledge of the medicinal qualities of a remedy, it must undergo a thorough series of trials upon healthy individuals, and all the modifying changes produced by it upon the organism, must be carefully recorded for the use of the physician.

6th. The changes and modifications which are produced upon the healthy organism by a medicinal agent are the only means by which we can ascertain its virtues, and the only true method by which we can arrive at a perfect rule for its administration to the sick.

7th. The Homœopathic physician maintains that a remedy which embraces the greatest number of modifications in its pathogenetic symptoms upon the healthy organism, which resemble the

symptoms of a disease to be removed, is the only rational selection which can be made by the medical practitioner.

Such are a few only of the cardinal principles of the Homœopathic healing art.

Homœopathy is only another name for the specific healing art. Its advocates claim it to be a method drawn entirely from experience, and that they are guided in all their remedial applications by this unerring law of nature, the maxim of *similia similibus curantur*, a law which no other school has ever adopted. This maxim, however, does not necessarily imply or indicate the doctrine of infinitesimal doses. The doctrine of infinitesimal doses is the result of many years of experiment by Samuel Hahnemann and his co-laborers. But this is still a somewhat perplexing subject, and there is now a wide difference of opinion upon this matter, among many who are justly entitled to great respect for their literary acquirements and honesty of purpose. There being no rule, then, by which to determine the quantity of a medicament, which is most proper to be given to a patient at a single dose, it irresistibly follows that each practitioner must be left to his own judgment upon this subject.

And now in conclusion, allow me to say that whilst the Homœopathic physician claims great superiority over all other methods of curing diseases, and, indeed, he claims to have the only true philosophical method; still he is willing, nay, anxious to meet the advocates of all other systems upon the broad platform of friendship and good will, where they are willing to compare notes and facts, and abide the result.

We are unwilling to rob any one of his good name. We glory in the success of the Eclectic practitioners in the late fearful and destructive epidemic—we rejoice that thousands of our fellow citizens, who were taken under their kindly care, are now in the enjoyment of perfect health. These facts are abundantly proven to satisfy any unprejudiced mind.

We also accord to them a higher degree of generosity and open manliness, than can be found in other medical schools. They are not only willing to meet us, but they have frankly given us their *forum*, unasked and unsolicited, from which we may proclaim to the world our doctrines and our deeds.

## Part 4--Editorial.

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### OLD SCHOOL CHOLERA PRACTICE.

It is not long since we were startled by the wonderful announcement that old school practitioners had at last succeeded in treating cholera, and that calomel and opium had actually cured the disease in a large number of cases. Dr. Ayre, of Hull, England, announced that he had cured a large number of formidable cases of cholera in the stage of collapse, by giving two grains of calomel and two drops of laudanum every ten minutes. His extraordinary success has excited considerable discussion; some of his medical brethren being disposed to sanction his claims, and averring that they have successfully carried out his plan—others declaring that it is altogether an egregious humbug. The following statement of Dr. Richardson throws some light upon its value :

“**AYRE'S TREATMENT OF CHOLERA.**—Dr. W. L. Richardson gives, in the *Medical Times*, (September 22,) a tabular statement of 18 unequivocal cases of Asiatic cholera treated at the Edinburgh Cholera Hospital, by Dr. Ayre's method: two grains of calomel, with one or two drops of laudanum, every ten minutes. In 11 of these, there was not the slightest attempt at reaction, and only one case actually recovered; two others survived the cholera, but one of these died of pneumonia, and the others from peritonitis.”

It would be strange, indeed, if calomel and opium should prove successful after so long a period of disastrous failure, which the most candid old school authorities readily admit.

Dr. Elliotson, in his work on practice, says :

“As respects this country, I cannot but think that if all the patients had been left alone, the mortality would have been much the same as it has been. If all the persons attacked with cholera had been put into warm beds, made comfortable, and left alone—although many would have died who have been saved; yet, on the whole, I think the mortality would not have been greater than after all that has been done: for we are not in the least more informed as to the proper remedies, than we were when the first case of cholera occurred; we have not been instructed in the least

by those who had the disease to treat. Some say that they have cured the disease by bleeding, others by calomel, others by opium, and others, again, say that opium does harm. No doubt many poor creatures died uncomfortably, who would die tranquilly, if nothing had been done to them. Some were placed in hot water or in hot air, and had opium and calomel, and other stimulants; which, altogether, were more than their system would bear, and more than would have been borne, if they had been so treated even in perfect health.

"I am sorry to say, that, of the cases I had to treat, the patients nearly all died. I tried two or three sorts of treatment. Some had opium and calomel in large and full doses; but they died. Hot air was applied externally, and I got two to breathe hot air. I had a tube passed through boiling water, so that they might inhale hot air. It was found vain to attempt to warm people by hot air applied *externally*. They were nearly as cold as before—we could not raise their temperature; and therefore I thought of making them breathe hot air; but both patients died, about the period that death usually takes place. It was said that saline treatment was likely to be of use; and I accordingly tried it in some patients. At first I exhibited half a drachm of sesquicarbonate of soda every hour, and, thinking that might not be quite enough, I exhibited a drachm: in one patient, at St. Thomas's Hospital, I ordered an injection, containing an ounce of the same remedy; but the greater part of it came away, and the patient died. Hot air was used in this case, as well as in the others."

Dr. Watson, the present standard English author on Practice, says in his lectures:

"Some patients, (in cholera,) after the vomiting, and purging, and cramps had departed, died comatose (in stupor); over-drugged, sometimes, it is to be feared, by opium. The rude discipline to which they were subjected, might account for some of the cases of fever; and the process of artificially replenishing the veins was certainly attended with much danger. The injection of AIR with the water—inflammation of the vein from the violence done to it—an over-repletion and distention of the vessels by the liquid—*might*, any one of them, and sometimes, I suppose, *did*, occasion the death of the patient. Never, certainly, was the artillery of medicine more vigorously applied—never were her troops, regular and volunteer, more meritoriously active. To many patients, no doubt, this busy interference made all the difference between life and death. But if the balance could be fairly struck, and the exact truth ascertained, I question whether we should find that the aggregate mortality from cholera in this country was any way disturbed by our craft. Excepting always the cases in which preliminary diarrhoea was checked, just as many, though not perhaps the

same individuals, would probably have survived, had no medication whatever been practiced."

Dr. Billing, a distinguished medical teacher and author of London, says:

"The slight, or middling cases of cholera, have a tendency, like ague, to remit of themselves; and hence, whatever treatment had been adopted, the practitioner used to think he had cured them; and thus I have been frequently told by practitioners, that they had found the true remedy for cholera. But the next time I met them, there was a long face upon mentioning the specific."

In consequence of the deplorable failures of the medical faculty, a humane banker of Hamburg, M. D. Rennes, who died recently at Naples, has left by his will a prize of *twenty thousand dollars*, "to the physician who shall discover an undoubted specific against cholera. The Academy of Medicine of Paris, is appointed executor to this legacy."

If the reader desires to behold, in one striking picture, the contrast of old school and Eclectic practice, let him contrast the treatment in Cincinnati, which saved ninety-six patients of every hundred, with that of Sandusky, where for several days every patient died, and the ravages of the disease were checked only by the flight of the inhabitants; or let him compare our serene security under the banner of Eclecticism, with the following frightful picture of the ravages of cholera, occurring at the same time in the East Indies, (June, 1849.)

**CHOLERA IN THE EAST INDIES.**—According to the last accounts, the cholera has proved fearfully fatal at Siam. A correspondent of the Straits Times writes:

"I regret to say that the cholera, that awful visitation of God, has, in its onward march, reached Bangkok, and made most fearful ravages among its thoughtless multitude. On Sunday, the 17th of June, a few cases occurred within the city walls, and near the palace. By the Tuesday following it had so increased, that 80 bodies were taken to a single 'wat,' for burning. On Tuesday, Friday, and Saturday, it raged so that its horrors are beyond all description. You could not walk out, even for a short distance, without witnessing the dead bodies lying in all directions, and seeing persons attacked while walking from one place to another, who, perhaps, oftentimes, never reached their homes.

So great was the number of deaths that they found it impracticable to burn them at all, and many were buried, and multitudes

more thrown into the river just as they had died. You may form some conception of the numbers by knowing that in many of the wats, 400, or nearly that, were burned in a day. They were brought, and laid in piles, and fuel applied, when they were consumed like heaps of logs. No parade; no funeral; no other object but to hasten them away to the wat, where they were often left to be burned by those who would attend to it, or left to putrify on the ground. Perhaps in the three days last mentioned, not less than from 2,000 to 3,000 died daily; and at the end of twelve days it was known that more than 20,000 had fallen victims to its ravages. Since that time it has very much abated, but has by no means ceased.

Among those who have died were very few of the highest class; however, among that small number was Khan Khun Bodin, a noble of high rank and great influence, a man of age and experience, who was Commander-in-Chief of his Majesty's forces in the late war in Cochin-China. The mortality is said to have been so great among the inhabitants, it is thought that within a radius of 25 or 30 miles, not less than 30,000 have been swept off by this fatal scourge within the last two or three weeks. The Singapore authorities have directed all vessels from Siam to be examined, and those with a foul bill of health to be placed in quarantine."

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### ECLECTIC PRACTICE.

DR. A. POTTER, of Casstown, Ohio, reports from July 1st 1848 to January 1850, the treatment of 1361 cases of all kinds, of which 1277 were cured, 77 materially benefited, and 7 died.

DR. J. H. SMITH, of Bowlinggreen Ky., reports January 1st, 1850, 140 cases and one death—a patient who had been suffering twenty years with hepatitis and hemiplegia.

DR. D. A. McCORD, of Greenville, Illinois, reports two hundred cases prior to January 1st, 1850, with seven deaths. Three of these died under his own treatment, the four others were hopeless cases of other physicians, to which he was called at nearly the last moments.

DR. B. HUBBELL, of Clermont County, writes: "My practice has been extended by the aid of Dr. Mitchell, during this year, to something over eleven hundred families, and we have treated twenty-five hundred cases and have lost but five patients—two of consumption, one of dropsy, (of long standing before we were called,) one of cholera, and one infant four weeks old. I have treated sixty-three cases of cholera, and lost one. Dr. Mitchell treated thirty cases, all successfully. We have both treated over

one hundred and fifty cases of cholera morbus and cholera infantum, and over one hundred cases of dysentery, and all recovered. We have some practice in measles and hoopingcough, several cases of fever, and of late more cases of inflammatory rheumatism than I ever knew of at this season. I have attended to one hundred and twenty-eight cases of obstetrics, and Dr. M. to fifty-seven. We have at this time eleven students going through preparatory studies. This season has made more advocates for the Eclectic practice than I ever knew before. We have received more than twenty communications in one week, requesting us to send them assistance. We placed as many as we could in different stations. Some went with great reluctance; but all have been able to give great satisfaction."

DR. J. BEEMAN, of Birmingham, says he has treated since 1849, 693 cases, of which six have died. "Of these, three were cases of consumption, who had been tampering with patent medicines or allopathic physicians, or both, until they were far advanced before I was called. One was an old lady with erysipelas; one a case of croup, so far gone when I got there that he lived but a few minutes; and the other was a small and weakly child with measles."

PUERPERAL FEVER.—A veteran Eclectic practitioner (sixty-three years of age) says in a recent letter: "I lost the *first case* of puerperal fever on Friday last that I have ever lost."—B.

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## ECLECTIC AND OLD SCHOOL COLLEGES.

The records of the Eclectic Medical Institute exhibited for the past session about one hundred and seventy matriculated students. The Ohio Medical College claims one hundred and thirty-six; but the report of the Trustees of the Cincinnati township exhibits the payment of matriculation fees only to the amount of five hundred and ninety-five dollars, corresponding to one hundred and nineteen matriculations. The remaining seventeen, therefore, were gratuitous or nominal matriculants—physicians, we suppose, who were invited to register their names to swell the numbers.

We learn from the newspapers, that the medical department of Transylvania University, at Lexington, Ky., (once the most flourishing in the West,) had but 54 paying students during the recent session.

A letter recently received from Memphis, says :

"The cause of Eclecticism is taking deep root in this city, by the continued efforts of the faculty of the Memphis Institute ; hundreds who, at the time we came to this city, knew little or nothing of the peculiar doctrines of Eclecticism, are now its warmest advocates. At the beginning of the session, we had much opposition from some of the physicians here ; they by misrepresentation succeeded in sending ten or fifteen students from here, who came in early, and before the faculty of the Institute arrived ; some of them, however, returned ; and for the first session our most sanguine expectations have been more than realized. From circumstances to be referred to, we know that our doctrines and merits as Eclectics have been duly appreciated, by employing us as their physicians, and by the act of the city council. They have donated to the Institute the college edifice, formerly occupied by the old school, valued at \$15,000, which is one of the finest and best arranged buildings for this purpose in this country, and also donated \$3,000 to purchase the library, chemical apparatus and anatomical museum. They gave us too the amount of the rent for this winter, \$300. Now when you consider that there are thirty-three old school Doctors in this place, and they all opposed to us, you may know that we have not been found sleeping.

This is the beginning of a great change which is inevitably to take place in the profession throughout the South ; and as soon as the day arrives, (and we believe it will not be long) that the Memphis Institute, like the Eclectic Medical Institute of Cincinnati, can send forth her hundreds, and, like her, boast of being the first college in the South in point of merit and number as she is in her geographical position ; this mighty revolution will take place and that quickly.

The excitement among some of the Doctors here, has been equalled only on the occasion of the appointment of Dr. Jordan last summer, to the cholera hospital of Cincinnati, and discharging Drs. Drake and Johnson." N.

We perceive by the newspapers that two young ladies have been attending the medical lectures of the Memphis school. We rejoice to hear of this. The admission of women to professional pursuits cannot fail to have a salutary influence—elevating and redeeming woman herself from her present abject dependence on

man, and imparting a purer moral influence to professional life. If woman had heretofore been admitted to the profession, it would not have been disgraced by its hunkerism and its tenacious adherence to a barbarous practice. The finer sensibilities of woman would long ago have repelled the lancet and buried calomel in oblivion. The subject of receiving female students has occasionally been suggested to our faculty, and favorably received, but no one has yet applied for admission. However, we apprehend another session will scarcely pass without breaking the ice.

The Syracuse school has had to encounter some difficulties incident to its inland location, students having been arrested for their exertions in procuring anatomical *materiel*. We understand that a removal to Rochester or some more favorable location is contemplated.—B.

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COMMERCIAL HOSPITAL.—There is no improvement in the management of this institution. Last year the mortality was more than one to every six admissions, being 1 to 5.97. For the year 1849, according to the accounts of the Trustees as given in the Atlas, the mortality is still greater. There have been 2,284 admissions this year, in addition to 661 in the hospital at the commencement of the year—making a total of 2,945. Of this number, 3 have been transferred to lunatic asylums, and 364 are still remaining in the hospital. This leaves 2,578 as the number of those whose fate has been determined for life or death, under the control of the medical and surgical skill of the Ohio Medical College. Of this number, 454 have died, and 2,124 have been discharged—making a ratio of 1 death to every 5.67 admissions—the ratio of deaths to discharges being 1 to 4.67.

A bill to divide the responsibilities and privileges of the Commercial Hospital equally between the Ohio Medical College and the Eclectic Medical Institute, has been introduced in the Legislature of Ohio, and it is believed will become a law at this session.

The House of Representatives has received and published a communication from Prof. Hill, with the accompanying documents, which, with all honorable men, must be a death-blow to Dr. Stevens. It shows his calumnious letter against Dr. Beach to be the most dishonorable imposture ever perpetrated upon a legislature. So much for the President of the American Medical Association. *Requiescat in pace.*—B.

**NATIONAL ECLECTIC MEDICAL ASSOCIATION.**—Our friends will please bear in mind that the next annual meeting is on the third Tuesday in May, 1850, on which occasion we hope to see a large number in attendance, as well as to receive a large number of reports of Eclectic practice. The members of the various committees will please bear in mind that the time for drawing up their reports has arrived.—B.

### DEATH OF DR. OVERTON.

HALL OF THE ECLECTIC MEDICAL INSTITUTE, }  
CINCINNATI, February 6, 1850. }

The class of the E. M. Institute being assembled at the usual lecture hour, were informed of the death of their fellow student, Dr. A. C. OVERTON, whereupon J. C. BATES was called to the Chair, and S. N. CALDWELL elected Secretary.

Resolutions were adopted as follows :

*Resolved*, That a committee of funeral arrangements, consisting of five, be appointed.

Messrs. Sampsell, Hough, Sells, Leonard, and Davis, were appointed said committee.

*Resolved*, That we meet in this Hall to-morrow, at 9 o'clock A. M., form in procession, and attend the funeral of the deceased.

*Resolved*, That Rev. J. DALBY be requested to perform funeral services on the occasion. }

*Resolved*, That a committee of five be appointed to draft resolutions, expressing the sentiments of the class, in commemoration of our deceased fellow student.

Messrs. Newman, Tilden, Leonard, Benton, and Skellinger, were appointed.

On motion, adjourned till Friday, 8th inst., 12 M.

FRIDAY, February 8, 12 M.

Pursuant to adjournment, the members of the class convened in the E. M. Hall, when the following preamble and resolutions were presented and unanimously adopted :

*Whereas*, in the course of human events, it has been the will of the all-wise Governor of the universe, in his providence toward our race, to remove from his earthly sphere our friend and fellow stu-

dent, Dr. A. C. Overton, thus severing at once and for ever his ties, connections, sympathies, and affections with earth, its scenes and ceremonies, to mingle with departed spirits; therefore, as a tribute of respect,

*Resolved*, That whilst we feel a deep sympathy with the friends and relatives of our deceased fellow student; whilst we are called to mourn the loss of one who but a few brief days since was in the vigor of life, buoyant with hope and bright prospects of the future, and with us in the eager pursuit of Truth in the cause of humanity, that we cherish the memory of him thus removed, no longer to mingle in our councils, or participate in our researches.

*Resolved*, That whilst we tender our sympathies to the friends and relatives of the deceased, we would return our sincere thanks to those our fellow students, (who flinched not in aiding to baffle the disease,) Drs. George Black and R. S. Boyd, for their kindness and attention to the deceased during his illness, proving to him that, although in a land of strangers, and far from his relatives, he was surrounded by friends, to wait at his couch and soothe his dying pillow.

*Resolved*, that the Faculty of the E. M. Institute, by their tender regard to the welfare and happiness of our fellow students, their willingness on all and every occasion, when solicited, to mitigate and relieve their sufferings, their kind sympathy in our bereavements, have greatly endeared themselves to us, and merit our warmest respect.

*Resolved*, That a copy of the above be published in the E. M. Journal of Cincinnati.

*Resolved*, That a copy of the Journal be forwarded to the preceptor of the deceased, and also one to his relatives.

J. C. BATES, *Ch'n.*

S. N. CALDWELL, *Sec'y.*

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## GOOD'S FAMILY FLORA AND MATERIA MEDICA BOTANICA.

We have carefully perused the Family Flora, which the author, P. P. Good, A. M., of Elizabethtown, New Jersey, has had the kindness to forward to our address. This periodical is issued semi-monthly, but distributed to subscribers quarterly; six numbers being bound together in pamphlet form.

It is devoted to the botanical analysis, and medical properties of both indigenous and foreign medical plants.

Each number is embellished with one very superior engraving of some medical plant, which tends greatly to beautify the work.

For neatness and elegance of style, we know of no pamphlet which exceeds this.

The plates are colored, and true to the living plant, while the natural history, botanical analysis, and chemical and medical properties, together with the adaptation of the agent to the cure of many diseases, are very accurately, and very systematically presented. No similar production with which we are acquainted, surpasses, if indeed it equals this in the accuracy of its botanical descriptions; the description of the therapeutic virtues of many of the articles noticed, possesses equal merit.

The author appears to be familiar with many of the plants not in use as remedial agents in the allopathic school of medicine, but which are in very common use amongst the Eclectic class of physicians. This speaks well for his liberality, and clearly manifests a disposition to keep up with the improvements of the science.

The work is interesting and instructive, and recommends itself to the notice of every reformer in medicine. L. E. J.

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**SURGERY.**—Prof. B. L. HILL is now engaged in the preparation of a work upon *Surgery*, which will contain a full presentation of the science, with the necessary engravings. The price will not exceed three dollars.—B.

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**MEDICAL BOOKS.**—The advertisement of Mr. W. Phillips (publisher of the Journal) is worthy the attention of our readers. Mr. Phillips does business in a systematic and satisfactory way. He charges a moderate and regular per centage on the first cost of his books, and persons at a distance may send to him with the certainty of having their orders filled at reasonable and uniform prices.

—Google

## ECLECTIC MEDICAL JOURNAL.

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MARCH, 1860.

[No. 2.]

## Part 1.---Original Communications.

## MEMORIAL TO THE LEGISLATURE OF OHIO.

BY B. L. HILL, M. D.

*On behalf of the Faculty of the "Eclectic Medical Institute" of Cincinnati: being a Reply to, and Refutation of the Charges made by Prof. Alexander H. Stevens, of New York, in a Letter to the Speaker of the House of Representatives, February 27, 1849. (Printed by order of the House of Representatives.)*

It will be remembered that during the last session of this Legislature, a bill was pending, proposing to grant to the different Medical Colleges and classes in Cincinnati, equality of privileges in respect to the management of patients and clinical instruction in the Commercial Hospital. That appended to the annual report of the Trustees of the township, was a document urging sentiments in opposition to said bill, to which, on behalf of its friends, one of our numbers felt called upon to reply and refute, which was done in form of a memorial, presented on the 9th of February, 1849, in which the memorialist took occasion, by way of reply to the aforesaid document, to refer to the practice of Dr. W. Beach, of New York, in the treatment of cholera in 1832.

It was stated in the memorial, that Dr. Beach, as Physician of the 10th Ward Medical Station in New York, had exhibited successful results, when compared to the results of the Old School practice in that disease, of unparalleled superiority. That Dr.

Alex. H. Stevens, as President of the Board of Health at that time, had failed to give credit to Dr. Beach for success, and to publish to the world the treatment, the facts of which he had been furnished with, by Dr. Beach, in compliance with a written request of Dr. Stevens in his official capacity.

These statements were made in the memorial, as a *fixed fact*, so well authenticated and so public as *not* to admit of disputation or doubt; as they had been before the world for over sixteen years published in volumes, thousands of which were distributed in all parts of our country, and had, up to February 27, 1849, remained undisputed.

But, to the profound astonishment of every one having any knowledge of the facts, a letter, bearing the signature of Alex. H. Stevens, was addressed to the Speaker of the House, read and ordered to be printed by that body, which denied, most unequivocally, all the facts stated relative to the practice of Dr. Beach in cholera, and charging the author with false and fabulous statements.

The following extract from Dr. Stevens' letter to the Speaker, contains all the material statements:

"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. \* \* \* But I repeat, the whole story is a chain of falsehood. \* \* \*

(Signed,)

ALEX. H. STEVENS,

*Pres't. of the Special Medical Council,*

*(Sometimes called Board of Health,) in the year 1832."*

This letter to the Speaker, emanating from so respectable a source—the President of the American Medical Association—denying the facts stated in the memorial relative to Dr. Beach, was calculated to discredit other material statements, and thus to defeat the measure then pending before the Legislature. It was received and privately circulated among the members of that body, before being delivered to the Speaker, just on the eve of the final vote in the Senate on the Hospital bill; and doubtless had an influence in defeating its passage.

Inasmuch as a bill is now pending in this Legislature, granting the right sought to be obtained by the bill of last year, and as the letter of Dr. Stevens may still have its influence, if left undisputed, we beg leave to present testimony for that purpose. The document marked (A.) hereto appended, contains facts published over sixteen years ago, and extensively circulated both in books and periodicals, showing that Dr. Stevens, as President of the "Special Medical Council" of New York, on the 10th of August, 1832, addressed

a circular letter to "Dr. Beach, 10th Ward Medical Station, in which he makes certain inquiries relative to cholera treatment. The reply of Dr. Beach, as *Physician of said Station*, under date of August, 15, 1832, gives full answer to all of Dr. S.'s questions, which answers develop the facts referred to in my memorial.

It also shows that the Aldermen of the different Wards, and not Dr. Stevens, as stated in his letter, appointed the Physicians of the different Stations.

*Document B*, proves that Dr. Stevens and Dr. Beach were well known to each other, and intimate acquaintances, while Dr. Beach was in the practice of medicine, consulting together on frequent occasions, and visiting each others families; and that the fact of Dr. Stevens' knowledge of the position of Dr. B. as Physician of the 10th Ward Medical Station, must have been *clear and distinct*.

*Document C*, shows that Alderman John Palmer (and not Dr. Stevens) made the appointments, and that Dr. Beach was appointed to the Station by said Alderman. *Document D*, gives the resolution of the Board of Health, directing the Aldermen of the Wards to make the appointments, and also proves Dr. Beach's appointment. *Document E*, is one of the *original hand-bills*, published by order of the Board of Health, and signed by Messrs. Woodruff, Robertson, and Manderville, "Executive Committee," July 16, 1832, (Sears & Martin, printers,) directing the people to apply to Dr. Beach, Physician of the 10th Ward Station.

*Document F* is the *sworn statement* of the Physician who was, through the influence of Hon. John P. Hale, delegated by the medical faculty of *Dover, N. H.*, in 1832, to visit New York and investigate the cholera. It proves the same facts as the others.

All the gentlemen whose names are appended to these documents, are men of respectability, and well known in New York; and the Physicians whose names are mentioned, with one exception, are regular graduates of old Colleges, and at this time members of the Medical Society of the city and county of New York.

Any amount of testimony, from thousands of living witnesses, might be obtained to disprove entirely the statements of Dr. Stevens, and to corroborate the statements of Dr. Beach, in reference to his successful treatment of the cholera in 1832.

All who are acquainted with the facts, and with Dr. Stevens, are at a loss to determine how he could have been induced to utter statements so clearly at variance with truth, and so easy of detection, unless, as Dr. Beach charitably suggests, he was at the time in a temporary fit of "*insanity*, to which he has been subject." It was well known by the enemies of medical reform, and of the progress of liberal principles, that Dr. Beach was then absent in Europe, and hence this gross fraud, unparalleled for its affrontery, could be palmed upon the House of Representatives without fear of *immediate* detection; an object was to be accomplished—

the defeat of the Liberal Hospital bill—and “the end justified the means.”

Inasmuch, therefore, as the letter of Dr. Stevens, containing the mis-statements here complained of, was published by order of the House, and widely circulated by the enemies of medical reform and republican equality, we most respectfully ask that this refutation may also be printed by your order, that the antidote may be as extensive and as potent as the virus which it is intended to neutralize.

Most respectfully submitted in behalf of the Faculty.

B. L. HILL.

Columbus, O., February 11, 1850.

(A.)

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 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, New York.

July 17, 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. 1

New York, August 10, 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., Pres't.

## ANSWER.

New York, August 15, 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 Aëratus, (*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 produce 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 tablespoonsful;

Brandy, one pint; simmer a few moments and apply warm, with flannel, and repeat often.

\* This answer was given before the epidemic had subsided.

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.\**

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 symtoms, 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 oftentimes in the capacity of nurses) to the most distressed and malignant cases,

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\* 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.

Otman, Vermont.

Warren Alford, North Carolina.

H. D. Sheppard, West New Jersey.

Becher, city of New York, of Old School.

lying in filthy, unventilated, and loathsome apartments and situations. All which is respectfully submitted.

W. BEACH, M. D.,  
*Physician of the Tenth Ward Medical Station.*

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(B.)

*New York, July 30, 1849.*

*Dear Sir*—Your favor was duly received. As to Dr. Alex. H. Stevens' letter to the Speaker of the House of Representatives of Ohio, the whole affair wears such an aspect that I hardly know what course to take in relation to it. I have sent a person down to his office to demand an explanation. It seems very strange and extraordinary, that any man can be found in New York to deny a fact so well known as my appointment. Is it not a fabrication? Would any man of any character dare be guilty of such a flagrant falsehood as to deny my appointment? It has become a historical fact. Besides, it is stated in his certificate, that he does not know me. The fact is, I purchased my ticket of him, and attended his course of lectures on surgery, during which time he personally requested me to attend one of his patients and cup her. I have met in consultation with him again and again: once in a dislocation of the hip—another, with two or three physicians, in a case of strangulated hernia, in which he performed an operation contrary to my advice, which proved fatal to one of the most admirable women in the city, without giving time to use appropriate means. In relation to this latter case, I, with another physician, called on him personally. Another case of fissure of the anus, we visited alternately together.

Now, in face of all these facts, and more which might be mentioned, such as sending me a very politely written card, to call at his house and take tea with him, could he thus ruin his character and disgrace himself by publishing such a statement? If written by him, it was during one of his fits of insanity, to which he has been subject.

(Signed,)

W. BEACH.

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(C.)

TO WHOM THIS MAY CONCERN.

I am acquainted with Dr. W. Beach, and know that in 1832 he was appointed Cholera Physician in the 10th Ward of the city of New York.

John Palmer was Alderman of the Ward, and gave out the appointments. Dr. Belcher and myself were the others who held appointments in this Ward, and are now residents of the same.

Dr. Beach, Dr. Belcher, and myself, are members of the Medical Society of the city and county of New York.

New York, May 6, 1849.

J. S. OATMAN, M. D.,  
No. 111, Eldridge street.

(D.)

New York, May 10, 1849.

*Dr. Morrow*—I received yours duly, containing a copy of a letter said to be written by Dr. Stevens, of this city, denying Dr. Beach's appointment to the Medical Station of the 10th Ward of this city, during the cholera of 1832, and requesting me to make inquiry respecting the facts as stated in Dr. Beach's work. I have searched, minutely, all the records of the doings of the corporation, and also of the Board of Health during that period, and there is no record of his appointment, nor, indeed, of that of any other physician to any Medical Station in any Ward. But there is the following resolution of the Board of Health :

“*Resolved*, That the Aldermen and assistant Aldermen of the various Wards be empowered to appoint such physicians and depots for medicine as they shall judge the wants of their respective Wards may require, where the poor may obtain medicine and medical attendance, and that public notice be given of the same.”

Dr. Beach was appointed by Alderman Palmer. The fact of his appointment, and of the streets of the Ward being placarded with hand-bills, directing the poor to apply to Dr. Beach for gratuitous service, signed by the Executive Committee of the Board of Health, is so notorious, that hundreds of old residents could be found who would swear to it.

I have made many attempts to see Dr. Stevens, but have not yet been able to succeed. It is vacation in the College now. I, therefore send you the enclosed testimony of two highly respectable physicians of the Old School, who are, as you will see, well acquainted with the matter. I expect Dr. Beach home in a few weeks, and he will no doubt, write to you on his return, and give you more ample information than I can, as I was not practicing in America at that time. But from the investigation which I have made, I have no more doubt of the correctness of Dr. Beach's published account, than I have of the reality of the cholera itself in 1832.

Yours, very respectfully,

J. HASSELL, M. D.

(E.)

#### TENTH WARD MEDICAL STATION.

All persons affected with looseness, or 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.

DR. W. BEACH.

By order of the Board of Health.

THOMAS T. WOODRUFF,  
HENRY P. ROBERTSON, } *Ex. Com.*  
WILLIAM MANDEVILLE.

*New York, July 16, 1832.*

Sears & Martin, Printers, No. 2, Frankfort street.

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(F.)

*New York, May, 1849.*

*Dr. Hassell*—Having been informed by you that a letter has been received by the Speaker of the House of Representatives of Ohio, purporting to be written by Dr. Stevens, of this city, denying Dr. Wooster Beach having received the appointment from the authorities of the city of New York, as a physician for the 10th Ward of this city, in the time of the cholera in 1832:

I hereby certify that I was delegated by the medical faculty of Dover, N. H., (through the influence of John P. Hale\*,) to visit this city to investigate the cholera, and with Alderman Palmer and Dr. Beach, received a ticket to visit all the hospitals in the city. The Board of Health empowered the Aldermen of the different Wards to attend to suffering sick, and appoint the most competent physician to take charge of each Ward. Dr. W. Beach received the appointment from Alderman Palmer for the 10th Ward, called the 10th Ward Medical Station, the duties of which he performed to the satisfaction of all. His appointment took place in my presence. I was a regular graduate, according to law, from the State of Maine. If you wish further reference, address Hon. Gideon Lee, former Mayor of this city, or Dr. Philander.

Yours, respectfully,

JONA. HILL.

Sworn to before me, this 9th day of May, 1849.

F. R. LEE, *Com. of Deeds.*

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\* J. P. Hale is now United States Senator.

## COMMENCEMENT IN COLLEGE HALL.

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*Exercises of the Eclectic Medical Institute of Cincinnati, at the Public Commencement, held in College Hall, March 6, 1849.*

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At half-past seven o'clock, the appointed time having arrived, and a large, intelligent audience being in waiting, in the immense hall selected for the public exercises of the Institute, the collegiate procession entered the hall, while the rich and appropriate music of the Newport band greeted their approach, and reverberated through the lofty dome. The procession was led by the PRESIDENT of the Board of Trustees and the Rev. Mr. BARRETT, followed by Professors MORROW and ROSA, HILL and STALLO, JONES, GATCHELL, and BUCHANAN, succeeded by the members of the graduating class. The members of the class dividing, entered by two aisles, and took their appointed seats in front of the large platform occupied by the Faculty.

After the conclusion of the music, the house being called to order by the President, Mr. CALVIN FLETCHER, the exercises were opened by a very appropriate prayer by Rev. B. F. BARRETT, which was followed by suitable music.

The Dean of the Faculty, Prof. T. V. MORROW, then read his report to the President, exhibiting the prosperous condition of the Institute, in the existence of a class of one hundred and seventy matriculants, and the admission of forty-three individuals as qualified for the degree of Doctor of Medicine, whom the Faculty regarded as well qualified by their diligence and attainments.

The names of the successful candidates for graduation were then announced, and the diploma to be conferred was read by Prof. STALLO, in Latin, and also in the English form; and the President, proceeding to confer the degrees, made the following highly appropriate remarks:

The President, Mr. CALVIN FLETCHER, remarked, that he had been a resident of this city for thirty-five years, and had long taken a deep interest in its literary and professional institutions. Though not a professional man, he had also been much connected with those institutions. For many years he had been Secretary of the Medical College of Ohio (Old School). So strong was his interest in medical subjects, that he had even attended a regular course of instruction by all the professors. In scrutinizing very carefully the matter of this professional instruction, he had observed that a very large proportion of the professors' lectures was occupied only with the errors of former ages; and the evident advances already made had impressed on his mind the conclusion that there was very

great room for further improvement in the teaching, as well as the practice of medicine. One great obstacle in the way of progress was the influence of authority. Mere names had too great weight both with professors and students. However they might love truth, and seek truth, all the influences acting on them so shackled their minds with old notions, that they could not move freely in search of *new* truth. The practices *regularly* inculcated in the college course—the established text-books, incessantly repeating the same lessons—the routinism of the profession at large, confirming each other in the same views, all *tended* to prevent improvement. Not that regular professors were not honest and laborious, but their peculiar positions seemed to exert a misleading influence. One of those whose instructions he had attended, had given, after his course was through, a series of three lectures on the special subject of mercurial and antimonial medicines—although those articles had occupied so conspicuous a place in the regular course. These *mercurial* lectures strengthened his convictions of the necessity for improvement, and for circumstances that would favor and insure improvement. Calomel, it was shown, could not be given to some patients without injury, nor to others without the risk of injury—could not be borne by some constitutions at all, and by others only under certain conditions—in some diseases where it was relied on, was only admissible in particular *stages* of those diseases, &c., &c. Still such medicines were of indispensable value, and *must* be retained!

At the time he was officially connected with the old college, and carried on an extensive correspondence, when the controversy between the Old School and the New was at its height, and raged much more fiercely than it did at the present time. He was of necessity well acquainted with the subject. He had no doubt the old profession honestly believed they were in the right. He was personally friendly to them. He had no enmity to the old college, for which he had acted. He wished it to flourish and do all the good it could. He did not think that one such institution should be put in antagonism to another. Their relation to each other should be that of friendly emulation. Still, when the New School was established, with a view to greater freedom and more rapid improvement, it had encountered the greatest opposition. Its design was that of a school for the advancement as well as the diffusion of medical science—which should be in opposition to nothing merely because it was either new or old—which should be bound neither to the authority of names nor books—which, while it looked to practice as the end and test of theory, would put down mere “*empiricism*,” and other forms of quackery, by making such *inductions* from the results of practice, that safe *deductions* for practice might be made *from them*, and reason and experience walk hand in hand.

Such a school was called for, and had been established. It had had many difficulties to contend with, and had encountered and *surmounted* them. The very opposition brought to bear against had secured for it the public favor. The public was well aware how great, how *vital* was its interest in the success of the New School. Its aim was, and its ultimate result could only be, a general benefit. Such aims could not now be thwarted, or such results prevented, by those whose opposition was even apparently interested or prejudiced. The audience had heard, in the report of the Faculty to the Trustees, how cheering had been the results already attained. Still in its infancy, the institution had outgrown its elders. In the name of the Trustees, he congratulated the Faculty, the students, and *the public*, on the flourishing condition and prospects of the Eclectic Institute. A particular subject of congratulation, also, appeared to him, with his experience of other schools, in the *correct feeling* which prevailed among all concerned in this, both as it regarded their relations to each other, and to other institutions. There was, he believed, less personality among themselves, and less arrogance fostered in the minds of the students, than was the case elsewhere.

The graduating class before him, he congratulated on the honorable testimony which had been borne in their favor, and on the public and enduring *testimonials* of their successful industry as *students* of medicine, which they were about to receive from his hands. He hoped they would carry with them into the *practice* of medicine the correct feelings and correct knowledge they had acquired. He wished them all *successful* employment. Might the success of their practice be equal to that of their studies, and might they find in *that* beneficent success, the *reward* of those labors of which their diplomas would be the *evidence*.

At the conclusion of this address, the members of the graduating class rose up in their places, and continued standing, while the President in due form, by virtue of the authority of the Board and Faculty, derived from the Legislature of Ohio, conferred upon them the degree of DOCTOR OF MEDICINE, after which, taking their seats, the diploma of each graduate was presented by the President, and delivered by the Marshal, Dr. J. GARRETSON, to the proper recipient, who rose from his seat to receive it. During these exercises, the graduating class were fairly displayed to the audience, and made a fine impression, not only by their numbers, but by their manly and intelligent appearance.

This ceremony being concluded, the imposing music of the band again filled the vast hall for the usual period, suitably preparing the mind for the succeeding exercises.

The President then announced the Valedictory Address from Prof. BUCHANAN. Prof. B. came forward, and was greeted with

heartly applause from the audience, and often, during the course of his remarks, was loudly applauded, as his animated sentiments and impressive delivery elicited the approbation of his hearers. The most profound attention was evinced by the whole audience to every word that he uttered; and although a number present were doubtless a little uncomfortable under the withering exhibitions of Hunkerism, the impression upon all minds seemed to be not only deep, but wholesome.

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## VALEDICTORY ADDRESS OF PROF. BUCHANAN.

GENTLEMEN:—I regret that my friend, Prof. Gatchell, who was expected to address you on this occasion, has been compelled by the state of his health, which has been injured by his very arduous labors, to forego the delivery of the expected address—a disappointment which we all regret. I could have wished, too, that some other members of our Faculty would have overcome their modesty on this occasion, and given you a few parting words. Our venerable friend, who represents so ably the cause of Homœopathic medicine, who has had so ample an experience in Allopathic practice—longer than most professional lives—and who has since had so ample an experience as a pioneer in Homœopathic medicine, might have been supposed to cherish something of the exclusiveness of party spirit; but as we know that he entertains nobler sentiments, and fraternizes cordially with the liberal, expansive spirit of Eclecticism, which embraces all scientific knowledge in its range, I hoped that he might at least, on this occasion, as his age renders him almost a father among us, have given us his benediction. But as the duty remains to be performed by myself alone, in compliance with your flattering invitation, I now proceed to speak our parting words.

Gentlemen:—You have now received from the authority of the State of Ohio, through the intermediate agency of the Trustees and Faculty of the Eclectic Medical Institute, the documentary evidence of your attainments in study, your qualifications as practitioners, and your right to be recognized as honorable members of the medical profession by all who at present belong to its ranks.

As citizens of the great republic of science, we hail you as brothers, and ever henceforth we shall watch your progress with a lively interest. During the past winter, in consequence of the very arduous and unceasing labors of the Faculty, and the equally arduous responsibilities resting upon yourselves, we have not enjoyed an hour, nor scarcely a moment, of social intercourse; from the morning crowing of the cock to the last flickering of the midnight lamp, there has been an unceasing round of toil—toil—toil—until the drooping eyelid, the wan cheek, and the tremulous hand, demanded

repose. By this laborious discipline, you have been prepared for the solemn responsibilities and fatiguing labors which you are now to undertake. We hope often to see you again under circumstances of less urgency—to meet you in our annual conventions—to receive your reports and essays, and to greet you in social visits.

We part to-night, to meet again under different circumstances—when your knowledge shall have been matured and consolidated by experience—when your constitutions shall have been strengthened by professional labor, and your countenances relieved from their scholastic paleness. We part with mutual esteem and sincere friendship; and in complying with your request to pronounce this valedictory address, I would speak to you as a friend of the career that you are destined to pursue—its duties and labors—its pains and its hopes—its difficulties and its glories.

Many of you will doubtless go forth into regions where you will be the solitary pioneers and standard bearers of medical reform. You will be asked, whence do you come, and what are your principles?

You will be asked, to what party do you belong—to whom do you swear allegiance? You will reply, most emphatically, that you *belong* to no party of men, but belong exclusively to yourselves—that you owe no allegiance to any man, or any party, but only to God, to Truth, and to Humanity!

You will be asked, in accordance with what principles do you practice the medical profession? You will readily reply, in accordance with those principles which have been discovered and demonstrated by the most recent and skilful researches of the ablest cultivators of medical science in Europe and America.

You will be asked then, in what respect do you differ from other educated medical men, who have been graduated in Edinburgh, London, Paris, New York, or Philadelphia? You will reply, that you differ from them as a new edition of a standard scientific work differs from an old edition, published fifty years ago. The difference being that a great number of old errors have been corrected, and a great amount of important knowledge of recent discovery has been added to its pages.

You will be asked, why is there such a difference, and why are not other medical men, who profess to obtain the best education obtainable, also acquainted with those recent improvements and discoveries which constitute the distinguishing feature of your practice? You will reply, that these improvements and discoveries are as yet entirely unknown in Europe, as they are exclusively of American origin. Consequently, the graduates of European schools are not acquainted with the most advanced condition of the healing art, and the professors of nearly all our colleges, whose education has been derived either directly or indirectly from Europe, who follow implicitly the text books of European authors,

are themselves equally unacquainted with this great American revolution in medical science; consequently, you stand as a distinct class in the medical profession, and the representatives of a new era in science.

You are a distinct class, but not an isolated class: all that is known to the mass of the profession, is known likewise to you. You are not the narrow-minded and bigoted devotees of any exclusive theory or single idea—on the contrary, you have studied boldly and carefully all that is known. Allopathic medicine and Homœopathic medicine are alike familiar to your minds. Europe has laid the broad foundations of your medical knowledge, and America has reared the grand superstructure.

Europe has laid the broad foundations of physiological science, developing the grosser functions of the subordinate organs of the body; America—Western America—has reared the superstructure, developing the higher functions of the nervous system and the brain.

Europe has given us an accurate system of mechanical anatomy of the human body; America has rendered that anatomy subservient to the explanation of the laws of life, the sympathies of all parts of the body with each other, and the wondrous mystery of the connection of the spirit, the soul, and the body. You can say, with pride, that you do know what was entirely unknown to Plato, to Descartes, to Kant, and Locke, and to all the anatomists, from Erasistratus and Galen down to Bichat, Hunter, Cuvier, and Majendie—you do know the special residences of man's spiritual nature in his brain and body—you know the various channels of volition, and the various degrees and modes in which the mind connects with the different portions of the human body—you know its physiological and pathological sympathies—you have traced the mainsprings of life and mind—and fearfully and wonderfully as man is made, he is not to you an impenetrable mystery.

Europe has given us a rude system of surgery. America has the glory of rendering surgery humane and conservative, instead of bold and destructive. America has the honor of having shown that more than half of all the fierce and bloody operations of the surgical amphitheatre, with their mangled limbs, their piteous cries, and the basins of human blood, are entirely needless and unscientific, and that a proper system of constitutional treatment will heal the wounds, cure the diseases, and preserve the limbs of the unfortunate patient, restoring him, with every limb of his body, to health and happiness, while his fellow sufferers, under a different system of surgery, are mangled by the cruel knife and the grating saw, and either die at once, or live as unfortunate cripples. In Parisian hospitals, (according to Prof. Malgaigne) more than one-half of those who lose their limbs by surgery, (57 per cent.) lose their lives also by the operation.

Not only has American surgery suppressed these barbarisms, but America has also the honor of discovering the noble art of robbing surgical operations of all pain. Your surgical patients, gentlemen, will generally escape by your humane skill from the dire necessity of using the knife; but if an operation becomes inevitable, you will then, by the application of the principles of hemostasis, as you have been taught, entirely prevent the possibility of the loss of any material amount of blood; and by the proper, and judicious, and safe use of anesthetic agents, you will render the patient almost or entirely unconscious of pain. Thus has surgery been robbed of its horrors—first, by the labors of medical reformers for the past thirty years, in improving surgical practice; and, secondly, by the discovery of safe and successful anesthetic agents, effected by Mr. Wells of Connecticut, and Mr. Sanders of Cincinnati, one of whom was a practicing dentist, and the other is a chemical professor in an Eclectic Medical College.

After a strenuous opposition from a large portion of the medical profession, European surgeons and their American followers have admitted the practice of anesthesia; but, abandoning the original safe and judicious methods of Wells and Sanders, by means of the nitrous oxyde gas, the oxyhydrogen gas, and the sulphuric ether, they have substituted an article called chloroform, the use of which is often attended with serious dangers. In this city, a lady who inhaled that formidable agent, when under the hands of a dentist on Sixth street, died almost instantly in the chair, and a number of similar cases have been published in medical Journals.

Europe, it is true, originated the art of producing the Mesmeric somnolence and insensibility to pain; but this process was applicable only to impressible persons, and has been philosophically understood only in this country. America originated a process applicable, with entire certainty, to the whole human race, by which the most rugged of the sons of toil may be with certainty rendered insensible, and carried through the most painful operations of surgery, entirely unconscious, or perhaps enjoying a pleasant dream. The contrast between American and European surgery is so great, that among the latest items of medical intelligence, I observe that a London surgeon discredits entirely the success of a Western American surgeon in performing the operation of lithotomy, because his most unquestionable success so far surpasses the results obtained in Europe.

If American surgery is thus so far in advance of the European system, is it not probable that, in time, the course of intellectual commerce will be changed—that American students, physicians, and professors, will no longer remain the passive followers of Europe, but will adopt the American system, and that the youth of Europe will even be compelled by the attractions of American science, to visit the shores of this continent, to perfect their medi-

cal education. That such a change will take place, I have no doubt—I can no more doubt it than I could doubt that this country must become the center of wealth—of political, military, and moral power, and sway the destinies of mankind.

In all the details of medical practice, Europe has given us a learned and potent system—potent for good, and equally potent for evil. Upon this foundation we have built. Rejecting no good and sound materials suitable for the American temple of Esculapius, we reject merely those things which have too long dishonored the healing art, and called forth the protests of the best men who have ever adorned the medical profession.

I might quote to you the candid admissions of those who have seen its evils, and some of whom have felt them so deeply that they have expressed a doubt whether the medical profession had been productive of more good or evil to mankind. I might quote the language of Baillie, Forbes, Elliotson, Majendie, Rush, and many others, but it is needless to refer to those familiar facts.

These eminent men deplored the evils of medical practice—evils not inherent in the science, but mere excrescences upon its growth, which might be pruned off with facility; but they did not institute any systematic measures to reform those evils. We, on the contrary, have organized a systematic movement for reform. To do this, we have renounced all allegiance to authority, and that despotic organization of the medical profession, which, by its great societies, aims to ostracise dishonorably every independent inquirer who discards the European doctrines. This American movement of reform, which has now been gathering strength for about thirty years, and is firmly established in our present Eclectic Medical Institute, has the glory of proving, throughout the various climates and diseases of this country, that the practice of general blood-letting is utterly unnecessary, unscientific, and destructive to life. It has also the glory of proving that the murderous ravages of certain poisonous drugs, as arsenic, mercury, antimony, are really unwarrantable, and that, by discarding their use, we are able to substitute far better agents.

American Reform has the glory of enlarging the *Materia Medica*, and of teaching the proper use of a large number of medicines, the value of which is almost unknown in the European system of practice. You will carry into your practice, gentlemen, a large number of remedies, the properties of which will be new and utterly surprising to physicians educated in different schools. So entirely unknown, indeed, that I am tempted to mention the fact that recently a considerable number of educated physicians (of the European Old School system) have paid ten dollars each to a traveling vender of nostrums to impart to them, as a great secret, a few of those recipes for medicinal compounds, which you have learned in

the regular course of your studies at the Institute, and which you would impart gratuitously to any member of the profession.

Thus prepared as you are, gentlemen, to demonstrate to any intelligent physician or citizen your superior knowledge of the healing art, you will have no difficulty in showing how you stand related to other members of the profession. You will compare with the votaries of the European system as the present generation compares with the last. As the moderns are more enlightened than the ancients, having added to the old stock of knowledge, so you, having possessed yourselves of the European systems of medicines—both Homœopathic and Allopathic—and having added thereto the discoveries and improvements of American intellect, may proudly challenge a comparison of skill and of knowledge.

Thousands of intelligent men, weary of old abuses, will welcome you to the field of your benevolent labors. But, most unfortunately, the medical profession has been not so much a mission of benevolence, as a mode of earning a livelihood—a trade, governed by all the mercenary calculations and petty jealousies of commercial traffic. You will, therefore, occasionally find physicians, actuated by hostile sentiments, who will misrepresent and slander; for such things have occurred, and may occur again.

They will, in the first instance, pronounce you a quack. You will exhibit your diploma, and ask them to read it; but perhaps they will still doubt if you are as thoroughly educated as it implies. If, then, you ask them, what are the principles and applications of hemostasis?—what is the embryonic formation of the brain?—the origin or functions of the trochlearis nerve? or similar critical questions, you may vindicate your scholarship.

They will secondly aver, that you are a mere follower of the Thomsonian system, or, in other words, a steam doctor. You will inform them that Thomson and his immediate followers were, from the first, the most bitter and decided opponents of the American Eclectic system of medical reform, and so continue to the present day.

They will thirdly affirm, that you are a mere root and herb doctor, and know nothing about mineral remedies. You will then challenge them to name a single mineral remedy with which you are not well acquainted, and you will retort the charge of ignorance, by showing many valuable applications of minerals, especially alkalies, with which they are unacquainted. You will then kindly offer them a number of the most valuable articles in your *materia medica*, of which they know neither the names nor the uses. If then they are honest, sincere men, you may find them becoming docile pupils, eager to be enumerated among your friends, and may convert them from the error of their ways. Perhaps they will even desire themselves to attend this Eclectic Medical Institute, and thus complete their education.

Many kind, honest persons, however, will ask, in perfect sincerity, why it is, if the American Eclectic system possesses so great a superiority, that it is not at once adopted throughout the land? Such questions will be asked by the very best of people—good, honest souls, who are quite unacquainted with the evil ways of this wicked world.

For this there are two reasons—first, a systematic and slanderous opposition; and second, the resistance which conservatism always opposes to improvements, which is greater in proportion to their importance.

The National Medical Association, and all minor societies of the medical profession, entirely exclude from fellowship and from professional courtesy any physician, however learned, benevolent, distinguished, or noble his character, who opposes their standard doctrines, or who openly and publicly deviates therefrom in his practice. Not only is the liberal, independent physician thus ostracised, but a resolution was adopted declaring that no such independent physician (not following the regular rules) should be allowed even to send a pupil to a medical college. These resolutions, being backed by the whole force of the colleges, journals, and societies, we thus perceive that the whole Old School medical profession, so far as it is organized at all, is organized into a machine for the abolition of mental freedom and suppression of new ideas. The spirit that prevails is what aristocrats call professional dignity and stability—what plain republicans call Hunkerism.

Acting upon these principles, the liberals have been ostracised everywhere. When I publicly avowed my sentiments in respect to medical science, a distinguished medical professor, who had known me from boyhood, informed me that he had been a friend before, but that he must thenceforth renounce all friendly relations.

Medical journals and medical schools are closed against these new truths. The professors suppress all facts and statistics—medical journals do the same; and both labor to impress the students of medicine with a degree of hatred and contempt which will prevent their ever seeking correct information. Not only are facts from liberal, independent sources thus suppressed, but the honest impulses of candid minds, among even the most distinguished of the profession, are frowned upon and crushed by their associates. One of the most brilliant, learned, and venerable men of the profession, himself the founder of the most flourishing medical college of the west, having entertained more liberal and expansive views than his colleagues, was refused permission to publish his views in the medical journal which was the organ of the school, which was edited by one of his own *proteges*, and to which he had been for many years an important contributor.

The audacity of medical Hunkerism goes even further than this. The most public and notorious facts are denied or suppressed.

When, for example, the Eclectic practice in cholera in Cincinnati cured more than ninety-five patients of every hundred, the medical journals everywhere suppressed the fact. When the Homœopathic practice lost but little more than three per cent., the facts were carefully suppressed and concealed from their readers. When the Eclectic practice in the city of New York, under the authority of the city, met with the same success as in this city, the facts were suppressed by Prof. Stevens, to whom they were reported. Not only were they suppressed at that time, but when the Legislature of Ohio was about to pass a bill to equalize the privileges of medical men and medical colleges in the Commercial Hospital of this city, this same Prof. Stevens was induced to write a letter denouncing the whole authentic history of the treatment of cholera in New York by Dr. Beach and others, as a fable and falsehood. Dr. Beach was at that time in Europe, but has since returned. The subject has been laid before the Legislature this winter; and here are the authentic documents published by the Legislature of Ohio, proving the whole—the official appointment of Dr. Beach; his correspondence with Dr. Stevens; his successful cholera practice upon near a thousand cholera patients; the names of his colleagues at the Tenth Ward Medical Station, and the extensive publicity of the whole transaction for the last fifteen or eighteen years—thus proving that the President of the National Medical Association, for the purpose of maintaining his party and injuring the cause of justice, has been guilty of one of the most flagrant impositions ever palmed upon a legislative body in an enlightened country.

The organ of the Ohio Medical College of this city, the *Western Lancet*, which published the original slander, knowing it to be false (for the official accounts were then published), has never yet retracted, nor will it ever retract, that slander. I might produce an array of other slanders, but I will not on this occasion stoop to the repulsive task. *Ex uno disce omnes.*

The medical profession and the public at large, have been industriously deceived by journals and professors. The fact is ever suppressed, that there are four or five thousand physicians in the United States, who have discarded the old mercurial, antimonial, blood-letting system of Allopathy, and that they comprise in their ranks, a large amount of skill, of knowledge, and of worth. The progress of medical reform is concealed—the name of the Eclectic Medical Institute and the number of its students, are not to be found anywhere in Old School statistics of colleges. One of the oldest and most learned men of the profession (an old acquaintance, Prof. Drake) I understand, in giving a list of medical colleges in the west, in his introductory lecture, could barely recollect or discover over the whole horizon and to the utmost verge of his professional knowledge, *one medical college in this city.* Permit me,

therefore, to inform the venerable professor, if he is present, that the Eclectic Medical Institute is still in existence, and attracts by far the largest medical class in the Queen City of the West. Permit me, also, to add, for the sake of comparison, that the Ohio Medical College, endowed by the State and sustained by the talents of Prof. Drake, attracted during the first three years of its existence a number of medical students amounting altogether to seventy-three, and that the Eclectic Medical Institute, without any patronage from the State, attracted during the first three years of its existence a number of students amounting to four hundred and twenty-eight, or about six times the number. Permit me, also, to state, that the Ohio Medical College, during the thirtieth year of its existence, i. e. during the past winter, sustained by the same active, untiring mind which originally brought it into existence, has had, or claims to have had, a matriculation of one hundred and thirty-six students, while the Eclectic Medical Institute, in the fifth year of its existence, has had a matriculation of one hundred and seventy students. At the same time, the Transylvania Medical School of Lexington, once the glory of the West, where Mercury was the presiding god, and calomel was given in teaspoonful doses, has attracted, according to the newspapers, but fifty-four paying students.

All such facts, gentlemen, and others relating to medical progress, you must be prepared to substantiate by proper documents; for when the public teachers and leaders of any party set the example of mendacity, they will not lack for imitators who will controvert all the records of history.

Let us now leave the foul and murky atmosphere of medical partyism. You, gentlemen, will breathe a purer moral atmosphere. You are going forth armed with truth and kindness—with science and unshrinking moral courage. You go forth to drive back the hosts of Disease and Death. You go forth to grand but bloodless triumphs. It will be your duty, like soldiers of Humanity, when the Destroyer comes, to rush into the breach and drive him back. It will be yours to stand firm when the pale city trembles at the footsteps of Death, and tell your dismayed and flying fellow citizens that you possess the power and the knowledge which will snatch the victim from the borders of the grave—that when the pulseless collapse of cholera comes, and the pale, cadaverous countenance shows the dread shadow of impending death, then will it be your duty and your glory to reanimate that dying form, and bring back the pale victim to the embraces of his friends. It will be yours, like a guardian angel, to diffuse hope and peace and security around you, and to carry into every community where you may go, the benignant influence of American medical science—it will be yours to diffuse the calm security which arises from incontrovertible facts. You will be able to assure your friends, that during

the prevalence of the terrible cholera epidemic in Cincinnati, when Old School physicians acknowledged a loss of about one-half of their cases, that three thousand nine hundred and ten cases, which were reported by Eclectic and Homœopathic physicians, were accompanied by a loss of only one hundred and fifty cases, or one in twenty-six—a little less than four per cent. You will point, too, to the success of the city cholera hospital, under Eclectic treatment, and the twenty cases of patients in pulseless collapse who were restored to life.

You will be able to assure them, too, that a large number of the diseases usually regarded as extremely dangerous, have but little danger when rightly treated. We have taken some pains to ascertain the usual results of practice; and although I knew before, the superiority of the Eclectic system, I was astonished as well as gratified by the results attending this inquiry. The reports of nine thousand nine hundred and thirty-one cases treated by Eclectic practitioners in Ohio, Indiana, and Illinois, exhibit a mortality of but eighty-six, being in the ratio of one death to every one hundred and fifteen cases, or less than one per cent.

Few have any idea of the immense number of lives which are saved by a beneficent medical system. Let us, therefore, calculate the amount of human life which has already been saved by the agency of the Eclectic Medical Institute, even in the infancy of this great enterprise.

If we assume that every physician engaged in active practice attends at least five hundred patients per annum, the estimate will be but moderate. Of these five hundred, the mortality, at the usual rates of Eclectic practice, will be about five or less. If then we would ascertain the amount of benefit to human life and happiness arising from the labors of each Eclectic practitioner, we should calculate the probable amount of death among the same number of patients under Old School practice. If we take as a fair specimen of Old School practice the treatment of disease by the Ohio Medical College in the Commercial Hospital, we find the mortality to be, in 1848, more than one-sixth of all under treatment, one to 5.97 patients, and in 1849 one to 5.67—in other words, a ratio of 16.8 per cent. in 1848, and 17.6 per cent. in 1849.

The contrast between less than one per cent. of deaths in Eclectic practice and seventeen per cent. in the hospital, exhibits a ratio of almost twenty to one.

But as these cases are not perfectly parallel, let us take another case where the advantage is on the other side. In the treatment of cholera in this city, the average mortality of Eclectic and Homœopathic practice is under four per cent., including the most fatal period of the disease. On the other hand, the most favorable results of Allopathic practice, exhibited by the reports of Old

School physicians to the Board of Health, at the commencement of the epidemic, exhibit a mortality of twenty-six per cent., or more than six times the mortality of the liberal systems of medicine.

Again: the average amount of mortality in the hospitals of Europe is from nine to ten per cent., while the average amount of mortality in European Homœopathic hospitals is from four to five per cent.—a disproportion of two to one under similar circumstances. The mortality of European hospitals, compared with the mortality of American Eclectic practice, exhibits a disproportion of *ten to one*; and in comparing the treatment of cholera in Parisian hospitals with its treatment in our Cincinnati cholera hospital, we find the mortality of the former sixty two and a half per cent., the latter twenty-three and a half, during the same season, in the treatment of the same disease.

Such being the facts—there being in one case a disproportion of two or three to one, in others a disproportion of six to one and ten to one, and in another of nearly twenty to one in the mortality—we may thereby be warranted in assuming that the usual difference of mortality in private practice would exhibit a disproportion of two to one; and that if the Eclectic practitioner loses annually five cases out of five hundred, the Old School practitioner, under similar circumstances, would have lost ten. At least, it is certain, according to their own reports, that the Old School hospital practice would, out of the five hundred patients, have lost, *not five, but eighty-five*.

Thus we arrive at the conclusion, that every Eclectic practitioner in active practice saves annually at least *five* lives which would have been lost by the Old School system.

Now, in the past five years, since the establishment of the Eclectic Medical Institute, we have graduated about *two hundred* physicians. This number, engaged in practice, would treat annually at least one hundred thousand patients, of whom they would save at least one thousand who would have lost their lives but for the agency of the Eclectic system.

*If, then, we are now instrumental in saving every year a thousand lives, is not this worth more than all the glory of all the merely military heroes whom our country has produced?* These are our peaceful triumphs; and still the tide of beneficence swells higher each year, as the armies of peace are swelled by new recruits, and through their agency millions are added to the health and wealth and happiness of the nation—not merely by the salvation of life, but by the sound health of those who are effectually relieved from disease, free from mercurial poisoning, and the lingering torments of a bloodless and broken down constitution.

The Eclectic Medical Institute has already reared for itself a monument more lasting than brass and marble—a monument composed of living men and women. At the lowest calculation, there

are at least five hundred men and women in this city, who would have perished during the late cholera epidemic, but for the assistance of Eclectic medicine. About two thousand cholera patients underwent Eclectic practice, and I presume no one will deny that of that number, at least six or seven hundred would have died under the most skilful mercurial practice, whereas the number who died was much less than one hundred. Of these five hundred men and women who constitute the undying monument of Eclectic medicine, I might point out your valued citizens from the halls of legislation and of justice, down to the humblest walks of life—a number of whom I trust are present here this night.

You, gentlemen, in like manner, will build yourselves monuments of living flesh and blood—they shall bless and honor your name, and their children's children, through endless ages, shall owe you a lasting debt of gratitude. Ay, you have already begun—you have already known the proud satisfaction of the worthy physician, who has saved his fellow beings from impending death. I recognize, and I am tempted to name those before me who have already done themselves honor as practitioners of the true healing art; but I must desist, for I should be required to name the greater portion of this large assembly of graduates.

Go on, gentlemen, as you have begun—build up your living monuments by the salvation of life. Those monuments of your good deeds shall outlast the Egyptian pyramids; for man, immortal man, shall endure longer than the soulless stone; and your monuments of life shall tower higher than those pyramids, and give you a better fame, for they shall rise up to the courts of heaven, and bear the record of your good deeds through the realms of eternity, in sight of God, and angels, and mankind.

With such an end before you, I trust you will not be discouraged, or even provoked, if men refuse to do homage to truth, and to honor properly the Medical Reform. Be not disturbed if they slander you, as they have slandered every benefactor of mankind. You are now fairly prepared to follow the examples of the most illustrious of good men. As Harvey, Jenner, and Gall peacefully pursued their sublime vocations to bless and enlighten mankind, while learned colleges and royal societies frowned upon them, so will you labor for the health, prosperity, and enlightenment of your beloved country, while thirty-seven medical colleges, and about as many medical journals, and innumerable societies ring with denunciations of your philanthropic labors.

Wm. Harvey and Christopher Columbus toiled on with unwavering fidelity to the great truths which possessed them, while multitudes scoffed at them, and the great mob of well-dressed gentlemen who conceived themselves the very standards of respectability, the oracles of learning and established truth, rose up like an army across their path. But mark the issue of the conflict. Wm.

Harvey, with truth in his soul, has conquered all that mighty array of powerful, wealthy, and learned men, and if his opponents are remembered at all, it is merely because they come down to our times hanging on to the extremest skirts of his triumphal robe.

Christopher Columbus has triumphed over all the proud learning and wisdom of his day; and when we desire to know who were the great men—the learned men—the respectable men—the powerful men, who looked down upon the poor Genoese mariner with scorn, we must dig down deep amid the dust and ashes of oblivion, where they are buried with all their pride, and pomp, and power.

You, gentlemen, are about to engage in a similar contest. You know that you possess the truth—you know that you are bearing forth blessings to mankind, not inferior to any that I have named. If Harvey brought to light the functions of the heart, you are acquainted also with the functions of the brain—if Jenner brought forth the antidote to small pox, you carry forth also the antidotes to cholera.

Bearing as you do these and other great blessings to mankind, what is it to you that colleges, journals, and societies fulminate their loud thunders over your heads? What is it to you that combinations are formed to put down, and that a vast array of very wealthy and learned and respectable influence rises up against you? You live in a land of freedom, where the triumph of truth is not only certain, but speedy; and you will rise up over all such influences—you will scatter them before you—you will see them going as

"The mist on the mountain, the foam on the river,  
Which gleam but a moment and vanish for ever."

The period of conflict will be but a moment in the history of a nation, yet it may be a life-time to you and me. The greatest absurdities and most soul-harrowing barbarities have heretofore required an age to abolish them. It is but little more than a hundred years since people were legally murdered for witchcraft; and there are still intelligent men—ay, in this city—who are believers in witches. [A prominent divine, about four years since, preached a sermon against witchcraft in Cincinnati, in which he avowed his belief that Mesmeric operations were witchcraft and of diabolical origin.]

About three hundred years ago, surgeons, after amputating a limb, controlled the hemorrhage by putting on boiling pitch, or by burning the part with red hot irons. It was a horrible scene then in which the surgeon figured. Ambrose Pare proposed simply to tie the arteries, instead of burning the poor patient. The College of Physicians of Paris denounced him, and endeavored to suppress the dissemination of his improvement by the authority of Parliament. They could not put it down, but they kept up the dignity of the profession; for many of the orthodox surgeons of those

days continued for nearly a hundred years longer to burn their patients, instead of tying the arteries.

So at the present time, the Eclectic treatment of cholera was demonstrated in New York, in 1832, to be capable of saving almost every patient who was attended to in time, without a grain of calomel. The facts were suppressed by Dr. Stevens, who stood at the head of his profession, and have never been made known to Old School practitioners. At the same time that this demonstration was given, the cholera raged in Lexington, Ky., then the center of medical education in the West. One of my friends, a young man of genius and eloquence, who might now have been shedding the light of his mind upon our country, was attacked by the disease; he was attended by the leading medical teacher—a teacher of the ultra mercurial practice, whose influence has passed over the Southwest like the Samiel wind of the desert, blighting and withering where it passed. From him my friend received, in the treatment of his disease, *a pound and a half of calomel*, and he is now where the tombstone alone reveals his premature end.

Practical demonstration of the falsehood of these terrible medical delusions, avails but little. Dr. Hawthorne, in England, although a votary of the old mercurial system of practice, discarded and denounced the use of calomel and the lancet in cholera, and was rewarded by a success similar to that of the American Eclectic practice. Yet his success has not impressed the medical profession generally.

Now, although it is nearly twenty years since it was proved that nearly all cholera cases may be cured by proper means, and that calomel and the lancet are positively pernicious, still in our late pestilence, calomel and the lancet were used in this city, and with a fearful fatality this stereotyped mercurial practice was followed throughout this country; and while upward of four thousand were saved here by Eclectic and Homœopathic practice, the people of the East Indies were at the same time suffering under the epidemic so severely, that in some places men could not be found to bury the dead. Two or three thousand perished daily at Siam, whose corpses were either burned in piles or left to putrefy on the ground. These horrors will be checked in the course of time. I predict, that when a sufficient number of young men have studied the Eclectic and Homœopathic systems, to carry their blessings through the country, the ravages of cholera will no longer have power to paralyze the commercial business of the country, and spread mourning and desolation through the land.

These barbarisms will not be entirely abolished in our day, gentlemen. You will have them before you as constant incentives to do your duty manfully. I trust you will—I know you will. You will remember that you belong to the “vanguard of the army.” You will remember that you are participators in this great

movement, which is American in its origin, and which possesses the expansive freedom of the American mind—which is as grand in its aims as our own vast rivers, cataracts, and mountains—as fresh and original as our own primeval forests.

You will remember that you are engaging in this grand enterprise now in the very infancy of our country, when you can exert an important influence in moulding its destiny.

You will remember that the time is near at hand for America to assert her pre-eminence among nations, and for American mind—American science, to take their leading rank.

You will then move on with a calm and sublime enthusiasm, bearing in mind your high and holy calling, and the grand panorama in which you are called to perform your parts in the drama of life—bearing in mind that in your professional labors, you are building yourselves monuments of life or monuments of death—preparing for yourselves everlasting shame and remorse, or joy and honor, derived from the rescued lives of families preserved from ruin and death.

And now we must part, each to pursue his own career of arduous and life-long labor. I know you have toils and trials before you, but you have also your glories and triumphs. God bless you all. Farewell—farewell, until we meet again, with clear consciences and with lives adorned with honorable deeds.

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## SENTIMENTS OF THE CLASS TOWARD THE FACULTY.

ECLECTIC MEDICAL INSTITUTE, March 2, 1850.

THE members of the *E. M. Class* convened at the appointed hour—Mr. *S. N. Caldwell* was called to the chair, and *A. D. Skellenger*, appointed Secretary.

The Rev. *J. Dalby* briefly and eloquently stated the object of the meeting, expressing his own feelings of respect, friendship, and gratitude for the entire Faculty, and though himself an Eclectic, he especially cherished profound gratitude toward Prof. *S. Rosa* and the science of Homœopathy, and suggested the propriety of manifesting publicly the sentiments of cordiality entertained by each member of the class.

Upon motion, it was

*Resolved*, That a committee of five be appointed to draft the expression of the class on the occasion.

Whereupon the Chair appointed Messrs. *Bates, Dalby, Hatch, Taffe, and Vansandt*, who, after a short consultation, reported the following preamble and resolutions, which, upon due consideration, were unitedly adopted.

And on motion, it was unanimously

*Resolved*, That a copy of the report be presented to the *Dean* of the *Faculty*; and also that the Secretary report the proceedings to the Editors of the "*Eclectic Medical Journal*," for publication.

S. N. CALDWELL, *Ch'm.*

A. D. SKELLENGER, *Sec'y.*

#### COMMITTEE'S REPORT.

In consideration of the faithful performance of the several duties of the Professors of the E. M. Institute, the members of the class convened for expression of respect, gratitude, and friendship to those *veterans of Medical Reform*, who regard not the censure of the combined phalanx of organization, nor fear an excommunication from those surrounded by legal immunities; but who, being actuated by more lofty motives, place not their responsibility merely in man, but to the philanthropic cause of *Humanity* and to *God*, have left the iron fetters of *Hunkerism*, and are sounding long and loudly the trump of *Liberal Principles* and *Humanity*: Therefore, be it

*Resolved*, That the members of the Faculty of the *E. M. Institute*, by their unwearied exertions for the promotion of Truth—their kindness and attention—the affability and politeness which have associated in every act toward the class—the unbounded spirit of friendship manifested on every occasion, have endeared themselves to us by the strongest ties of friendship and respect.

*Resolved*, That while the major part of the class are numbered with *Eclectics*, yet they feel bound, by the true spirit of *Eclecticism*, to return their warmest thanks, gratitude, and esteem, to the incumbent of the Chair, who so kindly, with becoming dignity, expounded the principles and practice of *Homœopathy*, notwithstanding the many embarrassments appendaged thereunto.

*Resolved*, That Professors Rosa and Gatchell, by their assiduity for our improvement, their kindness and gentlemanly deportment, combined with their snavity and magnanimity, have *merited*, and *now receive*, an expression of our highest esteem.

J. C. BATES,	} <i>Committee.</i>
J. DALBY,	
B. F. HATCH,	
J. TAFFE,	
N. L. VANSANDT.	

## NEUROLOGY.

At the close of Prof. J. R. Buchanan's course of Neurological Lectures, a meeting of his class was called; and, having convened at the Hall of the Eclectic Medical Institute, on February 13th, Mr. Henry A. Warriner was appointed Chairman, and Mr. James W. Lusk Secretary.

The object of the meeting being expressed, on motion it was *Resolved*, That the Chair appoint a committee of five, to make a report and frame resolutions expressive of the sentiments of the class in regard to the Neurological Lectures, as recently delivered to them by Dr. Buchanan.

Messrs. A. D. Skellenger, D. H. Beckwith, J. Flattery, E. R. Tuller, and Z. Hollingsworth, were selected by the Chair for the purpose, and in due season submitted the following address and resolutions, which were unanimously adopted:

## ADDRESS.

Neurology, the term selected by Dr. Buchanan to embrace the mass of science which he teaches, has been used by physiological writers to designate the science of the nervous system. But, through his unwearied labors, it has come to embrace the whole nature of man, and the elements of universal philosophy.

He has demonstrated that in the nervous system are found the causes of all psychological and physiological manifestations—of all the varied display of intellection and emotion—of all the forces which regulate and control circulation and nutrition, secretion and excretion. In this system are included, also, not only the relations of nervous matter to mind and body, but the relations of mind and body to the universe.

The details of such a science can only be adverted to, not discussed, in a brief address. Developing, as it does, the actions and reactions of mind and body, in health and disease, unfolding the causes of all physiological phenomena, it cannot be too highly estimated by the physician. This science alone can afford a perfect basis for pathology and materia medica. To the friend of education, it presents the means of rendering mental and physical training harmonious to the nature of man—to the student of society and government, those eternal principles on which alone the social and political structures can permanently rest. The cultivator of the fine arts, the rhetorician, the painter, the sculptor, the poet, will all derive important aids, in their criticisms and creations, from this universal science. The student of Phrenology and the admirer of Mesmerism, will both find their favorite systems elucidated: the errors of the former exploded, and its foundations

enlarged—the delusions of the latter dispelled, and its truths referred to their true principles. In fine, no man, who loves the true, the useful—none, who admire the grand and profound, who aspire to the noble and elevated, but will find in this development of Neurology an ample sphere for searching thought, for gratified curiosity, and pure delight.

Deeply impressed, therefore, with the importance of Neurology, we would commend it to the readers of the Journal, and to the friends of truth and progress everywhere, as the only true science of Anthropology—as the only solution and exponent of the mysterious union between spirit and body—as the only index to the innumerable powers and susceptibilities thence resulting.

Anatomical structure may afford abundant evidence of Divine skill and wisdom in the adaptation of its complicated mechanism to known uses; but it does not of itself reveal to the most critical and accurate dissection the functions of its varied organs. Vivisections may torture the subject, and by its extensive lesions produce complicated actions which the operator cannot explain, but it can add little to the sum of accurate and useful knowledge. Mesmeric operators may astonish themselves and others by phenomena which they cannot explain. In Dr. Buchanan's system we find not only the philosophy of their experiments, but the means through the nervaura of greatly transcending in wonder, dignity, and practical importance, all Mesmeric results. Cranioscopy may develop valuable facts and principles relative to man; but it is necessary that Neurology should, by its direct and delicate experiments, its philosophical system of physiognomy, and its exposition of the relations between brain and body, lend its matchless aid to completing and establishing the science of man in all its various departments.

While, therefore, we gratefully accord distinguished honor to the labors of Gall and his coadjutors, we do at the same time regard the contributions which have been made to Anthropology by Dr. Buchanan, as far exceeding those of his predecessors. Direct experiments, after the Neurological method, on the uninjured brain of the waking, conscious subject, compelling a display of its powers, can alone develop fully the functions of this noblest organ. By this means, facts in physiology, apparently discordant, are readily harmonized, and laws previously unknown are clearly exhibited.

We have alluded to the practical nature of the principles thus ascertained. A single illustration of their therapeutical value will suffice. The brain is made up of antagonistic organs and functions. These antagonistic organs have corresponding antagonistic regions of the body, and disease of any region may be alleviated by proper impressions upon its antagonist.

Many of us, at the commencement of this series of lectures,

were skeptical as to the impressibility of the subject in the waking state; but we take pleasure in announcing that the remotest doubt is now dispelled. We have seen the subject deprived of muscular power—we have witnessed a great increase of his strength—we have seen any faculty of the mind heightened or subdued at pleasure. By excitement of appropriate regions of the brain, the subject has been convinced of the presence of spiritual beings—of heavenly messengers; he has been made to believe that he saw, heard, became, whatever he was told. We have personally performed many of the experiments set forth in the *Journal of Man*; and can testify, as can many in this city, who have witnessed our experiments in private circles, that the half has not yet been published to the world. Therefore,

*Resolved*, That since the *Journal of Man* is the only publication devoted to a true and comprehensive anthropology, we do most heartily recommend it to those of every class and profession who are the friends of this transcendent science.

*Resolved*, That since the Eclectic Medical Institute is the only institution in which this science is taught, we do most earnestly recommend to the young men of our country attendance upon the lectures of this Institute, that they may become fully instructed in its profoundest principles.

*Resolved*, In conclusion, that we render to Dr. Buchanan our unfeigned thanks for his indefatigable labors to promote medical and moral science, to elevate, refine, and liberalize his fellow man, and express our sincere wishes that he may enjoy health, happiness, and a long life of useful labor, trusting that Americans will not prove insensible to the grandest and most brilliant discoveries that have ever illuminated the human mind, or ungenerous toward their distinguished author.

H. A. WARRINER, *Ch'n.*

J. W. Lusk, *Sec'y.*

A. D. SKELLENGER,	} <i>Committee.</i>
D. H. BECKWITH,	
J. FLATTERY,	
E. R. TULLER,	
Z. HOLLINGSWORTH.	

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## A NEW WORK ON SURGERY.

We are happy in being able to inform our readers that Prof. HILL, of the *Eclectic Medical Institute*, has nearly completed a work on the *practice of surgery*, as well as operative surgery. It will embody all the improvements in the healing art, up to the present time. We are informed that the work will be a full, but

concise *practical* treatise, embracing all the surgical diseases and operations, in a volume of about five hundred large octavo pages, illustrated with a sufficient number of plates. It will be arranged both as a text book for students, and a guide for every-day reference in practice. It is not so voluminous as to be inconvenient, while it treats upon all the subjects with such minuteness of detail as cannot fail to render it a most valuable assistant and guide to the practitioner and student.

As there will necessarily be much in it which has not heretofore been found in our surgical authors, and as many *formulae* for compounds recommended will not be found in the books now in use, they will be published in this. A systematic work on the practice of surgery, as pursued by Eclectics, has long been wanting, as the improvements in that branch are more striking and peculiar than in any other; and we rejoice that one so competent, both by his minute knowledge of anatomy and practical skill in surgery, as Prof. Hill, has undertaken it, and has so nearly accomplished the task. Prof. H. has for several years past been collecting facts and materials, from all available sources, for the work, and now hopes to present it as early as the first of June next.

We hope our friends will embrace the earliest opportunity to procure copies of the work as soon as it is out. As it must necessarily involve a large expense, we hope a rapid sale of a work so much needed, filling, as it does, a vacuum in our medical literature, will soon reimburse to the Doctor the large expenditure, if not render him some reward for his arduous labors.

To get up a *new* work on surgery, embracing as it will so much that is entirely new to the great mass of the profession, and much that is quite peculiar to himself and Prof. Morrow, (whose extensive experience, as well as that of many other able practitioners, the author is favored with,) must of necessity involve great labors. Far different is it with those who compile from, or merely republish European works. But, notwithstanding the extraordinary labor and expense, we are informed that Dr. Hill designs putting the price no higher than that of Old School works of the same size. It will probably come at about three dollars—though, in order to get some aid in paying the expense of publishing, the Doctor proposes to make liberal discounts to all who will advance the money for copies of the work.

T. M. L.

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### ECLECTIC PRACTICE.

DEAR SIR:—In compliance with the recommendation of the Eclectic Medical Association, I have kept a regular list of cases treated by me during the year 1849, which you may publish or not, as you think best.

I have now been practicing medicine for eighteen years; and although I think I learn something every year, still if I could give a correct list of cases for the last ten or twelve years, I think it would not exhibit a greater mortality in proportion to the number treated than does this report.

I was not a little disappointed in not being able to attend the Convention. I long to see and shake by the hand my old friends and fellow laborers in the great and glorious cause of Medical Reform. I am, however, much gratified in hearing from you the assurance of your prosperity, and that you have a full and respectable class. I feel more and more confident that our cause will yet triumph, the efforts of Old Hunkerism to the contrary notwithstanding.

I hope you will be a little particular in selecting materials to build up and extend our cause throughout the community. We want men of firmness as well as intelligence—not only well qualified, but confident in their abilities. These milk and water young men are not the ones to stem the tide of opposition that will most assuredly meet them on their first commencement in the practice of medicine. Physicians of the Old School are not half so violent in their opposition as they were ten or fifteen years ago, and Eclectics are being multiplied throughout the country. Our principles are more generally known and appreciated; yet there are some that are so fearful of opposition, or of their own abilities, that they dare not stand straight, but are constantly wavering, and unsettled.

When I commenced practice, general blood-letting was resorted to much more frequently than at present: indeed, there are a great many Allopaths that do not think of resorting to it now, in cases where it was the *sine qua non* with them then. At that time, in cases of pleurisy and inflammation of the lungs, not only every physician, but every old woman, thought that the first and most necessary thing to be done, was to let blood. Therefore, in difficult cases, I had recourse to it, knowing that if they should die, I should have to bear the blame. I soon found, however, that it was not only unnecessary, but actually injurious. I therefore abandoned it entirely. I will farther state, that I have never lost a case of inflammation of the lungs or of pleurisy, since I commenced practice, (and I have had a great share of them,) and have not had recourse to blood-letting, either general or local, for the last ten years at least, in either of these complaints.

But to the report: From January 1, 1849, to January 1, 1850, I treated in all six hundred and ninety-three cases. Of these, there died, six. Of these, three were cases of consumption, who had been tampering with patent medicines or Allopathic physicians, or both, until they were far advanced before I was called. One was an old lady, with erysipelas; one, a case of croup, so far

gone when I got there that he lived but a few minutes; the other was a small and weakly child, with measles.

J. BEEMAN.

*Birmingham, January 1, 1850.*

N. B. In looking over my letter, I thought perhaps you might think I had reference to your training young men for the practice not being sufficiently thorough; but that is far from being the case. Situated as I have been, I have had an opportunity of becoming acquainted with every kind of physicians, and I think I can safely say, that the graduates of the Eclectic College appear to have had as thorough a course of training, to say the least, as those of any medical college in the Union. It was the natural qualifications of which I was speaking.

J. B.

### COLLODION, OR LIQUID CUTICLE.

A SHORT description of this substance and its uses may not be altogether uninteresting to the public, being a highly important discovery, inasmuch as it forms an adhesive plaster, much preferable to all the ordinary adhesive plasters. It was discovered about the middle of the year 1848, by Messrs. Maynard & Bigelow, of Boston; but still, notwithstanding it is an American discovery, the public generally seem to be quite unacquainted with this valuable substance, which has now become almost indispensable in many cases.

Collodion is an ethereal solution of exploding cotton, which, being spread upon linen or skin, and applied as a plaster, will not only isolate organic parts from the atmosphere better than any other means, but will also render a suture superfluous, inasmuch as it is not affected by dampness, and presses on the skin with a strength far surpassing that of the very best adhesive plasters. This solution received the name of Collodion, and it was not long before many articles in its praise appeared in the English journals, from Simpson and others, who noticed its physical qualities and the happy results produced by them, not only upon fresh sores, but upon ulcers of long standing, etc. On the Continent, it seemed to be more difficult, on first introducing it, to convince scientific men of its real worth; indeed, in Paris they were on the point of pronouncing it a mystery which they could not solve, as it at first seemed impossible to dissolve the cotton in ether. In the meantime, the well known chemist, Mialhi, after a number of fruitless experiments, finally succeeded in preparing it. After this, it was introduced into the hospitals in Paris, and used by Malgaigne and several others, not only as a plaster to unite fresh sores, but they also pencilled the edges of such sores with it, in order to effect the complete exclusion of the atmosphere, after the edges of the sores had become united, and the result was so satisfactory as to fully justify the praise bestowed upon it by the American journals. An

important advantage in the application of Collodion, is its being perfectly insoluble by dampness, so that it neither can loosen by water nor lymph which separate it from the covered part. Neither can it be dissolved in alcohol; and if the circumference of the sore be, under the operation of dressing, soiled by Collodion, neither oil, soap, nor ammoniac will remove it from the skin. When spread on the skin, it quickly forms a thin transparent membrane, sufficiently tenacious to keep the edges of small sores perfectly united; thus making the use of the proper Collodion plaster superfluous. But such a membrane cannot of course be removed by washing; and if in dressing the sore, any of the Collodion adheres to the fingers, it cannot be removed except by concentrated vinegar or ether. It is evidently an advantage of no little importance that cold fomentations can be applied to a sore without the small strips which confine the plaster becoming loose. Troschel has fomented a wounded hand with water and lead water, for six days in succession, without the confining strips of Collodion becoming loose. If they are allowed to remain on a sore which is not bathed, they will continue to adhere extremely well for four days with certainty, even if the part underneath should become swollen; but at the expiration of that time, they loosen—probably owing to the loosening of the epidermis, or scarf skin.

Although Collodion is so recently discovered, we have already many proofs of its healing powers; and it is evident that these are in a great measure dependent upon its physical qualities, which undoubtedly make it far preferable to any other plaster, for the complete isolation of any required part. In England, the application of it to ulcers of long standing has been found very beneficial. Passer, of Berlin, has even healed chancres in an incredibly short time, by pencilling them with Collodion; but it must be observed that it was applied after the sores had been previously cleansed by the use of caustics, so that atony or debility only retarded their healing. Wilson, of London, has applied it to eruptions of the skin, with considerable success, and others have been very successful in applying it to burns in the third degree. But one of its most important uses is its application to sore nipples, forming a new cuticle around the nipple, thereby enabling the mother to continue suckling her child, which would otherwise have been too painful. It has even been used as a bandage, instead of starch, in cases of fracture; but it seems particularly adapted to finer and more delicate bandages—for instance, after plastic operations, and to pencil the fissure of the eye-lids, to keep the eyes closed after operations upon them. This can of course be quite as well done by this method as by the ordinary confining strips of plaster; thereby gaining several advantages—for instance, that of being able to apply cold fomentations, and of dispensing with heating bandages. Experiments have also been successfully made to combine Collodion with other medicines. Mr. Simon, an apothecary of Berlin,

prepared Collodion Cantharidate, which operated on the skin like *emplastrum vesicatorium*, or blister. On spreading this composition on the skin, it forms a perfect varnish, which in a short time causes the epidermis to rise like an ordinary vesicatorium. As it dries incredibly quick, the application is very easily made, and it can be readily seen that it is easier to limit the operation of the blister to any particular part by this method, than with the ordinary cantharides plaster, and an evident advantage is, its being impossible for the uneasy patient to tear it off. Collodion, properly prepared, has the appearance of a thick mucilaginous substance, with the smell and taste of ether. If it become sour in reaction, it is not properly prepared, as in such a case, *acetum vini* has been used instead of ether, or else it has not been well washed. The Collodion of commerce is not generally well prepared; consequently, it does not produce the desired effect, being too thin and easily washed away.

E. PAOLI, M. D.

Cincinnati, March 6, 1850.

[The Collodion or Liquid Cuticle, prepared by Paoli & Co., druggists, 308 Main street, is sold wholesale for \$1.50 per dozen ounce bottles.]

## REMARKS ON THE USE OF REVELLANTS, &c.

SCARCELY any knowledge is given us of this class of agents by systematic authorities, except that some are rubefacients, others vesicant, cauterant, &c., and that they are applicable in cases where the practitioner wishes to divert inordinate organic action from a more to a less vital organ. However valuable this knowledge may be, yet it is undoubtedly of minor importance compared with the knowledge of their specific action on the general system; for no one will deny that they are absorbed, and if they possess any medicinal properties, they will exert their influences. I need only refer to the action of cantharides, antimony, tobacco, &c., &c., in proof of this. But while such evils result from the indiscriminate use of them, we witness revolutions effected in diseased constitutions, which were beyond the reach of any other remedial agents, by the skilful prescription of those whose medical properties would exert a specific influence on the case.

Recent Neurological experiments have demonstrated the fact, that absorption from the surface takes place much more readily and generally than we were taught to believe by the old crude notions of absorption. Consequently, without discrimination more minute than is generally practiced, great mischief may be done, or, at least, all good effects resulting from the diversion of morbid excitement may be counteracted, by the specific influence of the agent used. On the other hand, attention to these facts will enable the practitioner to prescribe with much more certainty of securing their good effects, far beyond that of counter-irritation. S. E. P.

## Part 2.---Miscellaneous Selections.

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### ON THE NUTRITIVE PROPERTIES OF FISH OIL.

BY ROBERT DRUITT, LONDON.

OF the virtues of cod-liver oil there can be now no question;—and it seems capable of doing two things. In the first place it fattens, and adds to the bulk of the body; and, in the second place, it gives nutrition a better turn as it were: it makes the fluids and solids healthier as well as bulkier, and enables them to throw off a variety of cachectic derangements. These useful qualities have been partially accounted for on the supposition that they are due to a minute quantity of some biliary principle contained in the oil. This supposition seemed to me extremely improbable, especially on considering the numerous adulterations to which the oil was liable; and accordingly I determined on making a few experiments on the subject, the results of which follow.

For this purpose I applied to my oilman for some specimens of the purest and sweetest lamp oil, and procured several varieties of whale and seal oil, decidedly fishy and rank in flavor, but not rancid or oxydized or putrescent. In fact, the flavor of the oil commonly called “southern oil,” the produce of the black whale, which I chiefly employed, is not disagreeable to any one who is free from fancies on the subject; and if mixed with three or four parts of almond oil, is not a whit more offensive to the taste than the common *oleum jecoris aselli*.

Case I. and II.—Two brothers, S., aged 3 and 5, flabby pasty children, each suffering from pustular eruption on the head and face. A wound made on the head of one of them a week since had degenerated into a flabby sore. No deficiency of food. Both took a tea-spoonful of seal oil three times a day in lemonade. Their mother reports that they were excessively fond of their medicine; they took it for a fortnight, when the skin of each was quite healthy, and complexion clear.

III.—J. W., a pale, unhealthy child, aged 2½ years; subject to pustular eruptions on the face. Cured by the same dose of southern oil, thrice daily for a week. Cured far more readily than on former occasions by calomel. Likes the oil extremely.

IV.—J. L., a miserable child; glands in neck greatly enlarged; purulent discharge from ears; abdomen swelled and hard. This child got better under the use of seal oil, but did not take it regularly enough to make the case of any value.

V.—J. E., aged 2, subject to skin diseases from birth; his mother had syphilis; his complexion peculiarly pasty and sallow. Took southern oil in the above doses for a month. Greatly improved in flesh and complexion; but at the end of the course had an attack of eczema in the arms.

VI.—W., æt. 30; subject to sciatica. Took the southern oil; is certain that it has done him much good.

VII.—J. W., æt. 38. Was largely bled for acute rheumatism a twelvemonth since. Has never recovered flesh or strength, and is racked with pains in the back and shoulders. Took cod-liver oil for a month with benefit last May; left it off during the summer; became thinner and weaker. Took southern oil in the dose of two drachms thrice daily for three weeks; likes it much; feels stronger, and looks as decidedly fatter and better in condition as he did from the cod-liver oil.

VIII.—Mrs. P. suffered from puerperal mania whilst suckling, last autumn; has continued anemic and despondent: has taken every form of mineral and vegetable tonic with temporary benefit. Took southern oil for three weeks; is unmistakably plumper, clearer in complexion, and in better spirits.

IX.—J. M., a sallow child, æt. 4, took the southern oil for a week, for impetiginous eruptions on the face and legs. The improvement in flesh and clearness of complexion was extraordinary, and the eruption nearly disappeared.

These few cases do not prove much; but, so far as they go are satisfactory. No one who had seen the children above mentioned before and after their course of oil, could doubt that a most beneficial change had been wrought by something. The great delight which the little wretches took in their dose is another point worth noticing. I would therefore suggest, that it is well worth while to make a fair experiment on a large scale, to determine whether it is fish oil in general that does good, or only the oil of the cod's liver. If, as I believe, almost any kind of fish oil will answer the purpose, then many of the poor will be able to use the cheaper kinds, who could not afford the nicer, but more costly cod-liver oil.—*Lond. Med. Gaz.*

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CATAPLASMS.—As a means of soothing pain and allaying local irritation, cataplasms, composed of various substances, have long been used, both in and out of the profession. Applied when warm and soft, they act as a kind of local bath, and favor cutaneous transpiration and reduce excitement. Our object in alluding to this simple, but often important means in the treatment of disease, is to call the attention of the *practitioner* to the onion *poultice*, as an excellent application over the epigastrium, in cases of obstinate bilious vomiting, often witnessed in some of our autumnal fevers,

and in the irritable stomach of the dissipated. A correspondent, writing to us from Alabama, states that a case of obstinate *bilious vomiting* of several days' continuance, in despite of all the remedies used, promptly yielded to "a poultice made of raw onions, large enough to cover the entire epigastric region; at the same time he gave internally some of the juice of the vegetable." He adds, "in the course of a few hours it acted like a charm—it arrested the nausea and vomiting, which had been so obstinate and distressing to the patient for several days." He concludes by stating that the same means had been equally successful in his hands in several similar cases.—*N. O. Med. and Surg. Jour.*

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**NEW REMEDY FOR HYDROPHOBIA.**—M. Rocher d'Hericourt, who has lately returned from a journey in Abyssinia, has brought with him manuscripts of great literary value, and has collected all the facts calculated to throw light on geology, mineralogy, botany, and other branches of science. He has likewise brought with him numerous specimens of a plant, the root of which, reduced to powder, is a cure for hydrophobia, both in men and animals. Of its virtues, M. d'Hericourt had practical proofs. Four dogs and a man having been bitten by a mad dog, they were, by the application of this remedy cured of the hydrophobia which ensued; whilst the fourth dog, (bitten at the same time, by the same animal,) to which the remedy was not applied, perished in all the agony of that terrible disease. The virtue of the plant, and the manner of preparing it for use, were explained to the traveler by a potentate of the country, who assured him that it was there generally used, and never failed. The specimens brought over by M. d'Hericourt have been submitted to the Academy of Sciences of Paris, and a committee has been appointed to test their efficacy.—*Lancet.*

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**SUGAR AS AN ANTI-APHRODISIAC.**—Dr. Provencal, former *chef de clinique* of the medical school of Montpellier, thus speaks of this remedy. Sugar, in large doses, in a hygienic point of view, is, according to my experience, the most powerful medicament that can be administered as anti-aphrodisiac. Camphor, by its prompt and instantaneous action, has, up to the present time, occupied the first rank, and it is with great justice that it has been considered the antidote of cantharides, which is pre-eminently the aphrodisiac remedy.

Experience has proved to me that sugar in large doses is a truly powerful aliment and medicine, being greatly superior to camphor, since it unites the double property of paralyzing, as a medicine,

the venereal ardor, and of repairing, as an aliment, its unpleasant consequences. The dose of sugar is one pound a day, dissolved in a quart of water, milk, or wine, and taken at meals. In cases of masturbation, seminal losses, as well as in all cases of feebleness, wherever, in a word, it is necessary to repair the forces for which water and milk would be inadequate, I administer it in wine.

In cases of general irritability of the system, as is frequently observed among members of religious bodies, and in cases of priapism, I prescribe the sugar dissolved in cold water; finally, in cases of excitation or irritation of the sexual organs, complicated with irritation of the lungs, the sugar is given in milk, or lukewarm ptisan of barley, if the milk prove difficult of digestion.—*Gaz. de Hop.*

**TOPICAL TREATMENT OF THE RESPIRATORY PASSAGES.**—(*Read before the Suffolk District Medical Society by Geo. Bartlett, M. D.*)—There are many instances, also, of acute disturbance of function in the respiratory passages unaccompanied with organic change, which well reward the application of local remedies. Some of these are trivial in their character, and some very grave. Why should not these be treated as if they were on the external surface? If the eye, or the nose, or the rectum, or urethra, is the seat of disorder, and we can see any physical change that may cause or continue the evil, we do not keep our hands off and allow disorganization, perhaps, to go on, while the patient is swallowing drugs. To be consistent, the same local remedies should be applied to the earliest indications of physical change in the throat. With a little pains-taking, these may readily be brought within sight in very many instances, and in all, the eye or the ear are pretty sure guides for discovering their presence. Remembering that nicety in function in any organ does not necessarily imply intolerance of interference when that function is disturbed, and that experience has shown that the animal sensibility of the respiratory passages is not very exalted, why is not topical medication as appropriate practice on one surface as another?

Among the indispensable requisites for success in the treatment under consideration, is a long perseverance on the part of both patient and physician, to which should be joined, on the part of the latter, a ready familiarity with a large number of different remedial substances. By too general consent, nitrate of silver has almost exclusively been relied upon; while, in addition to the already well-known escharotics, alteratives, and narcotics, modern chemistry has furnished us with many new agents of nearly untried efficacy in surgical practice.

To avoid monopolizing the Society's time, the natural history and pathology of the disorders of the air passages have been purposely omitted. Looked at from simply the practical point of

view, the following deductions seem to be justified by our present state of knowledge.

1. That no good reason can be given why disease of the respiratory passages, manifest to the eye, should not be treated on the same principle as analogous morbid changes on the external surface.

2. That disease in these passages is not rare, but frequent; and is as often the cause as it is the consequence of tuberculous development.

3. That the benefit of topical treatment is by no means confined to chronic cases—acute affections yielding to it more promptly and surely than to any other.

4. That cough, hoarseness, loss of voice, &c., whether accompanied with incurable disease of the lungs or not, should be treated topically; if not with the expectation of saving life, at least of prolonging it, and with a certainty of diminishing suffering.

4. The nitrate of silver is not a universal remedy—other substances frequently possessing the same superiority over it, when applied to the internal surfaces, that they do when used externally.  
—*Bost. Med. and Surg. Jour.*

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COMPRESSION OF THE AORTA IN UTERINE HEMORRHAGE.—The application of arterial pressure to arrest formidable uterine hemorrhage, is not presented here as a novelty. The merit of its introduction is probably due to the veteran Baudelcoque; after him, it was adopted and recommended by Chailly; while the practice has been further confirmed by cases presented to the notice of the profession by Mr. Pretty, J. D. Brown, and many others. Still its adoption has not been in proportion to its merits; and in circumstances where it might have afforded timely succor, doubtful and hazardous experiments have often been resorted to, attended with confusion to the accoucheur and peril to the patient. It has been my reliance in numerous instances during the past six years, and with so happy results, that I have come to regard any degree of *post partum* hemorrhage so easily controlled, as to constitute an action of no very grave moment. It is a resort at once safe, practicable, and efficient. Even when the stomach will readily tolerate ergot, and every other ordinary means can be made subservient, there is often an interval before their efficient operation can be obtained, when the patient's life is momentarily endangered by delay. At this critical juncture, compression of the aorta can be brought to bear with signal advantage, while it will not embarrass, but rather assist the ordinary efforts of both nature and art toward an favorable issue. We should by no means neglect the usual appliances at hand; but are at liberty, especially if the services of a reliable assistant are at command, to resort to the application of cold, associated with manual compression of the uterine

tumor. By this means, the patient's life is placed beyond jeopardy for the instant, and an extension of time is gained, in which to induce that fixed contraction, short of which no attendant could abandon his charge with any degree of intelligent satisfaction and composure.

Neither in such cases should aim be barely to save life from the extremity of peril. There is a degree of hemorrhage, graduated by individual circumstances, beyond which it should be considered a calamity for our patients to succumb. The shock to the system produced by extreme depletion, frequently saps the foundations of health and vigor, and opens avenues for the approach of some insidious and deadly mischief.

In relation to the *modus operandi*, the aorta should be compressed in the umbilical region just before its iliac bifurcation. At this point, after the partial descent of the uterus, there is seldom any intervening obstacle; the parietes of the abdomen lie near the spine, and readily yield on account of their flaccidity; and should any portion of intestine happen to be floating in the way, it readily eludes the touch, and the hand is at once upon the aorta strongly pulsating, and feeling under the finger like a large whip-cord. The pulsations can be readily controlled by firm, steady, and not very forcible pressure; and this can be brought to bear with the greatest facility by a thumb and one finger, or any two fingers, so placed in juxtaposition as to bring the triangular space formed at their extremities to fit over the artery like a saddle, and by this means prevent it rolling from the grasp, as it is liable to do without some such precaution.

The demand for this arterial compression will of course be proportioned to the intensity of the hemorrhage and the condition of the patient; but in the event of flooding, however sudden or appalling, I believe the physician has here at ready command the key that may infallibly and safely check the flow of the vital current.—*Communicated for the Boston Med. and Surg. Jour.* Robert Crane, M. D., Middlebury, Conn., Nov. 20, 1849.

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NASAL HEMORRHAGE.—There are few physicians who have not occasionally been annoyed by the difficulty with which nasal hemorrhage is arrested. An old ship-master communicated to me a method, which shows that the artery furnishing the supply of blood can be perfectly compressed at the root of the upper incisor teeth. His process was to roll up a piece of paper and place it under the upper lip. The first opportunity I had of trying it was a case of profuse hemorrhage from a fall, which had persisted four days, notwithstanding repeated plugging of the nostrils, and the patient had become almost exsanguine. In this case the front teeth of the patient were wanting, and I applied the pressure by tying a knot in a bandage, which I placed on the upper lip so as to

make pressure immediately at the root of the septum narium, and tied the bandage around the head above the ears. The hemorrhage was immediately and permanently arrested. On mentioning the subject to several of my medical friends, I found the practice was new to them all, and I therefore communicate it for the benefit of the profession.—*Communicated for the Boston Med. and Surg. Jour. by Samuel R. Smith, Tompkinsville, Staten Island, N. Y., Oct. 15, 1849.*

ORIGIN OF MOLES.—My object on the present occasion is to call the attention of the profession to the very frequent occurrence of moles in connection with *protracted lactation*. Can it be a mere coincidence of circumstances? I think not. It is freely admitted that we sometimes meet with them under other and different circumstances, yet if my observation is correct, a very large majority of the cases occur in connection with, and, as I believe, under the influence of unnecessarily prolonged nursing. To illustrate my precise meaning: A woman gives birth to a child which she nurses for ten or twelve months, and during this period the secretion of milk exerts so potent an influence on the uterus, that the catamenia does not appear. But, if I may be allowed the expression, the uterus refuses to remain dormant any longer, and the menstrual flux once more occurs with its wonted periodicity. The nursing is continued, and often continued for no other purpose than the prevention of conception; but the object is in part frustrated, for under these circumstances, conception does frequently take place. And, I may ask, how very often does conception under such circumstances prove an imperfect, blighted, or false conception? Might we not anticipate such a result; for, although it may still be alleged that conception does not take place in the uterus, yet all perhaps agree that a vigorous and healthy condition of that organ is generally a necessary prerequisite to the development of a healthy fetus.

In a period of eighteen years, during which time I have been engaged in the practice of medicine, quite a considerable number of cases of mole, or false conception, have fallen under my observation; and without hesitation I assert, that a large majority of the whole number have occurred in females who continued to nurse their children after the re-establishment of the catamenia, and in whom this function was not re-established for ten or twelve months after the birth of their children. I have recently solicited the opinion of several of my medical friends whose opportunities for observing have been quite ample. Some of them are satisfied of the correctness of my opinion; others have not paid sufficient attention to the attendant circumstances of their cases to speak definitely on the subject.—*Communicated for the West. Jour. of Sur. and Med. by Thomas Lipscomb, Shelbyville, Tenn.*

## Part 4--Editorial.

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### MEDICAL SCHOOLS—BEGINNING OF THE REVOLUTION.

SINCE the Eclectic Medical Institute of Cincinnati has attained a prominent rank among the Medical Colleges of America, five other schools have been chartered, aiming to carry out similar principles. During the past winter, two of these have held their first session—one at Syracuse, N. Y., and the other at Memphis, Tenn. The Eclectic Medical Institute chartered by the Legislature of Indiana has not, we believe, as yet been organized for operation. The Philadelphia school, entitled "Eclectic Medical College of Pennsylvania," has already been organized by the appointment of a Faculty consisting of THOMAS COOKE, M. D., Professor of Theory and Practice of Medicine; WM. F. SMITH, M. D. Professor of Surgery; JOSEPH SITES, M. D., Professor of Obstetrics and Diseases of Women and Children; JOHN T. WALSH, M. D., Professor of Anatomy and Physiology; HENRY HOLLENBACH, M. D., Professor of Materia Medica and Therapeutics; and FRANKLIN STEWART, M. D., Professor of Medical Chemistry. We believe the charter of the school was obtained without any difficulty, and we trust its career will be one of usefulness and honor. We regret that we have but little acquaintance at present with the merits of the Faculty, their names being generally unfamiliar.

The Legislature of Kentucky has chartered a new school, under the title of "*American Reformed Medical Institute of Louisville.*" This is somewhat remarkable, when we reflect that a party of Old School physicians has been laboring for years to obtain a charter for another medical school at Louisville, but without success. The superior success of the Reformers in procuring a charter, presages well for their future career. We believe the Faculty of the new school is not yet organized, but we understand that an ex-professor of the Eclectic Medical Institute of Cincin-

nati, together with some of its graduates, are engaged in the movement and will occupy chairs.

To all who would undertake the arduous labor of establishing new schools, we would offer our welcome to the toilsome undertaking. The laborers are worthy of their compensation; and whatever they can carve out for themselves, from the strong ramparts of Hunkerism, in Philadelphia, Louisville, &c., will be a just reward as well as a public benefit, by "enlarging the area of freedom" in medicine.

The only evil to be apprehended from the spread of Eclectic institutions is, that the necessity of procuring a large number of professors may compel the election of individuals to professorial chairs who have not the requisite abilities, learning, age, experience, and capacity for instruction. The duties of a medical school require talents very decidedly above mediocrity, thorough literary and professional attainments, efficiency in teaching, and a capacity for original investigation, as well as for the acquisition of learning. We apprehend that in the present stage of our progress, all of these qualities are not to be expected in every case. We must make the best of our incipient condition, and tolerate a few imperfections; but as every year will increase the resources of scholarship and talent in the Eclectic ranks, any who may prove upon trial unsuited to the peculiar vocation of a medical professor, will, doubtless, in accordance with the general wishes of the profession, give way to more acceptable teachers; and thus we trust the day is not far distant when all that we can desire will be realized, not only in the general character of our schools, but in their means of usefulness. The state legislatures and city governments should be prompted everywhere to lend a helping hand, in providing libraries, apparatus, buildings, &c., until our Eclectic schools occupy, in all respects, the front rank of the profession. We hope that none who engage in these enterprises will enter upon them with any other view than that of rendering Eclectic Medical Reform the dominant system of America, pre-eminent not only in practical utility, but in the learning, talent, skill, and eloquence of its teachers, the amplitude of its colleges, the numbers and intellectual character of its pupils.

We trust it will not be long before the tide of patronage flowing through the channels of Hunkerism will find another course. At

the recent commencement, two hundred and eleven received the degree of M. D. at the Jefferson Medical College in Philadelphia, of whom sixty-two were Virginians. One hundred and thirteen were graduated in Louisville. The Medical College of Ohio had about the same number of graduates as the E. M. Institute. The Legislature has a bill in progress to reorganize the Faculty of the Medical College of Ohio. It is doubtless a good measure, for the Faculty are very hostile to its passage.

The Philadelphia Evening Bulletin says: "The first public commencement of the Homœopathic Medical College of Pennsylvania took place last week at the Musical Fund Hall, Philadelphia, in presence of an audience, the brilliancy of which was the subject of conversation by all present. The weather could hardly have been more favorable; and no medical commencement in Philadelphia was ever more honored. There were twenty graduates. The college building is located in Filbert street, above Eleventh—the edifice formerly occupied by the Pennsylvania Medical College."

This seems to indicate that the popular sympathies in Philadelphia are not altogether in the orthodox channels. Speaking of commencements, we do not believe that any such occasions in our country have passed off with greater eclat or more animated interest in the large and intelligent audience, than the recent commencement of the E. M. Institute.—B.

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### MEDICAL EDUCATION.

In our last number we urged upon our readers the vast importance of securing a sufficient number of medical students of superior capacity and moral worth to swell the ranks of medical reform. Another matter which we hope will also attract the attention of Eclectic practitioners is the necessity of a high standard of medical attainments.

An effort has been made by the medical profession to enlarge the course of study, and elevate the requirements of graduation. The University of Pennsylvania has boldly taken the lead in the extension of its lecture term, and several other colleges have adopted a similar course. May we not hope that a similar spirit will animate the ranks of reformers, and that medical students will be deeply

impressed by their teachers with the necessity of going through a thorough and extensive course of instruction, instead of hurrying, with feverish haste, to practice. The following extract from the report of the medical department of the University of Pennsylvania for 1849, is worthy of attention:

"In relation to the future, the Faculty would be true neither to themselves nor to the profession, were they to draw back from the course of advancement upon which they have entered. At the last two sessions, the regular period of instruction was five months and a half. At the next session, they propose to extend it to six months; the period which they deem most conducive to the true interest of the student, and which the American Medical Association has recognized as the standard to be aimed at by the schools. As three years of study and attendance upon two courses of lectures in the schools are required of the candidate, it is thus seen that two-thirds of the whole term are to be devoted to private study, and only one-third to scholastic instruction. It appears to the Faculty that no one, familiar with the vast amount of various knowledge which it is now necessary to impart to the student, can consider the latter period disproportionately long. Either our forefathers must have erred greatly in exacting from the pupil an attendance for four months, when the number of branches separately taught and the amount of instruction given were much less than at present, or we ourselves would assuredly be wrong in crowding the increased matter into the same space of time. The four months system was adapted to the infant condition of the country, and a certainly less mature state of the science than now exists; and to allow ourselves to be hampered by regulations suited to former times, would be to stand still while everything is advancing around us, and thus relatively to retrograde.

"Another point upon which the Faculty feel no little solicitude, is the due preliminary education of the student. The desirableness of such an education, as well for the habit of study which it establishes as for the knowledge acquired, is denied by no one; and the only question is how far it can be demanded as an essential prerequisite to graduation. The Faculty do not despair of seeing the time arrive when this requisition may be made by the schools; but the object is one rather to be kept constantly in view, and to be attained gradually, than to be accomplished at once by positive regulation. In this matter the profession must co-operate with the schools. There must be a general conviction in the medical community of the necessity of the measure; and the first barrier against the intrusion of ignorance into the profession must be at the door of the private office. When public professional opinion shall have become so enlightened and influential as to produce a general attention to this point, the schools may then step in, and

make the requisition positive and universal. In the meantime, they may aid materially in the attainment of the end proposed, by lending their countenance to the principle involved on all suitable occasions; and the Faculty, in order to perform their own part, earnestly request that each pupil may bring with him a certificate from his preceptor, stating the length of study and the possession of a due preliminary education when ascertained."—B.

**THE HOSPITAL BILL.**—The bill to divide equally the privileges of the Commercial Hospital of this city, was passed through the Senate by a vote of twenty-one to ten. It was then introduced into the House of Representatives, near the close of the session, when a number of its friends had left, and the vote was taken with barely a quorum in the House, (forty-eight members,) which resulted, on the motion for indefinite postponement, in thirty-four ayes and fourteen noes. Thus justice has been postponed another year, partly in consequence of the unusual exertions of its opponents, and partly in consequence of the absence of its friends, but mainly in consequence of the *Botanico-Medical* incumbrance upon the progress of reform. The bill, as first introduced, proposed to divide the Hospital equally between the Ohio Medical College and the Eclectic Medical Institute; but, unfortunately, at the instance of the Botanico-Medical Faculty, the name of their institution was introduced and connected with that of the Eclectic Medical Institute, without the knowledge of the Faculty of the Institute, and thus many of the strongest supporters of the bill were driven into opposition. The error was detected only when too late to retrieve it. Thus has the cause of scientific medical reform been injured by the factious division which has maintained an unsuccessful opposition to the Old School in this city, and has weakened the force of medical reform throughout our country, by refusing to co-operate with laudable enterprises; and by establishing schools which cannot command public confidence. These things, however, must come to an end; for there is no just foundation for such a movement, and it is everywhere languishing. The school at Memphis, which hoisted the flag of "*Thomson Steam Reform*" in opposition to the Eclectic movement, has had, we have been informed, but fifteen or twenty students last session, and it is quite probable that it will end like the abortion in Virginia, by dying a natural death.—B.

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## Part 1.---Miscellaneous Selections.

STATE LAWS RESPECTING THE PRACTICE OF  
MEDICINE.

[From the extended and valuable Report of the Committee on Medical Education, presented at the last meeting of the American Medical Association, and just published in its transactions, we copy the following statement respecting the laws which are at present in force, in the different States of the Union, in regard to the practice of medicine.]

1. *Maine*.—Formerly, none but regularly licensed physicians, could collect their dues; several years since, however, the law was repealed, and the field is now open to all.

2. *New Hampshire*.—The State laws of New Hampshire do not require any license. There are no laws on the subject of medicine.

3. *Vermont*.—The State laws require no license. A law was passed in 1821, requiring the M. D. or A. B. degree, but it was repealed in 1838.

4. *Massachusetts*.—No laws in force at the present time. In 1818-19, an act was passed "to regulate the Practice of Physic and Surgery;" but when the statutes of the State were revised, this act was omitted, "in accordance with the wishes of the greater part of the State Medical Society."

5. *Rhode Island*.—"The Legislature has done nothing for the suppression of quackery." There are no laws on the subject.

6. *Connecticut*.—The Legislature, several years since, repealed the law requiring a license for the legal collection of fees—thus virtually licensing all practitioners. The State Medical Society admits to membership only such as have the diploma of M. D., or the legal license.

7. *New York*.—No restrictions since 1844, when the law was repealed. All persons, now, have the right to practice and recover compensation for services.

8. *New Jersey*.—Laws have been in force since the incorporation of the State Medical Society, in 1846, and the Society still retains the power of licensing, under a revised law of 1830—sections 12 and 14 of which read thus: "*And be it enacted*, that no person shall commence the practice of physic and surgery within this State, until he shall have passed an examination and received a diploma from the Medical Society of New Jersey, established as aforesaid; and if any person shall practice as a physician or surgeon, without first having obtained a license for that purpose, (who was not a respectable practitioner without a license, previous to the passage of the act of 1816,) he shall forfeit and pay, for every prescription, the sum of twenty-five dollars, to be recovered with costs of suit," &c., &c.; (in the usual manner;) "and it is hereby made the duty of the District Society, in any county where the penalty shall be incurred, to prosecute the same. *And further*, if any person shall so practice contrary to the provisions of this act, he shall forever thereafter be disqualified from collecting any debts incurred by such practice, in any court in this State.

"*And be it enacted*, That this law shall be so construed as to prevent all irregular-bred pretenders to the healing art, under the names or titles of Practical Botanist, Root, or Indian Doctor, or any other name or title, involving quackery of any species, from practicing their deceptions, and imposing upon the ignorance and credulity of their fellow-citizens; and if any person shall attempt so to practice, in any of the counties of this State, he shall be considered an illegal practitioner, and subject to all the penalties contained in the twelfth section of this act; and it is hereby made the duty of the overseers of the poor of any township, where such offenders may reside, as well as the duty of the District Societies, to prosecute to conviction all such offences against the laws and well-being of the people of this State."

The by-laws of the Medical Society of New Jersey require that the candidate for a license to practice shall be "of sound mind, moral and temperate habits, and twenty-one years of age." He shall satisfy the censors to whom he applies for examination, and it is made their duty to require full and satisfactory evidence, by certificate, "that he has studied with a regularly licensed physician or surgeon for four years, and attended at least one full

course of medical lectures in some respectable college or university. But if he has obtained an academical diploma, then three years' study, including a course of lectures, shall be sufficient."

"The censors"—they are four in number—"being satisfied with the testimonials required, shall proceed to examine the applicant or applicants, carefully and impartially, on the subjects of *Materia Medica*, Pharmacy, Chemistry, Anatomy, Surgery, the Practice of Physic, and Midwifery." A vote is then taken by ballot; and if three out of the four censors are satisfied, the candidate receives a certificate which must bear the signatures of the examiners. This is presented to the President of the Society, who thereupon issues a diploma or license. All persons who have not pursued their studies in the State, and desire to practice there, must submit to the examinations, and pursue the course just described.

9. *Pennsylvania*.—There have never been any laws regulating the practice of medicine and surgery—any one may engage in practice, and recover his fees.

10. *Delaware*.—Dr. Couper, in his report of the number of medical practitioners in this State, rendered to the Association at its last meeting,\* says: "Under the general law regulating the practice of medicine and surgery in the State of Delaware, every practitioner is required to take out the license of the State. The graduates of any respectable medical school, and such other persons as shall sustain a satisfactory examination before the Medical Board of Examiners, are entitled to this license, on the payment of a fee of ten dollars. But under special acts of the Legislature, passed since the date of the general law, Homœopaths and Thomsonians are permitted to practice without diplomas, and without the payment of a fee."

11. *Maryland*.—No laws now in force. From 1798 up to 1838, the Medical and Chirurgical Faculty of the State was authorized to elect a Board of Examiners for the State, whose duty it was to grant licenses to those whom they found competent. The penalty of practicing without this license was fifty dollars for each offence. The law was rendered nugatory by the passage, in 1838, of the following act:

"Be it enacted by the State of Maryland, that, from and after the passage of this act, it may and shall be lawful for each and every person, being a citizen of this State, to charge and receive compensation for their services and medicines, in the same manner as physicians are now permitted to do."

A highly intelligent physician of the State, in writing to the

\* *Transactions Am. Medical Association*, vol. i. p. 365.

committee of the Monroe County (N. Y.) Medical Society, makes use of the following language :

"During the whole time that we had a medical law, the community were protected from open quackery, and many valuable lives were saved in consequence; but since the repeal, quackery has been carried on in all its forms, and many of our citizens have been humbugged to death by their mal-practice. I think the law protecting the community ought not to have been repealed."

12. *District of Columbia*.—The general government has protected the District of Columbia from the imposition of quackery. "A medical society, incorporated by act of Congress, confers a license on such as have graduated at a medical school, or on such, as may, without graduation, sustain a good examination before the 'examiners' of the society. No one can recover fees by process of law, except a licentiate of this society."

13. *Virginia*.—There is no law in this State regulating the practice of physic and surgery—consequently none prohibiting quackery; nor has any law ever been enacted, imposing penalties or disabilities upon the quack.

"No license for practicing medicine and surgery is required by the laws of Virginia. Practitioners are annually taxed five dollars each, whether holding a diploma or not."

14. *North Carolina*.—There is no law in the State of North Carolina regarding the practice of medicine, and none has ever been enacted. Any one can practice and recover compensation, on proof that services were rendered.

15. *South Carolina*.—An act was passed by this State in 1817, to regulate the licensing of physicians to practice, &c. It imposed a penalty of two months' imprisonment and a fine of five hundred dollars upon all who practiced without due authority obtained in the manner prescribed by law. In 1838, "these penalties and disabilities were annulled." The diploma of the medical college of the State has always been a legal license.

16. *Georgia*.—A law was passed in 1826, which imposed a penalty of five hundred dollars for practicing without a license from the "Board of Physicians," of the State. Another act was passed in 1839, to re-organize the Board of Physicians, which still retains the power to examine applicants and grant licenses; but a proviso, of a most absurd character, is attached to the law, which completely nullifies it. It is as follows: "Provided nothing in the said act be so construed as to operate against the Thomsonian or Botanic practice, or any other practitioner of medicine in the State."

17. *Alabama*.—There was formerly a regularly-appointed Board of Medical Censors for the State, and a law which imposed pen-

alties of imprisonment for six months and five hundred dollars fine, for practicing without its license. "The Board, however, has been abolished, which operates as a repeal of all law on the subject." "Its repeal has had the effect to overrun the State with quacks of every description, of every name and country. It has destroyed confidence in the profession generally, broken down all medical etiquette, and prostrated the science of medicine and surgery to a mere trade. Certainly there are many exceptions to the sweeping remarks made above, but generally they are true."

18. *Mississippi*.—There are no laws at present in force in this State in regard to the practice of medicine and surgery; all restrictions were removed in the year 1834. We offer no apology for introducing the following pertinent extract from a letter to the committee of the Monroe County Medical Society: "The State of Mississippi, from its admission into the Union down to the year 1834, had probably a more efficient code of laws to restrain quackery than any other State in our confederacy. They answered the purpose for which they were intended most effectually. Before any person could practice medicine or surgery in the State, he had to appear before a Board of Medical Censors, established by the legislature and produce evidence, satisfactory to the Board, of his medical and surgical attainments, (whether a graduate or not,) and also of good moral character. This being done, he obtained a permanent license. This had forthwith to be taken to the clerk's office of the county in which the physician who received it intended to locate, to be there recorded. The clerk of the court was compelled to furnish the grand jury of the county with a list of all the licensed physicians every time the jury assembled. It was also the duty of the judge of the circuit court to charge the grand jury to indict every person who presumed to practice medicine, whose name was not recorded among the licensed physicians of the county. The fine for each offence was something, together with costs, but could not exceed five hundred dollars. These laws for a number of years, until they were annulled by a change of the constitution, effectually put down all quackery throughout the State. When the constitution was amended, the Board of Censors was abolished. Ever since 1834, the State has been overrun with quacks of all kinds, and the mortality has greatly increased."

19. *Louisiana*.—"No State in the Union is better protected against impositions of all kinds, in medicine, than this. By an act of the legislature, passed in 1820, no person is allowed to practice medicine, or the profession of an apothecary, without submitting to an examination before a Board, consisting of five physicians and one apothecary, appointed by the State. The law provides, that a respectable diploma of Doctor of Medicine shall entitle an applicant to a certificate of permission to practice; but medical

diplomas having become of late as plenty as pocket-knives, the Board have *assumed* to themselves the right of examining all applicants without any respect to any certificates or diplomas whatever."—*Letter from Louisiana, 1843.*

20. *Texas.*—It is believed that no laws have been enacted in the State of Texas, in reference to the practice of medicine and surgery. If any existed prior to the admission of the State into the Union, we are informed that they were never enforced.

21. *Tennessee.*—No laws on the subject.

22. *Kentucky.*—No laws on the subject. The diploma of M. D. is recognized as a license.

23. *Illinois.*—No license is required or recognized in Illinois. The laws have as yet made no provisions regarding medical practice.

23. *Indiana.*—There are no laws in his State in relation to the practice of medicine, at the present time. Formerly, all practitioners were compelled to obtain a license from a Board of Censors. The law was repealed some twenty years since.

25. *Ohio.*—This State has no laws at present regulating the practice of medicine; there are no legal restrictions, and no license is required. By an act of 1824, no one could practice without a license from the State Medical Society; but this act was repealed in 1833.

26. *Michigan.*—The statute requires that every physician shall obtain a license, either from a State or a county society. A diploma is not considered equivalent to a license.

27. *Missouri.*—There are no laws on the subject in this State, and no license is required; a diploma even is unnecessary.

28, 29, 30. *Wisconsin, Iowa, and Arkansas.*—We have no positive information in regard to the laws of these States, but learn from a reliable source that if any measures have been taken to regulate the practice of medicine, no attention whatever is paid to them, and the field is open to all who choose to enter it.

NUMBER OF PHYSICIANS REQUIRED IN THE UNITED STATES.—Dr. J. K. Mitchell, of the Jefferson Medical College, Philadelphia, in the following extract from his recent Charge to the graduates of that School, treats of a matter which has been viewed in a different light by some other writers:

"The immediate effect of making an inadequate number of educated physicians, is to throw into practice those who have not been properly educated, and to encourage empiricism. The remote effect of creating too many graduates, will be to render the professional rewards so small as to drive the best talent of the country

into other employments. To avoid either extreme seems therefore to be the proper policy of the schools; and that can be done only by *gradually* increasing the pre-requisites for a degree; for a hasty alteration of the present system would but increase the number of uneducated practitioners, by exalting the means of instruction to a point of expense beyond the pecuniary resources of the community. This is demonstrated by the fact that in those parts of the country where the average means of the people do not permit them to meet the expense of the present medical requisitions, the great majority of practitioners have not attended even one public course of professional instruction.

The number of medical men in the city and suburbs of Philadelphia is four hundred and ninety-seven; which, supposing the population to be three hundred and fifty thousand, gives one physician for seven hundred and four persons—a proportion about equal to that of the capital of Prussia. If we suppose that the same proportion extends to the country at large, there should be, in a population of twenty-two millions, thirty-one thousand two hundred and fifty-one physicians. This result is singularly confirmed by the fact that a great publishing house in this city distributes a gratuitous medical monthly paper to upward of thirty thousand physicians, of whom it has the names and addresses. If each of these physicians continued to practice until he died, and if none of them abandoned the profession, from indolence or the temptations of more lucrative occupations, and if professional exposure and unhealthy places did not exalt the proportional mortality beyond that of the most salubrious residences, four hundred and thirty-nine physicians would die annually in the United States. If we suppose that old age, bad health, the seductions of other employments, and the acquirement of a competency, may carry out of the profession not more than two individuals of every one hundred, or two per cent., the profession will, from all these various causes, lose six hundred and twenty-five persons annually. The increase in the population of the United States by birth and immigration, amounts now to not less than seven hundred thousand souls annually; for whom, according to the rate assumed, there will be required not less than nine hundred and ninety-four doctors. Thus, then, to supply the loss by death, by desertion, and by the annual increase of population, there should be created, every year, two thousand and fifty-eight graduates. But the army and navy are to be supplied with physicians, and there must be a large migration of medical men into the newly acquired territories of the Union. Adventurous physicians are also scattered over the world. One of my private pupils is practicing medicine in China, another at Manila, and a third in California, while two of them are seeking for knowledge in the capital of France.

A great number, perhaps a tenth of the existing practitioners of

the United States, who are among the enumerated thirty-one thousand two hundred and fifty doctors, are by ignorance totally unfit for the duties which they have assumed. They have never seen a college, and many of them have scarcely entered a school of any kind. To supersede such men would demand the creation of at least three thousand graduates in medicine. To say, therefore, that twenty-five hundred physicians should be annually created, would be to make an assertion much within the bounds of truth.

A reference to the statistics of the medical schools of the United States, made by an able committee to the National Medical Association, in May last, shows that the mean number of graduates for the last five years, was twelve hundred and eighty-three, the greatest number being, in any one year, fourteen hundred and twenty-one, and the least, one thousand and thirty-one.

Thus you perceive that scarcely half as many persons receive a degree in medicine as the wants of the country demand, and that the growth of empiricism is unhappily on the increase, because the expenses of a medical education place its proper attainment beyond the reach of most of the practitioners of the country, or because the masses are not yet sufficiently educated to perceive the priceless value to the community of a well-instructed physician."

**STATISTICS OF THE HOSPITALS AND THE MEDICAL PROFESSION IN PARIS.**—The administration of the Parisian hospitals employs 2,500 individuals, and possesses a budget of from fifteen to sixteen million francs. There are fifteen hospitals, furnishing 7,174 beds, and receiving 90,000 patients per annum. Besides these, there are four large hospices, and seven retreats for 8,000 aged and infirm persons. More than 100,000 receive *secours a domicile*; and above 25,000 foundlings are provided for. The following are the names and number of beds of the various hospitals:

Grand Hospitals.		Special Hospitals.	
Hotel Dieu,	810	St. Louis,	825
St. Marguerite,	300	Du Midi,	300
La Pitie,	621	De l'Ourcine,	300
La Charite,	494	Enfans Trouves,	600
St. Antoine,	320	Maison d'Accouchment,	514
Necker,	329	Maison de Cliniques,	120
Cochin,	325	Maison d'Sante St. Denis,	150
Beaujon,	438		
Bon Secours,	324		
De La Republique,	600		

A year or two since, some of the Parisian medical journals, alarmed at the constant increase of the members of the profession, called aloud for some legislative means of repression. The num-

ber of qualified doctors of medicine steadily increased from 1,090 in 1833, to 1,442 in 1847—added to which, there were, in this last year, 175 of the lower qualified practitioners, termed *officiers de sante*, giving 1,617 practitioners for little more than a million souls; (including hospitals, garrisons, and other unremunerating bodies;) while in London we had, at the same period, but 2,500 regular practitioners for our two millions. Moreover, the midwives are, in Paris, a numerous body, (480 in 1847,) absorbing much remunerative practice, which, in London, falls to the practitioner. Then, again, classes of persons there resort to hospitals, who here pay for their attendance. If the remaining patients had been equally divided among the 1,617 regular practitioners, it was calculated that 150 per annum would fall to each—the charge for visits being 5, 3, 2 francs, or even less, and no bad debts being recoverable at the expiration of a year.—*Rev Med. Chir.*

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AMERICAN SURGERY.—In the American edition of the London Lancet, for January, we find a report, of an introductory lecture delivered at the London Hospital, by Dr. Letheby, in which that gentleman uses the following language, in reference to the labors of American surgeons: "Our brethren upon the new continent had this year published their first annual report on the condition of the medical sciences in that country; and while he agreed with the reporter when he states that the great *forte* of American medical scholarship has hitherto consisted in editing the works of British authors, that the fairest fruits of British genius and research are shaken into the lap of the American student, and that the creative energy of that country shall manifest itself in generating a race of *curculios*, to revel in voracious indolence on the products of a foreign soil, yet he could not place a like amount of faith in many of the exaggerated statements which are there put forth, and he illustrated this by a reference to American lithotomy practice, which showed an average mortality of only three per cent., that of British being about fifty!"

Passing over the ill-tempered and unjust allusions to American medical literature, with the single remark that we know of but few English works, of the best class, that have been edited in this country, which were not materially improved by the American editor—Cooper's Surgical Dictionary, for example—we take up the gratuitous and unfounded imputation on the veracity of American surgeons, in reference to lithotomy practice. It is hard, we admit, for a British metropolitan surgeon to understand how an American surgeon can be much more successful than one of the parent stock, but surely some better way might be found for examining the matter, than an unfounded assault upon the veracity, honor, and integrity of a class of men who have no superiors ou

the earth for truthfulness and uprightness. Why should American surgeons be any more likely to be guilty of dishonorable and degrading practices in their profession, than English surgeons? Why should it be imagined that the Warrens, Motts, and Gibsons of the United States are more prone to exaggeration and falsehood than the Stanleys and Lettiebys of London? The American public would speedily understand the resort to improper arts, and would administer a rebuke to such conduct that would not be forgotten. We should think that Dr. Letheby would have been more honestly and professionally employed, if he had endeavored to ascertain the causes of the greater success of American surgeons in lithotomy, instead of calumniating a set of men who are quite as incapable of a dishonorable deed as he is. The fact which he endeavors to impugn is fixed too firmly to be shaken by sneers and insinuations. Death from lithotomy is very rare in this country, and scarcely amounts to three per cent. The surgeon (Dr. Dudley) at whom Dr. Letheby aims his shafts, has unquestionably been the most successful surgeon of the day, in lithotomy, and deserves admiration, rather than calumny. He practices in a community where every case in his hands is known to numbers of citizens, and it would be impossible for him to exaggerate his success without detection. He has enemies enough to emblazon his failures, were there many to point at. We lived in the community where he practices for a quarter of a century, and during the time he was occupied in a large proportion of his operation, and we feel sure that we knew of every case he operated upon, and of every loss. As far as our word can corroborate the statements of that distinguished surgeon, we bear testimony to the fact, that it is his great success that has made the average per cent. of loss, in American surgery, so diminutive, when compared with British surgery.

French surgery, true to the instincts of professional advancement, when it heard of Chesselden's success in lithotomy, sent Morand over to England, under the authority of the French Royal Academy of Sciences, to learn from Chesselden his mode of operating. This was a much more honorable and *improving* course than the one Dr. Letheby has preferred for his action, and he might improve his surgery by following the example set him by the French Academy. A little investigation would teach Dr. Letheby, that British surgery has lost ground since the days of Chesselden. Dr. Letheby admits that there is a loss of fifty per cent. in British lithotomy, but it was not so in the hands of Chesselden, after he improved himself into his third method of operation. He lost four out of ten patients under his first method, and determined to improve himself, and by the third he adopted, he saved fifty patients out of fifty-two, in St. Thomas' Hospital. Did Chesselden exaggerate, or has British lithotomy retrograded? When Sharpe was in Paris, in 1702, Frere Jacques had cut thirty-

eight patients, without losing one. In view of such facts, where is the sense or propriety of Dr. Letheby's sneer at American surgery? Why not inquire why American surgery is so very successful?—*West. Jour. of Med. and Surg.*

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**KENTUCKY SURGERY.**—It is pretty generally known in this country, that whatever credit is due for the introduction of the operation of exsection of the human ovary, belongs to a Kentucky surgeon—Dr. Ephraim M'Dowell. Mr. Lizars attempted to rob the Kentuckian of this honor, but the evidence adduced by Dr. M'Dowell in favor of his priority was conclusive.

In the New Orleans Journal of Medicine and Surgery, we find a paper from the pen of James H. Johnson, M. D., of New Orleans, late Professor of Surgery in Franklin Medical College of Missouri, which conclusively establishes the fact that a Kentucky physician preceded Dr. Mott in "the exsection of the clavicle, for osteo-sarcoma," a piece of surgery which Dr. Mott has dignified with the title of "Mott's Waterloo operation," and says he claims the credit for it "for his country, his city, and himself." But Dr. Johnson establishes the fact that Dr. Charles M'Creary, of Hartford, Ky., preceded Dr. Mott, in this operation, fully seventeen years. Dr. Mott reported his case in the "American Journal of the Medical Sciences," for November, 1828, and Dr. M'Creary had exsected the clavicle, for osteo-sarcoma, on the 4th day of May, 1811, and Dr. Johnson says: "The method adopted by Dr. M'Creary was almost similar to Prof. Mott's."

If Dr. Mott thought proper to claim credit for "his city and himself," for originating the operation referred to, it cannot be improper for us to vindicate the claim of a Kentucky surgeon to this originality. The Kentuckian deserves more credit than Dr. Mott could reasonably claim; for the New Yorker, in 1828, had all the appliances for such an operation as the exsection of the clavicle, in a degree of much greater perfection than the Kentuckian had in 1811.—*West. Jour. of Med. and Surg.*

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**THE CHOLERA AND OTHER PREVALENT DISEASES.**—[The following remarks on the mortality and the state of the public health in London, during the last winter, while cholera prevailed in that city as an epidemic, were read before the Westminster Medical Society, April 7th, by Dr. Webster.]

Having adverted to the recent sanitary movement, which must in time produce beneficial consequences, Dr. Webster said, so far from the fears entertained by timid persons, that the public health would materially suffer by the re-appearance of epidemic cholera,

the aggregate number of deaths from all causes had considerably diminished throughout London during the last six months, in comparison with the same period of the previous year, particularly in regard to diseases of the respiratory organs, usually so prevalent and fatal in cold weather. In proof of this opinion, notwithstanding the extraordinary severity of scarlatina and presence of cholera, the gross mortality from all diseases, in London, during the last six months ending the 31st of March, was 30,263; whereas, during the parallel six months of the previous winter, the total amount rose to 36,060 deaths, being an excess of 5,797, or 18.82 per cent. in favor of the current season. The author observed that the greatest difference occurred in diseases of the organs of respiration; by which, including influenza, in the winter of 1847 and 1848, the deaths were 11,197; whilst during the same six months ending the 21st of March of the current year, only 5,127 persons died from the same causes; being less than half the former amount, or an excess of 118.39 per cent. more deaths under this head in the previous, than the winter just terminated. Dr. Webster then alluded to some of the pectoral diseases, and said, that 1,965 persons had died from pneumonia this season, but 3,159 the previous; thus giving an excess of 60.76 per cent. By bronchitis, 2,047 died the last six months, whilst the number was 2,984 in the former period, being 45.77 per cent. more than now. Again, 3,040 died from consumption this season, against 3,740 in the winter of 1847 and 1848; being nearly one quarter of the deaths greater from the same disease than recently. By influenza, only 78 deaths occurred, in place of 1,739, registered during the former season. By measles, 391, instead of 1,346, which thus caused two and a half times more deaths in the previous winter than the one just terminated. Scarlatina formed, however, a marked exception in respect of its virulence and mortality, having proved more fatal last winter than for many years; it was, in fact, the chief epidemic of the season; 2,546 individuals, principally under 15 years of age, having died from that disease during the six months ending the 31st of March last, instead of 1,362 during the parallel period of the previous year, although the mortality from the same cause was also then greater than ordinary. By typhus, the deaths were fortunately less this year than last, 1,585 having died from that cause during the present winter, in place of 2,201 the previous; thus making an excess of 38.86 per hundred more in the last than in the present season. The author subsequently, alluding to bowel complaints, remarked, contrary perhaps to expectation, that notwithstanding the existence of cholera, and the prevalent tendency to bowel complaints, diarrhœa and dysentery had actually proved less fatal during the last six months than in the same period of the previous year. Thus, in the six months ending the 31st of March, 1849, the deaths in London by diarrhœa were 554, instead of 644

in the same months of the year before. By dysentery, 135 then died, in place of 116 recently. This contrast is curious, seeing that cholera has prevailed more extensively than usual, by which epidemic malady 984 persons died in London during the last six months; whereas, only 21 deaths are recorded in the previous winter. The author here observed, that, great as the above amount of deaths by cholera may appear, it is not by any means so considerable as the mortality met with in the spring of 1832, when this malady also prevailed in London epidemically. For instance, in the month of March and the first week of April, of that year, as many persons died in the metropolis during these five weeks, as throughout the entire six months ending the 31st of March, 1849. Having now almost ceased to exist as an epidemic in London, as only four deaths had been recorded of cholera during the week terminating last Saturday, Dr. Webster believed little apprehension need now be entertained, although likely, as in the year 1832, the disease may again become epidemic next summer, or in the autumn, when cholera usually prevails in this country, but, for the most part, of a mild and less fatal description. From the various data detailed to the Society, notwithstanding the prevalence of cholera, and the unusual mortality by scarlatina, the author considered London had not become by any means unhealthy, nor had the last winter proved insalubrious. Dr. Webster subsequently discussed the diathesis generally exhibited by the diseases now passed under review. Speaking generally, from his own observation, as likewise from the information of other practitioners, the author believed that almost every complaint recently met with assumed an asthenic character—if not at first, at least soon afterwards, and even in those instances of disease which are really inflammatory, they very often soon exhibited symptoms of great debility and exhaustion, similar in fact, to the peculiarity noticed when the influenza was so prevalent last year in the metropolis. Scarlatina, measles, and diseases of the respiratory organs, come all within this category, and have required very different modes of management to the measures formerly found beneficial. Dr. Webster then adverted generally to the remedies employed, and the methods of cure recently adopted, which, he said, were generally tonic and stimulating. Exceptions might occur to this rule, but they were rare, even in those diseases of the chest which formerly required antiphlogistic treatment. The abstraction of blood appeared seldom, if ever necessary, and it is now as uncommon to bleed any patient as it was formerly the reverse. Indeed, the lancet, like the sword of the soldier in the time of peace, might be said to have been laid up in ordinary. The author subsequently discussed the treatment pursued in the several diseases alluded to in his paper, which it is unnecessary now to particularize, as the plans adopted seemed generally based upon the symptoms manifested, and the principles he had enunciated.

In concluding the communication read to the Society, Dr. Webster observed, that although scarlatina was really one of the most prominent and serious epidemics prevalent during the last six months, whereby nearly three times as many persons were carried off as by cholera, still the latter malady occupied by far the most public attention. With respect, however, to the management of scarlatina, the author said it differed essentially from the method other practitioners like himself had formerly found it expedient to employ. In previous epidemics of this eruptive disease, it was frequently necessary to resort to antiphlogistic measures, low diet, active purging, and even to blood-letting, either from the arm, or by leeches. During the recent epidemic, so far from depletion being required, or admissible, it was often advisable to commence supporting the system very early in the complaint, to give tonics, ammonia, wine, and sometimes even brandy, where the symptoms, apparently but not actually, seemed inflammatory—debility, depression, and a great want of tone in the system, being generally characteristic of the malady, whilst the remedies best adapted under such circumstances were of the above description. Fortunately, this severe complaint has recently considerably abated in virulence; and although still above the average of previous seasons, the consequent mortality is by no means now so great as it was about the latter part of last year, and the early portion of the current. However, at whatever period the present epidemic scarlatina may terminate, medical practitioners will not fail to remember its late great prevalence, rapid progress, marked symptoms of debility, and its unusual fatal character, as, likewise, the tonic stimulating plan of treatment which the disease almost invariably required—*Lond. Lancet.*

IS THERE ANY ALBUMEN IN THE DEJECTIONS OF CHOLERA PATIENTS?—Drs. Andral and Mialhe answer this question negatively. It now appears that M. Masselot, at the Val de Grace, has found albumen in several such specimens. He says: Choleraic dejections may or may not, according to certain circumstances, contain albumen. When they are watery, almost transparent, slightly whitish, like a decoction of rice, with a light pellicular or flaky deposit, they contain no albumen, or merely traces of it. But when they are thick, yellowish, viscous, striated with blood on their surface, albumen is found in them to the amount of four and five per cent. (Are the latter stools really cholera dejections?) Another remark has been made viz.: that some dejections gave no albumen during the life of the patient, but that the liquid obtained from the intestine of the same patient, when dead, contained a large proportion of it. It likewise appears, that albumen in the dejections is a sign that the disease is getting worse.

CAUSES OF THE GREATER MORTALITY OF MALE CHILDREN, AND THE RELATIVE PROPORTION OF THE SEXES AT BIRTH.—(*Read by G. Emerson, M. D., before the Philadelphia Medical Co. Society.*)—Up to fifteenth year, there is an excess of 15 per cent. in the number of deaths of boys over that of girls. This excess in the male mortality is commonly ascribed to the greater exposure and rougher sports and amusements of the boys; an erroneous idea, the fallacy of which is shown in the fact that the majority of the deaths of the males takes place in early infancy, when no such exposure and danger consequent to said sports can possibly exist. The deaths of boys, too, from climbing, swimming, &c., equal those of the girls from scalding, domestic accidents, &c.

The particular diseases which give rise to death in the two sexes are very different in their nature and characteristics. Thus, males are attacked with violent inflammation of the brain, accompanied with serous effusions, convulsions, &c.; inflammations of the stomach, lungs, and other important organs; while females suffer from hooping-cough, small-pox, measles, thrush, &c. In boys, the character of the disease is sthenic; in girls, asthenic. The diseases from which females suffer most are seated in the cutaneous and mucous tissues.

Of 100,000 deaths reported by the Registrar-General of England, 31,671 were under the fifth year; and of these, 15,006 were females, and 16,665 were males. Of the above, the number of deaths from the inflammation of the brain was 2,550 males, and 2,081 females; of dropsy of the brain, 1,481 males, 1,161 females; small-pox, 213 males, 240 females; hooping-cough, 1,115 males, 1,445 females; measles, 1048 males, 1,029 females, &c.

From these and similar statistics, the inference follows that the disproportion in the deaths of the two sexes, during childhood, does not arise so much from exposure to external circumstances as from differences in physical organization.

From the fact of boys succumbing so easily and so rapidly to diseases of a sthenic type, and females to those of an asthenic character, we deduce the practical hint of combating most energetically the inflammatory symptoms of the one, as soon as manifest, and preventing too great exhaustion of the system when symptoms of depression begin to appear in the female infants.

The doctor then spoke of effects of the weather upon infant mortality, and more particularly of the limitation of the effects of hot weather, to the period of lactation. For interesting facts relative to this subject, he referred to statistics lately published by himself in the *American Journal of the Medical Sciences*.

During the first year of infant life, the season of the greatest mortality is the three hot summer months. The number 250 representing the mortality for May, we would have 836 as that for July. After the second year, the deaths are more equally dis-

tributed throughout the months; the number seeming even less in the hot than in the cold and temperate seasons. The heat, which at earlier period was inimical, would now appear to be friendly to infantile life.

Dr. E. next referred to the influence of certain agencies which changed the ordinary proportions of the sexes. The general preponderance of males over females at birth, is about  $7\frac{1}{2}$  per cent. In 1833, the singular phenomenon of a reverse proportion was evident. There was not only a deficiency of male births, but moreover, in the months of April and May of that year, a decided female excess. Upon further investigations, this female excess was found to be the product of conceptions occurring in August and September of 1832. This, as is well known, was the period of the first invasion of epidemic cholera. Looking abroad for corroboration of this singular fact, it was found to hold good also in the proportion of births occurring nine months after the epidemic had appeared at Paris. From this and other investigations, he arrived at the conclusion that this change in the relative proportion of the two sexes at birth, was owing to the depressing influence of cholera. He has further observed that a tendency to the above result is always produced by the operation of any class of depressing agents, while circumstances that tend to high physical development increase materially the male excess.

In France and Prussia, where the mass of the people labor much harder than in our own country, and are poorly fed and clothed, the excess of male births is slightly under 6 per cent.; in England, 5 per cent.; in Philadelphia, 7.5 per cent.; and in our western country as high as 10 per cent.

Investigations into the comparative proportions of the sexes born in city and country populations, manifest the existence of a greater male excess in rural districts. This, from the foregoing observations, was to be expected, since in cities, foul and vitiated atmosphere, unwholesome diet, and other depressing agencies, operate much more strongly than in the country. Hence, the doctor observed, this proportion of the births of the two sexes may be considered as a sort of natural thermometer of the physical comfort and advantages enjoyed by a community.

The institution of polygamy may have originated in a scanty supply of food occurring at some former period in the community where such institution exists, and evincing its depressing tendency by a predominance of the female over the male population. Once established, it would foster itself.

The proportion of the two sexes being under such considerable control, it remains for the various legislative bodies throughout the civilized world to benefit and meliorate, by their wise enactments, the condition of the social cosmos.—*Med. Examiner.*

## Part 2.--Homœopathy.

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### ON THE MEDICINAL ACTIVITY OF DRUG ATOMS.

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BY C. BENTLEY MATTHEWS, M. D.,

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We have thought it might be rendering an acceptable service to the cause of Homœopathy, by endeavoring to show its accordance with sound philosophical reasoning and well-known and acknowledged facts, and by marshalling in one view some of the most important arguments in favor of this branch of science; more especially, as it is constantly assailed by the Allopathic schools, not only by sneers and misrepresentations, but also occasionally by the gratuitous assumption that minute, or, if you please, infinitesimal doses, can have no sensible action on the human organism.

Indeed, this appears to be the chief impediment in the way to their adoption of the doctrines of Hahnemann. "*Similia similibus curantur*" is not so difficult for them to comprehend; and had we given sensible doses, in all probability, the number of converts would have been much larger than at present.

These reasonings and facts are not required to fix the belief of our Homœopathic brethren, and are, perhaps, perfectly familiar to them; but still, to give "a reason for the faith that is in us," is always proper, and to those who have not examined the subject, it may be rendering a service, to present in a concise form a ready answer to the sneering interrogatories of our opponents.

The question is repeatedly propounded, "Can such small particles of medicinal matter have any sensible effect on the human system?" The only way this question can be met, is by presenting admitted facts of an analogous nature to the mind of the questioner. The aroma of flowers must be allowed to be in a state of minute atomic division; for it is well known that a bushel of rose leaves is requisite to produce one drop of the *ottar* of roses. Yet it is related of a princess of the imperial house of Communi, of Constantinople, that she was affected with syncope immediately upon smelling a rose. And a corroborative case was related to us by a highly intelligent gentleman, not of the profession, respecting a lady with whom he was intimate, who fainted if a single rose leaf was inserted (and that even without her knowledge) under any part of her dress. To

"Die of a rose in aromatic pain"

is scarcely a poetic fiction. And this fact of the pernicious influence of the aroma of flowers is well known and acknowledged by enlightened Allopathists. Dr. Harrison, as quoted by Paris, (see Pharmacologia,) who resided a long time in Italy, states that the Italians are so familiar with it, that they avoid flowers in their sleeping apartments with the greatest caution.

Another important evidence of the action of poisonous atoms is to be found in the diffusion of contagious and pestilential miasmata. The Campania di Roma, formerly a fertile plain, now rendered marshy by the ruinous state of the aqueducts, generates a miasm that it is fatal to inhale, even for a night; and yet if the superincumbent atmosphere were analyzed, it would be found, so far as chemical tests were concerned, as pure as that on the summit of Mont Blanc. Who, we would ask, has ever yet detected, by such means, the miasma that generates intermittents, bilious fevers, dysenteries, and cholera, or those of variola, scarlatina, rubeola, &c. *Ozone*, a hypothetical substance, and by no means proved to exist in the tainted atmosphere, is alleged to be the cause of cholera, and it is said that a solution of hydriodate of *potassa*, added to a mixture of starch and water, will detect its presence by change of color; but admit this to be the case, the infinitesimal dose of the poison is not disproved.

The "eternal grain of musk" existing in Germany, suspended for a century in an accurate balance, still yielding its peculiar odor, without having lost an appreciable quantity of matter, during which time millions of individuals could have experienced its influence on their systems, had they been exposed to it, is another strong evidence of the activity of medicinal atoms.

It is well known to every one conversant with *materia medica*, that *strychnine* still retains its intensely bitter taste, even when dissolved in water, in the proportion of one part to six hundred thousand parts of the solvent. Here is positive evidence of its action on the nerves of taste in the atomic state. Who is prepared to assert that it has in this condition no action on other parts of the animal organism?

It is stated by *Allopathic* experimenters, that when a dose of *calomel*, or *mercury* in other form, is taken in a purgative dose, being previously weighed, and the fecal discharges preserved and washed, the whole of the mercury may be obtained, and no apparent portion has entered the system, notwithstanding the various morbid sensations, and altered secretions resulting from its employment. What explanation can they give of this phenomenon, if they deny that atoms have any influence on the vital economy.

The microscope reveals the existence of animalculæ, or animated atoms, if we may use the expression, so exceedingly minute, that hundreds, if not thousands, may revel on the point of a needle, as their microcosm. And the

"Tear that flows down beauty's cheek,"

if examined, would perhaps be found to be replete with animal life; in hideous forms, atomic monsters, devouring each other; yet each of them has its circulating, assimilating, sensitive, and muscular system. Are such *facts* less inconceivable than that medicinal atoms should have activity, and be operative on the human organism?

Modern physiology has shown, under the microscope, that muscular contraction, the power of which, in some instances, amounts to some thousands of pounds, depends upon the minute approximation of atomic disks arranged in series, constituting the ultimate fibre of the muscle. Shall we deny the energy of unvitalized atoms, with this alleged *fact* before us obtaining full credence?

The particles of *light*, so inconceivably small that they are freely transmitted through dense transparent media, produce a variety of sensations, some of them intensely painful when acting on the *retina*, generating therein the sensation of color, and presenting every variety of hue that adorns the landscape. While their agency promotes the growth and perfection of vegetables, and aids the development of animated beings.

The power of imponderable atoms is still more strongly evinced in the effects of *electricity*. The thunderbolt that rends the tall forest tree, from its apex to its root, has no sensible weight!

A magnet may generate by attrition thousands of other magnets of equal size and power, and yet not part with any portion of its virtue. Are not these well-known facts as difficult of comprehension and explanation as the atomic action of medicines, and would it not be equally unphilosophical to deny the validity of the one as of the other, as they rest on the same kind of evidence?

A favorite theme of ridicule with our opponents is our employment of *silex* for the cure of disease, gratuitously alleging that it can have no sensible action on the vital system, and denying our power to effect its solution, being ignorant of the fact that it is frequently found in nature in that state. Col. Fremont found, during his exploration of the volcanic regions beyond the Rocky Mountains, on the road to the Columbia river, a number of hot springs in a narrow valley, which had formed their own basins of silicious matter, deposited from *silex* held in solution in their waters. And it had been previously ascertained that the same thing occurs at the *Geysers*, or spouting hot springs of Iceland.

The formation of geodes and of rock crystal, is further evidence of its entire solubility.

The gross conceptions of these gentlemen reach no further than the idea of a *grain of sand* entering the stomach and passing away in its original form; forgetting that the cohesion of the particles of *silex* is so strong as to resist the action of almost every menstruum, (except *fluoric acid*, or water in large volume, aided by the action of intense heat; and perhaps an excess of *potash*, which, combined with *silicon*, is gelatinous, and therefore more soluble,)

and of course, in the aggregate state, cannot act; but when intimately comminuted by our triturations, its solution is effected and its activity developed. And this fact we believe to be one of the strongest proofs of the increased energy of drug atoms by isolation or separation. What proof have our antagonists, opposed to our positive experience of its effects in this state, that *silex*, or its basis *silicon*, exerts no active influence on the vital economy? The difficulty of obtaining it in the atomic state, proves how energetically its particles combine, and when called into active exercise by asparation, its activity must be very much increased.

It is well known that some vegetables, as the gramineæ, are coated with *silex*, which derived from the earth, must have been previously dissolved, and being acted upon by the principle of vegetable life, again deposited as an important and essential part of the plant, aiding in its defence and supporting it more firmly in the erect position. Is it more unphilosophical to suppose that *silex*, in the atomic state, may have a sensible action on the animal as well as the vegetable constitution?

Every chemical process is dependent upon the energetic affinities and reciprocal reaction of atoms; indeed, all the phenomena of nature, the development of animal and vegetable life, and the various vital functions involve this principle. Why, then, should we doubt the medicinal influence of atoms?

The law of gravitation, though generally considered with reference to masses, or aggregates, depends upon the energy of atoms attracting each other. It is known that bodies are attracted reciprocally in the direct ratio of their masses, or aggregate volume; and of course the larger mass, being constituted of a greater amount of atoms, their combined influence (each atom, however, exerting its attractive power) will draw the lesser mass towards it through a wider space than the former is propelled towards the latter; every atom in both masses exerts an influence in producing this result.

Indeed, turn where we will, the potential influence of atoms will be detected, and must be admitted by every enlightened mind, and we have no doubt that every medicinal agent is active *only* in the atomic state, or when its items are so isolated, or separated, that each particle can exert its inherent influence unrestrained.

What medicine, even in large doses, would act, except mechanically, on the system, if it still retained its concrete state, or was incapable of solution? Experience proves its impossibility.

It is covertly assumed, that *infinitely minute atoms cannot affect the vital economy*; and after an elaborate calculation to prove, what is freely admitted, that our medicines are in the form of infinitely minute atoms, the calculator *saxiently* draws the conclusion, or expects his readers to do so, "that *infinitely*

*minute atoms cannot affect the vital economy.*" This is what is called reasoning in a circle.

Mathematics has demonstrated the infinite divisibility of matter. Now, it matters not generally to the truth of Homœopathy, whether this is so, or whether it can be reconciled to the atomic theory of Dalton or not; but assuming it to be correct, the calculation so bountifully protruded in the "Journal," proves that there must be a medicinal atom in every tangible portion of our dilutions. And we assert it to be a *fact*, observed by thousands of intelligent and veracious physicians and their patients, that these medicinal atoms do produce decidedly sensible effects on the vital functions, both in health and disease.

The truth or fallacy of Homœopathy can never depend upon the results of *mathematical* reasoning, any more than that of the science of Chemistry, of Geology, of Mineralogy, &c., but solely, like the truth of innumerable *facts* in the natural sciences, on the *veracity* and intelligence of observers; and can only be proved, if doubted, by repeating their experiments and observations under precisely similar circumstances. It is not a science of fallacious inferences, like its elder rival, "blown about by every wind of doctrine," but an embodiment of accurately observed *facts*, a hundred times repeated and confirmed by sagacious observers, and undoubtedly has as much inherent evidence of its truth as the other sciences which are based on observation.

Is it not, then, perfectly philosophical, and in accordance with what is admitted in other departments of knowledge, to infer that atoms, disentangled and isolated, as it were, in our dilutions, would display a vastly increased degree of energy in proportion to their bulk, than when in the aggregate form they are restrained in their sphere of activity by their chemical and cohesive affinities?

This increased energy of liberated atoms, powerfully tending to form new combinations, and to display their characteristic qualities, is, we believe, the true explanation of the *modus operandi* of medicines, the different effects resulting, depending upon the inherent attributes of the different remedies. We shall conclude by detailing briefly two cases; the first displays the increase of curative power, by dilution; and the other shows the truth of our fundamental law, "*similia*," &c.

Mrs. S—, a highly respectable lady, was afflicted with tetter on the hands and fingers for a period of thirty years. It had been repeatedly driven in by Allopathic applications, and always on such occasions her chest was seriously affected until its reappearance. About five years since I was consulted. *Iodine 8d* was given in repeated doses, and at the end of fifteen months her tetter was perfectly cured, without any injury to her general health; which has remained good ever since. When informed what rem-

edy was used, she assured me she had previously taken it in Allopathic doses for a considerable time unavailingly.

Some years since, while experimenting with *sulph. of morphia*, just before retiring for the night, I took one grain of the first trituration, which I had been preparing. On closing the eyes after lying down, a most beautiful landscape, with ever-varying, brilliant-colored oriental scenery, such as I had witnessed in the East, presented itself to view, disappearing on opening the eyes, and recurring on closing them. This was repeated several times, and as consciousness was lost in sleep, the last impression on the memory was a crimson veil or cloud that obscured the scene. Some time afterward, a lady informed me she had singular nervous affection; she would, when engaged in her ordinary employments, lose cognizance of surrounding objects, and in their place a beautiful and ever-varying "landscape," as if ascending a river, would present itself. I gave her about one-tenth of a grain of the same preparation of the 1st, and her nervous affection entirely disappeared before the next day, and has never recurred.—*Quarterly Homœopathic Journal*.

[For the Eclectic Medical Journal.]

## HOMŒOPATHY AND ECLECTICISM.

Gentlemen :

I OBSERVED in the last number of the E. M. Journal an article under the head of Homœopathy, penned evidently by some Eclectic, who, though honest, is entirely ignorant of the principles of Homœopathy, and thereby misrepresented the science to those who are laboring under the same disadvantage. It may perhaps convey a wrong impression to their minds of what Homœopathy is, unless the mistake is rectified; therefore, I assume the responsibility of adjusting the matter. But, before I attempt to *adjust*, allow me to express my gratitude for the liberal manner in which the editor expressed himself, in reference to Homœopathy, in his explanatory remarks under the said article. It indicates a feeling of liberality, an investigating spirit, and a desire to promulgate that which is good, even at the expense of antiquated dogmas. If the spirit manifested in that article pervaded the minds of all, Allopathy, with her many speculations and her successions of false theories, would in a few short years "totter to a final fall." But to the question before us.

D. B. seems to think that the good qualities of Homœopathy depend on the reduction of the size of the dose, and that the success that attends her is mainly attributable to the infinitesimals. If our claims depend on that, and that only, I for one am ready and

willing to discard her instantly; she shall have no claims to my attention. But the facts are, small doses have nothing to do with her as a science, one way or the other. I, as a Homœopath, have the right, and shall exercise it if I think proper, of using any amount of a medicament that is appropriate, and well-selected under the principle of similarities, and in doing it, I shall not trample on the first law of Homœopathy, as any one who has examined them will bear me testimony. Homœopathy consists mainly in the great, *infallible* principle, "*similia similibus curantur*," and that principle is founded on the immutable basis of *experiment*. She stands or falls on that *broad basis*. She rejects theory, and asks for *substantial facts*. She demands the attention of the age, not from claims founded on the so-called *sanction* of the lapse of time, nor of the attraction of novelty, or of fashion, nor of the declamations of party spirit; but upon a law sanctioned by experiment, undertaken in a liberal spirit.

Again: The writer thinks it is not our intention to make Homœopaths out of Eclectics, but out of Allopaths. I would say for his benefit, that it is not our intention to make proselytes out of any particular set of men. Our object is to promulgate truth, agitate thought, and let men be governed and act as their own judgments dictate. We do not desire *converts* from any other faith, who do not come with a full conviction that the "true art of healing" is embodied in the principle of Homœopathy. Let him come with that conviction, and at the same time a mind capable of appreciating truth and diffusing it broad-cast, and we will receive him as one of us, and bid him God-speed in his noble undertaking.

In reference to this matter, Hahnemann says: "Let all hold aloof from this most pious, this noblest of all secular professions, who are deficient in mind, patient thought, in the requisite knowledge, or in tender philanthropy and a sense of duty; or, in other words, who are deficient in pure virtue! Away with that unhallowed race who have merely the outward semblance of the health restorer, but whose heads are full of vain deceit—in whose hearts wicked levity alone reigns—whose tongues make a mockery of truth—whose hands prepare mischief."

Our friend hopes that the Eclectics will be able to give us "more light." As for one, I am willing and ready to receive all the light that can be imparted to us, either by Eclectics or from any other source. Homœopaths generally desire the same. Our motto is "*Progress*." We love light—like the noble eagle, who not only loves light, but flies right into the face of the sun, screaming, as he dashes upward and onward, "Light—more light still." But, let me ask, is it not desirable that the Eclectics should be willing to receive "light" from Homœopathy? If so, let them investigate and experiment with an unbiassed feeling—a desire to advance the "noble science"—a desire to subvert evil—and let there be

inspired with that holy desire of assisting their fellow creatures amid their "trials and tribulations." When they will do this, we will rest content as to the issue; and let their decision be either *pro* or *con*, we, as honest men, must be satisfied.

A HOMŒOPATH.

[For the Eclectic Medical Journal.]

## HOMŒOPATHIC PRACTICE.

### *Editors Eclectic Medical Journal:*

A CASE of extreme magnitude having occurred in my practice, I feel constrained from a sense of duty to report it for the benefit, I hope in some measure, of the profession.

Mrs. S—, a lady of the first respectability, aged thirty years, was attacked, October 1st, with the following symptoms, viz.: violent fever and acute rending pain in the region of the liver; fever and pain continued some ten days, when suddenly the pain subsided, followed immediately by suffocation, and copious expectoration of thick and very offensive purulent matter. This is a history of the case, as detailed by Gen. S., and during which time she was under the charge of a very skilful Allopathic physician of this city, who pronounced the case *pleurisy*, or *pleuro-pneumonia*. The treatment, as I was informed, consisted of expectorants, antimony, and ipecacuanha, and mucilaginous drinks were used copiously. The pulse ranging from one hundred and thirty to one hundred and forty, the tincture digitalis was prescribed, and continued for about ten days. Her situation becoming more critical, and the lady fast sinking from the continued copious expectoration, I was invited to see her, on the 20th of October, and, on examination, found great tenderness in the hepatic region; copious expectoration of a very offensive character; colliquative perspiration; hectic fever; appetite gone; great debility and extreme emaciation; pulse one hundred and thirty-six; intolerable thirst every evening. The right lung had no perceptible respiratory murmur, and was very dull on percussion. Judging from the crepitous *râle*, there appeared to be a large quantity of pus in the right lobe, extending down to the hepatic region; and from the history of the case as communicated by Gen. S., informing me that the pain and dry cough had been from the first, and the fever resembling diaphragmitis and pleuritis, in connection with the cessation of pain and the sudden suffocation, and copious expectoration which followed, I was irresistibly led to believe it an abscess, which probably had formed on the superior portion of the liver; the inflammation running so high had no doubt produced adhesion of the peritoneal surface of the diaphragm to the part covering the liver external to the abscess

and adhesion of the opposite surfaces to the pleura. The matter thus passing into the bronchia, and expectorated; the expectoration increasing, the lung became very much implicated. In connection with the remedies prescribed by her physician, were wine and tonics, to support her strength.

As she was sinking so fast, the case was viewed as hopeless, and I was solicited to prescribe for her, and did so. Immediately changing the regimen, I ordered brown crusts of corn bread and water, in small quantities, and placed her upon the following remedies, to-wit: *Stannum* and *mercurius*, at the fourth dilution, gtt. v in 23 water, and gave teaspoonful, alternated every six hours.

21st.—Expectoration not quite so copious; rested some better; continued the remedies. There being considerable pain in the right lung and liver, I applied a blister.

22d.—Blister had drawn, expectoration very much diminished; but little pain; rested tolerably well; continued the remedies; dressed the blister with tartar emetic ointment.

23d.—Expectoration slight; considerable cough; gave her *nux vomica*, fourth dilution, gtt. v, to 23 water, teaspoonful every four hours. Continued until the 26th, when there was considerable expectoration, and quite offensive; no appetite and great thirst; complains of burning in the throat; hectic fever and night sweats; gave her *arsenicum*, fourth dilution, gtt. iv, to 3ii water, teaspoonful every six hours. Continued it until the 30th; improving; the night sweats and thirst have nearly subsided; changed *arsenicum* fourth for the sixth dilution, and gave it as above. Continued it until November 2d. She expectorates freely in the morning; pain in the liver has entirely subsided; on percussion, pain in the lung, but slight. Continued the *arsenicum* up to the 10th; improving, until within the last two days; pain in the chest increased; suffering very much; pulse one hundred and thirty-two; considerable thirst; cough dry, with flushing of the face; gave her *phos.*, third dilution, gtt. vi, to 3iii water, teaspoonful every four hours. This was continued until the 14th, when there was suddenly copious expectoration, with cessation of pain; I gave *stannum*, as at first, fourth dilution, gtt. v, to 3ii water, teaspoonful every four hours. Up to this time, I would remark, the blister was kept discharging. She continued on this until the 18th, when I found her much improved; rests well; but little fever; pulse one hundred and thirty, most unfavorable symptom present; quite weak; expectoration very much diminished; no pain in the chest, although the pus, to all appearances, fills a much larger space in the lung than it did previous to this last collection. She was placed on a nutritious diet, with *calc. c.* thirty-first dilution, gtt. i. three times a day; continued until the 24th; pimples make their appearance on the chest; anxious respiration; pain in the chest; pulse still one hundred and thirty; give her *sulph.*, fourth dilution, gtt. iv, 3ii water, a des-

ert spoonful three times a day, and order a glass of new milk every morning. Continue it until the 30th; expectoration free, not offensive; no pain in the chest. On applying the stethoscope, the crepitous rale could be heard in most of the right lobe; percussion gave a very dull sound over the spot where the last abscess formed; gave her sulph., fourth dilution, gtt. iv, to 3iv water, desert spoonful every eight hours. Continue the sulph., fourth dilution, until the 15th December; improving daily; no hectic fever nor flushing of the face now; pulse down to one hundred and ten; complains of nothing but debility. As she had no fever now, I ordered naphtha three times a day, and continued the sulph. at the thirtieth dilution, gtt. i. every night. As this treatment was continued from this time forwards, it would be of no interest to trace the case. She improved very rapidly, and on the 25th of January I dismissed her, perfectly cured.

HENRY C. PARKER.

Houston, Texas, January 29, 1850.

## Part I.—Editorial and Original.

### TWO NATIONAL MEDICAL ASSOCIATIONS.

THE following publication, from the Cincinnati Committee of Arrangements, will show the time and manner of holding the next meeting of the *Old School* National Association:

"In consequence of the delay, up to the present time, in the distribution of the Transactions of the second meeting of the Association held at Boston in the month of May, 1849, the *Standing Committee of Arrangements*, appointed at that time, deem it expedient to give public notice, through the medical periodical press, that the next meeting will be held in Cincinnati, on Tuesday, the 7th of May, ensuing, and, at the same time, they wish to make known to the physicians, who reside in portions of the United States from which few or no delegates have yet been sent, the terms of membership. This they will do, by copying a part of the second article of the Constitution:

'*The Delegates* shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing, in the United States. Each delegate shall hold his appoint-

ent for one year, and until another is appointed to succeed him, and all participate in all the business and affairs of the Association. 'Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing, shall have the privilege of sending one delegate.

'*The Members by Invitation* shall consist of practitioners of reputable standing, from sections of the United States not otherwise presented at the meeting. They shall receive their appointment by invitation of the meeting after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the Association until the close of the annual session at which they are received; and shall be entitled to participate in all its affairs, as in the case of delegates.

'*The Permanent Members* shall consist of all those who have served in the capacity of delegates, and such other members as may receive the appointment by unanimous vote.

'Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the Association, so long as they shall continue to conform to the regulations, but without the right of voting; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation.'

The committee desire, still farther, to give notice that it is their duty to receive and present the reports of any of the standing committees, whose members cannot attend the meeting; and all communications on scientific subjects, which gentlemen, not members of the Association, may desire to lay before it.

It is, likewise, their duty to examine the credentials of delegates and register their names, which it is desirable should, as far as possible, be done before the meeting of the Association, for which purpose the committee will meet on the preceding day.

In conclusion, the committee indulge the hope, that this first meeting in the interior of the continent, will be well attended by physicians, and all who cultivate the sciences auxiliary to medicine; that no society, college, or hospital, will remain unrepresented; and that many distinguished physicians, not appointed as delegates, will attend, and become members by a vote of the Association.

DANIEL DRAKE, M. D., Ch'n.

D. P. STRADER, M. D., Sec'y.

Cincinnati, Jan. 31, 1850."

The apparent invitation thus extended to all colleges and medical societies, induced us to write the following letter of inquiry to Prof. Drake, for the purpose of placing in its true position the so-called American Medical Association, by obtaining either a distinct avowal of its policy, or a decided refusal to avow its principles. We wished the public to perceive distinctly that it occupied one of the three following positions :

1st. As a truly National Association of the whole medical profession; or

2d. As distinctly and avowedly an exclusively Old School Association; or

3d. As an exclusively Old School Association, not possessing sufficient candor and manliness to avow its exclusive character, nor a sufficient amount of common sense and professional courtesy to treat respectfully its professional rivals—in other words, a perfect embodiment of Hunkerism.

Our position, in reference to these matters, was much like that of a *fire-hunter*, who discovered in the dark forest a gleaming pair of eye-balls, yet felt rather uncertain whether the animal might be his favorite horse, or a ferocious panther, or a much smaller animal of the feline species, celebrated for not very aromatic odors. In this dilemma, before leveling his trusty rifle, he determined to give a friendly whistle, believing that if it should be his gentlemanly horse, he would draw near, or give a neigh of recognition; if the panther, he expected to hear a characteristic growling and scratching, but if *the other animal*, he expected it would silently disappear in the darkness, and perhaps leave some of its "choicest odors in the ambient air."

The following letters exhibit the tone of the whistle by which we tested our game :

"COLLEGE HALL, March 17, 1850.

*Dr. Daniel Drake :*

DEAR SIR:—In a publication signed by yourself, dated January 31, 1850, the following language is quoted from the Constitution of the American Medical Association :

'The Faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.'

According to the Constitution, thus quoted, the American Medical Association would consist of delegates from *all portions* of medical profession, organized into colleges, societies, &c., and should possess a truly national character; but as it is generally understood that the Association is to consist exclusively of that portion of the profession called Allopathic, or Old School, in distinction from the Homœopathic and Eclectic portions, I would leave to inquire what construction will be followed in the present instance. Will the committee, of which you are chairman, recognize the invitation in the Constitution as extending to all "regularly constituted medical colleges" and medical societies, or will they regard Eclectic and Homœopathic colleges, societies, and hospitals as constitutionally prohibited from sending delegates? Whether any such question will ever arise in practice—whether delegates would ever be elected from the sources above-mentioned, I cannot say; but I desire to understand definitely by your reply, whether the officers of the Association recognize it as embracing the Allopathic, Eclectic, and Homœopathic portions of the medical profession, (as may be inferred from the Constitution,) or as representing exclusively the Allopathic portion of the profession. I eagerly reply will oblige

Yours, very respectfully,

JOS. R. BUCHANAN."

"COLLEGE HALL, April 6, 1850.

*r. Daniel Drake :*

DEAR SIR:—I sent you, through the hands of Dr. Garrett, a letter, respectfully desiring to be informed whether Eclectic and Homœopathic societies and colleges would be recognized by a committee of which you are chairman as entitled to representation in the National Medical Association, in accordance with the language of the second article of the Constitution. To this letter no reply of any kind has been received, and I learn from Dr. G. that you declined giving any answer, and spoke of laying the matter before the committee; but expressed yourself upon the whole in such a manner as impressed strongly upon his mind the conviction that you had no intention whatever of giving any answer at all, either official or unofficial.

Whatever may be your pleasure in this matter, I wish to give you the opportunity of acting it out in the most public and emphatic manner. If, on account of our differences of opinion in reference to medical science, you wish to convert a *professional* into a *personal* difference, by suspending the usual courtesies recognized among gentlemen, you have the opportunity now afforded, and appear quite willing to avail yourself of it.

If, on the other hand, you prefer to convert a simple letter of inquiry, from one gentleman to another, into an official communi-

cation for a committee, and to treat it with official contempt, I am prepared to understand by such action the unequivocal determination of the official organs of your party to suspend all courteous relations with a large and important portion of the medical profession.

If such should be their determination, it should be distinctly understood, and will be duly appreciated. The Eclectic and Homœopathic portions of the medical profession have already recognized in the proceedings of the Association a disposition to refuse a proper recognition of their professional standing and rights. Under these circumstances, nothing but the most perspicuous disclaimer on the part of the Association, can remove our impression as to its character and purposes. The communication which I have addressed you affords an opportunity for such a disclaimer—it also affords the officers of the Association the opportunity of showing, by their treatment of the communication, whether they wish to maintain courteous or unfriendly relations between the great divisions of the medical profession. Under these circumstances, an answer, whether affirmative or negative, will be respectfully received and properly understood—the failure to respond, if it should occur, will be equally intelligible, as indicating a determination, not only to avoid a frank and explicit answer, but to exhibit the most marked disrespect to the colleges and societies of a large portion of the medical profession.

I remain, respectfully, your humble servant,

JOS. R. BUCHANAN."

As these letters have not yet elicited either the friendly neigh or the ferocious growl, our readers can judge for themselves the character of the game. We think it needless to spend our ammunition upon it. Our object is attained, in showing that the so-called American Medical Association is an exclusively Old School Association, and is now, as it has been heretofore, an embodiment of the most irredeemable Hunkerism. Had such inquiries as those addressed to Prof. Drake been sent from any Old School college, demanding to know whether they would be received, there can be no doubt that they would have been answered in their behalf with great alacrity in the affirmative. The absence of an answer in the present case is, therefore, proof sufficient of an uncompromising determination to maintain the usual exclusive policy in the usual insolent manner.

The NATIONAL ECLECTIC MEDICAL ASSOCIATION, we would again remind our readers, assembled at the Eclectic Medical Insti-

tute, on the third Tuesday of May, (the 21st,) 1850, at two o'clock, P. M. We hope to see a larger number than usual of the army of reform, and to receive fuller reports of their practice, as well as interesting papers upon the various branches of medical science.—B.

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**PROGRESS OF LIBERAL SENTIMENTS.**—A graduate of the Ohio Medical College and the Jefferson Medical College of Philadelphia, who attended the last winter's session of the Eclectic Medical Institute, remarks in a letter: "I was eminently pleased with the course pursued in the Institute. My influence, in future, will be thrown in favor of Eclecticism. I like the principle—it is adapted to the age. I do not think that any party in politics, sect in religion, or school in medicine, should claim to be exclusively 'orthodox.' The human mind should be untrammelled—free to investigate, and at liberty to choose the good and reject the bad of all systems. This is characteristic of the present age."

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**PROF. HILL'S WORK ON SURGERY.**—With his characteristic energy and promptness, Dr. Hill has already entered upon the publication of his important work on Surgery. Such a work has been for many years most urgently needed, and every medical reformer in the United States will rejoice to hear that it will certainly be published in June. Surgery has heretofore been principally in the hands of a bigoted, antiquated race of practitioners, and it will be a most refreshing change to receive an able systematic work from an Eclectic surgeon, distinguished as Prof. H. by a prominent rank in the "vanguard of the army." There are few who can rival Dr. H. in the rapidity of his progress, and the facility with which he seizes every valuable truth in the line of his investigations. We look with eager interest to the publication of his work, as one of the harbingers of the new era, when American medical science shall be amply set forth in American books, and the students of liberal medicine shall not depend upon preceptors and lecturers alone. The reader will please observe (on the cover) the very liberal terms of Dr. Hill's prospectus. We would advise all to remit forthwith, and secure a copy.—B.

## ELECTRO-BIOLOGY.

A GREAT number of popular lectures and exhibitions, under the imposing title of Biology, or Electro-Biology, have lately been given throughout the country. Many of our readers are perhaps not yet aware whether these performances come under the classification of science or charlatany. We can assure them that as to the verity of the phenomena exhibited there can be no doubt; and it is equally true that these experiments may, in many cases, play an important part in the treatment of disease. Still, there is a great deal of unfounded pretension, if not actual deception, connected with this matter. The deception lies, not in the facts, but in the mode of presenting them. The facts and principles which constitute what is called Biology, and for which public exhibitors have demanded the sum of ten dollars, (professing to teach it as a secret,) are nothing more than a fragment of Mesmerism, comprising its most imaginative class of operations.

To give these familiar facts a name which implies some recent discovery, is virtually a deception. To call them Biology, or science of life, a word nearly synonymous with Physiology, is utterly unwarrantable, and no friend of science should sanction such an imposition upon the public ignorance and credulity. The processes of the operators who adopt that name, are precisely the same which Mr. Keely and other Mesmeric operators have used for years past, viz., placing the subjects in a passively impressible condition by gazing upon a metallic substance held in the hand, and then operating upon them, partly by passes, but mainly by commands addressed to their faith and imagination. In other words, the patient is placed in a condition of passive credulity, and then imposed upon by every species of fiction which the operator may devise to amuse the spectators. The patient is a passive tool, controlled in everything by the word of his operator.—B.

## LECTURE ON FISTULA IN ANO.

BY PROF. B. L. HILL, M. D.

[*Being an extract from the work on Practical Surgery, now preparing for publication, and intended to give the Reformed Practice of Surgery in full, as taught in the Eclectic Medical Institute.*]

GENTLEMEN: I am about to call your attention to a disease as common as it is distressing, and in the treatment of which I shall depart very widely from established authority.

The author of a recent monograph on this subject, thinks it necessary to inquire why such an affection as that in question, and one so often naturally concealed by the sufferer, should be a subject of such general interest, even to non-professional persons.

For every disease, however, there is necessarily a class of persons more deeply interested than even medical men—the sufferers and their friends. This interest is of course more manifest in respect to chronic disease than acute, especially when it is one of great but gradual fatality, and of rare and uncertain cure. It is well perhaps that the non-professional public are not quite so indifferent about medical matters as some professional dignitaries would seem desirous of having them. The people generally will find out by and by, that it is not only their “right,” but their *duty* to look into what their physicians and surgeons are doing *with* them, as well as what their lawyers and politicians are doing *for* them, in matters of less consequence, and what their priests and preachers would *have* them *do* in matters of still greater moment. A more intelligent public and more inquisitive patients, are what the profession greatly needs, to make it more industrious in the acquisition of knowledge, and more cautious in reducing it to practice.

“The interest taken in fistula, both by the profession and by the public, can be accounted for,” concludes the author alluded to,\* “only on the well-ascertained fact, that the disease does not admit of remedy, except from an operation which was formerly one of great suffering, and even of considerable danger.” This curious

\* Prof. Syme, Fel. Roy. Soc. of Edinburg.

passage implies not only the absolute necessity, but the *present* safety and matter-of-course *success* of the operation! I have no doubt that every one of you is separately acquainted in his neighborhood with cases which imply something very different from this, and explain the public interest in the subject by something more than the mere "fact" of an operation. The *real* fact is, that the disease is not only not cured without the operation, but often operated on in vain, and not unfrequently rendered worse than before—or, rather, converted into a new and more distressing surgical disease.

The term "*FISTULA*" is applied to all ulcers that have a long passage and narrow opening, through which the products of ulceration or the contents of natural cavities find exit. It is this latter circumstance, or their opening into some cavity of the body, that more strictly distinguishes "*fistulas*" from other "*sinuous ulcers*."

Of *fistulas* generally, it may be observed that they are ulcers of an obstinate character, having no tendency to heal, their sinuses being fortified by callous growths, though almost always exuding a sanious matter, or suppurating unhealthily.

The neighborhood of the anus is particularly liable to *fistula*, not only from functional derangement of the rectum, but from the laxity of the cellular tissue, causing any abscess or ulcer that forms there to become diffuse, and the mobility of the sphincter preventing the healing process.

"*FISTULA IN ANO*" is, therefore, understood to imply the result of any abscess about the rectum, which *has opened* either just within or without the anus, or *both* on the external surface and into the bowel. The last condition is necessary to constitute

"*Complete Fistula*,"—an open communication from the outside of the body into the rectum; one end of the ulcer opening on the cutaneous surface, the other on the mucous.

The "*Incomplete or blind Fistula*," may connect by its open end either with the skin or the gut, being thus either a "*blind external*" or "*blind internal fistula*."

The sinus, or fistulous pipe, is very rarely simple or straight. It is commonly not only tortuous in its course, (agreeably to the popular usage of the kindred terms, "*sinuous* and *sinuosity*,") but branched. Several sinuses may thus exist where there appears only one, or several distinct openings be internally connected, or

spring from the same source. This source or origin of the sinus, is always

An abscess, walled up with hard cartilaginous matter, which is generally continued along the whole course of the sinus or sinuses. The lining of the pipe appears itself a semi-cartilaginous formation, but is to be regarded as a proper mucous membrane, which has the property of continuously secreting the thin yellowish pus, characteristic of fistula.

Notwithstanding this induration, fistulas are always extremely tender to the touch, so that it is difficult to probe them, until their morbid irritability has been allayed by appropriate applications.

If neglected, the local irritation and inconvenience will not long be the worst symptom. Irritation of the lungs is so frequent an accompaniment of this disease, and fatal consumption so often the termination of badly managed cases, that fistula in ano has even been looked upon by some as a sort of *alternative* or *safety-valve* for phthisis pulmonalis!

The most probable cause of the frequency of fistula in this part was before alluded to. Besides the peculiar anatomical structure of the part, and the liability to derangement of its physiological function, external injuries and foreign substances lodged in the rectum have been known to be the remote causes. Habitual costiveness, or, rather, inattention to the calls of nature for evacuation, may no doubt give rise to fistula, as it does to stricture of the rectum—the mucous membrane “giving way” to pressure in the former case, instead of being *hardened* to it as in the latter. Ever so little fecal matter would thus be the commencement of an abscess, which might become a fistula, though the crevice in the rectum should heal, and no fresh irritation occur from that source. Constipation, however, and “torpidity of the liver,” are by no means necessary conditions to the formation or continuance of fistula. Erysipelatous inflammation about the anus is still more likely than phlegmonous to degenerate into this kind of ulceration. Long neglected piles may easily become fistulas.

If you have to treat a case in the incipient stage—which, by the way, will rarely happen, the necessity of early attention being so little known,—when an abscess has formed near the anus,

but no fistulous pipes are yet clearly developed—make use of the usual means to allay inflammation, such as fomentations and emollient poultices, with diaphoretics and cathartics.

If there is evident *fluctuation* near a convenient part of the surface, *puncture*, or, what is generally better, *open* freely with *caustic potash*. Have an orifice large enough for all the pus that has formed to pass out as readily as possible. When this has happened, and everything is favorable, *heal up* as soon as you can, taking care not to allow the surface to heal before the abscess fills up.

The *abscess* should be cleansed daily with soapsuds, and if it manifest the least disposition to become indolent, stronger alkaline lotions must be resorted to. Means to keep up steady compression, where it is practicable, will be beneficial. But you will not often be called on with a view, or in time, to *prevent* fistula—seldom, indeed, in any of its earlier stages.

When an abscess near the rectum is left to *open* itself *spontaneously*, it will often be by several orifices, the discharge appearing to come from different points in the surrounding cellular tissue. Some of these openings soon close up, while others, if not prevented by proper measures, will continue to discharge a more and more unhealthy pus, and become indurated and regularly “fistulous.”

In such a case, wash out the *opened abscess*, and *all the sinuses* that can be discovered, with soap and water, several times a day, applying a slippery elm poultice in the intervals.

If it does not seem inclined to heal, or assumes an *unhealthy* appearance, substitute the solution of vegetable caustic as a lotion, weak at first, but gradually stronger, until the unfavorable symptoms subside. Then resume the simple soap-suds. Besides your emollient dressings, keep up as great an amount of

*Compression*, as the patient can bear. The “T bandage” may enable you to effect this object. If, however, the parts are not perfectly soft or free from callous, compression will do harm.

These means, with *rest* on the patient's part, will often suffice to cause a very threatening abscess to heal up, instead of becoming a confirmed fistula. But if the case has been longer neglected, and become

The true fistula, with hardened pipes, pouring out *manies* instead of good thick pus, something more will be necessary.

The *general health* will then have to be regarded.

*Costiveness* must be removed, if present, or prevented, if necessary, by a mild cathartic, at first; the bowels being afterwards kept regular and rather loose, by attention to diet alone, or, if that is not sufficient, the gentlest *aperients*.

If the lungs are affected, as is apt to be the case, they must be treated according to the symptoms, or as if they had taken on disease independently of the fistula. The pulmonary syrup will probably be a suitable remedy.

The alkaline bath (see *Introd.*) should be made use of in all cases, with proper friction and other measures for keeping up a free and healthy action of the skin.

But though these measures are necessary to sustain the general health of the patient, they would of themselves effect little or nothing towards the *removal* of the local disease. This is one of the few chronic cases in which local treatment is nearly all-important, and alone to be depended on for *cure*.

This is the condition in which established "authorities," and all routine practitioners "subject" thereto, consign their patients to the tender mercies of the knife.

For "*the operation*," I shall *not* refer you, as usual, to the *Operative Part* of the Course; because I would never sanction a measure so often worse than useless, when we can effect the object in view by others, so much less objectionable, safer, and more certain of success.

"The operation," by the way, is simple, and its object rational enough, were there no other means of attaining it, and *were* it oftener secured by that measure. The fistula is connected with the rectum, the sphincter being cut through, and kept from uniting again until the ulcer heals up to it from the bottom; that is, sometimes kept open forever after!—the patient losing all control of this important excretory organ, and being subjected for life to an annoyance far more disgusting and distressing than any fistula, and more deprecated by many than death itself.

This "*laying open*," as it is familiarly called, and of which the books speak as if it were a mere trifle—as to the *mere operator*

it no doubt is—this “operation for fistula in ano,” is the sum and substance, the beginning and the end, of “regular treatment.”

\* The *success* of this “sole reliance”—to say nothing of its occasional fatal, and frequently *worse* than fatal consequences just alluded to—may be judged of by the fact that a large majority of the worst cases *we* are called to treat, are those which *have been* operated on. When not killed or cured, they are of course invariably injured by being “laid open.” *This* is in private practice. Could the remote as well as immediate results of *hospital* “operations” be “laid open,” what a “cutting up” business would it not be? Could grave-yards speak, (or did their *registers* record, as they should, the causes of mortality,) I verily believe we should find that one-half, if not a far larger proportion, of all who are affected with this variety of fistula, ultimately die, either from the effects of the uncured disease, or of the “surgical cure.”

Yet one of our surgical authorities\* tells us briefly, that the “treatment of fistula in ano is simple, and if the disease be merely local, usually quite effectual”! He is even so well satisfied of this, that he advises us to allow abscesses about the anus to become fistulas! because, forsooth, their cure is then so very “simple and effectual”!

This favorite operation, I was about to tell you before, will be found described in every surgical work. You can refer to any of them if you ever choose to have recourse to so easy and mechanical an expedient—barbarous and murderous, I ought to say; for such it would be in *you*, when you know better, but prefer a chance to “operate,” to certain success by more troublesome, though less *fashionable* means.

If you prefer to run the risk—I should say, to subject your patient to the risk, for *you* incur none—you can have any amount of *authority*, to hold you *harmless*! If you cut and kill, *your* life is in no danger. Every book likely to be consulted will bear you out, except one, and that one forgets to tell you what better to do! Of all our American writers, at least, Gibson alone raises a dissenting voice against the otherwise unanimous opinion; but in doing so, he substitutes no satisfactory course of treatment.

“An opinion very generally prevails,” observes Prof. Gibson,

\* Miller, *Practice of Surgery*, p. 289.

(Surgery, vol. ii. p. 161,) "that every fistula in ano requires an operation. *There cannot be a greater mistake.* So far from it, that almost every case, where the patient is tolerably healthy, *might*, I am inclined to think, *be healed*, if attended to in the commencement and judiciously managed. Nothing will contribute more to this end than absolute rest, simple dressings, moderate diet, and mild laxatives. I have known a fistula protracted and kept open for months, while the patient walked about, and healed in a week by perfect quietude and the horizontal position."

If this be so—if means so simple can lead to a cure in favorable cases, why should not measures a little less "simple," or more powerful, be directed in still more advanced stages; and how mischievous must be the effect of the "generally prevalent opinion," that nothing can be done to prevent or supercede the necessity of "*the operation.*"

If something more effectual were used, than the Philadelphia professor's "simple dressings," no doubt, with his other stringent conditions (if any patient could be induced to submit to them) of "absolute rest," or "perfect quietude," and "the horizontal position," many cases *might* be successfully treated, even without recourse to the ligature. That measure, however, is generally indispensable in all confirmed cases. It does not exact such an absolute *prostration* of the patient, and may be said, with the proper adjuncts, to *insure* success.

[NOTE.—To show what a hobby of *operative* surgery this unfortunate disease has been made, and how authority sustains (by *repeating*) itself, I will subjoin a few quotations. To begin with a popular book of Reference:

Gardner's recently corrected edition of the well-known Hooper's Medical Dictionary, lays it down, (*in toto*), without any qualification, that "the cure is by a surgical operation."

Another recently *got up* American work is quite as positive: "The only effectual treatment is the division of the sinus and the sphincter ani muscle."—(Hastings' Surgery, p. 278—Philadelphia, 1850—a compend from Druitt, Gibson, &c.)

"The grand remedy," according to Druitt, in his careful digest of established English practice, p. 253, "is the division of the sphincter ani, so as to prevent the contraction of that muscle for a time, [how often forever!] and cause [how often?] the fistula to heal from the bottom."

Would it not seem that *medical* surgery had taken a disgust at

the part concerned, and given it over to *dissection*? One only of our American writers is a little more hesitating or discriminating than the rest. His language (as quoted in the text) is quite a rebuke to the orthodox dictum, but unfortunately it is unaccompanied with any sufficient or satisfactory directions for a better practice than that fostered by the prevalent "mistake."

Our German brethren are much more discriminating in their judgments, as well as comprehensive and profound in their inquiries. It may be instructive to show to what an extent these mental and *geographical* differences affect men's opinions. I have before me the second edition of an elaborate work of established authority, as I have every reason to believe, in Germany, though of recent date. It consists of three volumes, with a folio accompaniment of splendid plates, all devoted exclusively to *Akiurgy*, (that is, knife-surgery,) or that *part* of Operative Surgery usually requiring bloody operations. Yet in treating this particular affection, for which *our* authorities resort to the knife alone, the author restricts its use to so few and exceptional cases, that it is equivalent to a proscription of it altogether. A critical history of treatment, *modern* as well as ancient, the whole biography, so to speak, and bibliography of the disease, is given with truly German minuteness and accuracy. The most recent eminent surgeons of England and France are quoted, in corroboration, or for the purpose of justifying a dissent from their conclusions.

Of the four methods of cure—by Ligature, Incision, Excision, and Cauterization—the author considers the first two the only ones *not* antiquated. *Liston*, and other of our Operative Surgeons, dismiss the subject of ligature as out of date, because formerly associated with the *actual* cautery. With all his learning, the German Professor does not seem to have heard of or suspected a combination of the first and last named methods, so as to secure results altogether unattainable by either separately. This is *the American method*, not yet known to even German erudition, because our American professional *literati* have been too busy republishing or pirating English and French authors, to have had time to give back anything new of their own.

After fully discussing, then, the question between the ligature and the knife, our author gives the former a decided preference: "Verdient die Ligatur im allgemeinen den Vorzug.—Sie ist mit aufnahme der S. 261 genannten fälle ueberall angezeigt."

These excepted cases, in which he allows that incision may be admissible, are either so *very exceptional* as to be out of the question, (as, for instance, the possible complication of *stone* in the bladder, which would certainly indicate the use of the *knife* in a different *direction*,) or such as really afford additional reason for the ligature with *our* accompanying means, (they being precisely the means *we* should use for "malignant or suspicious" disease if

unconnected with fistula.) The only plausible objection to the ligature is confined to the single circumstance of the *outer* orifice being so far from the anus that it would be too long in working its way through—a difficulty which we have not experienced, or, rather, as I have explained in the lecture, which resolves itself, in a *medical* view of the operation, into a positive *advantage*. In these apparent exceptions, moreover, our author premises all the time that the fistulas in question are not old or “hard cases”—“Noch nicht alten fisteln—nicht starker callositaet der fisteln”—that is, that they are not bad cases at all, but such as he had before admitted *might* be cured, by proper medical treatment, without even tying, much less cutting.

Lest we be suspected by those to whom this information will be so strange, in their confidence in *partial* authority, and as this valuable work has not yet been translated into English, we will give, not all he says favoring our views, but just one paragraph, in which he lays down formally the cases for the knife.

#### 1ST METHOD—Incision”—

*indicated* in still *recent cases*, (noch nicht alten fisteln) particularly if there be many branches, or the outer orifice be far from the anus, because the ligature would then take too long in working its way through,—where it is desirable to lay open the bowel for the very purpose of exciting stronger and more continuous inflammation—in complication with malignant or suspicious disease of the neighboring parts, which the ligature might render worse, or with foreign bodies, stone in the bladder, for example:—

—*Contra-indicated* in fistulas, the *inner* opening of which is more than an inch and a half [ $1\frac{1}{2}$  zoll] above the anus,—where there are many or large hæmorrhoidal tumors,—when the fistula has become much hardened with callus,—[bei starker callositaet der fistel] or when there is great irritability of the rectum, risk (or rather *apprehension*—besorgniss) of a secondary affection or habitual diarrhæa.”—[AKURGIE VON ERNST BLASIUS, M. DER. C., Prof. der. chir. an der Konig. Universitat zu Halls—III Band, 261 P.—Halle 1841.]

The ligature is less objectionable than the knife, not only inasmuch as it is less alarming, and, when properly applied, less painful to the patient, and on account of the subsequent treatment being simpler, less confining, but its comparative slowness is itself an advantage. It *gradually* substitutes a healthy for an unhealthy action of the parts, by removing the cause of the latter; and thus not only obviates the liability to relapse, but the greater danger of other diseases occurring on the too sudden drying up of

an accustomed drain. This danger it is so considerable that it is, in some contingencies, held as a sufficient reason for not curing fistula, and in others, of only venturing on it with the precaution of setting up artificial issues in other parts! With the ligature, moreover, there is no danger of fatal hæmorrhage from the hæmorrhoidal vessels, or even temporary loss of control over the sphincter, as the division made by the cord usually heals behind it as it goes, if allowed to do so. Another danger obviated is that of inflammation from an extensive wound, in a delicate part and an enfeebled patient.

Dismissing, therefore, all thought of the operation, in your

#### TREATMENT OF CONFIRMED FISTULA,

the first thing is to ascertain as precisely as possible the magnitude, direction, and the number of sinuses.

The probing however, for this purpose may have to be delayed in consequence of the irritable condition of the parts. In such a case, make use of the bitter herb fomentations two or three times a day, together with emollient poultices. Keep the patient perfectly quiet. The bowels should be gently moved by the compound powder of senna, or some other mild hydragogue.

After a short time, under measures of this kind, the patient will be able to bear the operation of probing, though it may even then be quite painful. Having thus ascertained the state of the case,

If the fistula be already "complete," and large and direct enough for your purpose, arm a common silver probe with your ligature. For this purpose, the best material is saddlers' silk, doubled. Pass your threaded probe from the external to the internal orifice. When it is through, turn the outer end a little upwards, that the other may be seized by your finger in the rectum, and the string brought down. By separating the nates, you may be able to see the end of the probe and ligature; or the rectum may be dilated, and the operation facilitated by the Speculum Ani.

The two ends of the ligature are to be tied as firmly as the patient can bear, and afterwards drawn a little tighter every day. This tightening is commonly effected by rolling on or twisting with a piece of wood. A better plan, at least according to my judgment,—since I have been at the trouble of *inventing* it, though not of

getting a patent,—is, before tying, to let the ends pass through a large vial cork from end to end, separating three-fourths of an inch at the outer end, and passing over a little wooden roller, fitted to radial grooves cut on the end of the cork. These notches will hold the stick, after turning or twisting like the fall of a windlass. The surface is thus less irritated, the pressure of the cork being more equable than any “toggle” fixed there.

If there are several sinuses, they should all, or the principal ones at least, be treated in the same manner.

While the ligature is on, the parts should be fomented every day, and every sinus thoroughly injected two or three times a day with our usual alkaline lotion. The vegetable caustic in powder should also be inserted, by means of pledgets of lint. These must be “crowded in,” and allowed to remain till the next dressing, that the caustic may gradually dissolve, and have its proper effect upon the cartilaginous growths.

As soon as the ligature has cut its way completely through, foment and poultice, continuing the Vegetable Caustic, completely filling whatever fissure may remain with the armed tents. Every part will then rapidly heal, the caustic causing no impediment to the process, but rather seeming to stimulate to a more healthy and rapid granulation.

When the restoration is nearly complete, and but little matter is discharged, the parts feeling soft and natural, the poultice and fomentations may be dispensed with, and the black salve, or some other simple dressing, substituted.

There is no danger from this course to the sphincter muscle, the healing process, as was before remarked, following up the ligature, and being generally nearly complete before it comes away. It is sometimes even necessary to prevent this, and keep the fissure open until the proper dressings have removed all callus; after which it can always be readily healed up.

Should there be other sinuses branching from or leading into the main one, they must not be closed until all callosity at their extremity or along their course has disappeared, and the parts seem natural to the touch and without soreness.

Enlarge all such branches by the armed tents. These are best made of hemp-cord, well charged with the caustic, after being moistened a little, and retwisted of the size required. The

size should be increased, as the orifices of the pipes permit, being careful to keep the original sinus well distended while you are dressing the others. These measures must be every day repeated, until all appearance of callosity has gone, when milder dressings may be made use of, and the parts allowed gradually to heal.

If your case be a "*blind internal* fistula," ascertain the point where it approaches nearest the external surface. Open with a pointed probe, or by caustic potash, and having it thus "complete," proceed as before directed.

If it be a "*blind external* fistula," it need not always be made "complete." By the measures before directed, and particularly the persevering use of the armed tents, it may very often be cured "without the operation" even of the ligature.

If, however, it be a very *bad case*, and remain obstinate or get worse, *after* the proper applications—

Insert the armed or threaded probe clear through the bottom of the sinus, into the rectum; bring the ligature out; and proceed as before directed for "complete fistula."

But whenever, on passing your finger into the gut, you can discover a hard lump at the upper extremity of the sinus, you ought not to delay, but

Perforate the rectum, and introduce the ligature at once.

This laying open of the source of the original sinus is the safer way, inasmuch as the secondary branches, as well as this callus reservoir, can thus be reached, and easily overcome by the process before described, if you take care to keep open a large orifice by means of the tents.

Recollect that the Elm Poultice (kept on by a "T" bandage) should be used over the affected parts during the whole of the caustic treatment—

The peculiarity of this cure consisting in the callosity being dissolved and carried off by the *suppurative process*, the fistulous ulcer being made to heal by *healthy granulation*, and leaving no trace of the morbid formations.

I ought to inform you, and *you* your patients, that it frequently takes from three to six months to cure a bad fistula in ano. There need be no anxiety, and should be no misunderstanding on this point. A much speedier cure would not perhaps be desirable in all cases, even were it possible.

It not unfrequently happens, that when you are called on to treat a long neglected or mistreated case, the patient is laboring under severe *pulmonary difficulties*, or even already in an advanced stage of *consumption*.

This is the condition in which, according to the books, to cure fistula would be wrong!—the complication which renders even “*the simple operation*” not advisable. The removal of the disgusting local nuisance *by the knife* has been followed by fatal consequences. The damming up a *crevasse* in the river’s bank, without clearing out the natural channel, has been found worse than useless. Therefore, nothing ought to be done! The soul’s lease-hold of “the house it lives in” now depends on not venturing to obviate the inconvenience of a smoky chimney.

But be assured that a proper cure of the fistula in ano will be your best chance of *preserving* the lungs and the life of the patient. Even where the case is too far gone for a restoration to perfect health—where your object is only to retard the fatal *progress* of consumption, your first step towards it is to restore the healthy function of *every other part*, and put an end to every source of irritation and aggravation.

As to the danger of “drying up a long established drain,” you will observe that in our mode of “curing up” fistula, instead of at once arresting, we for a long time *increase* the drain from the affected part, changing it, at the same time, from a self-perpetuating sanious and fœtid character, to a soothing, self-limiting, and sanative suppuration.

When the lungs are not so seriously affected, *their* disease subsides as soon as the free and healthful discharge is excited about the anus. In numerous cases, where the sufferers seemed far gone in consumption, the fistula treatment was all they required to arrest the pulmonary disease.

I recollect a gentleman coming from the northern part of the State to this city, so reduced by apparent consumption, as well as anal fistula, that his friends took their last farewell of him, fully persuaded that he came here but to end his sufferings in death. In four months, he was restored to them in perfect health, as fleshy as he had ever been in his life, and he has since continued to enjoy better health than before his “latter end” was so doubly threatened.

His "consumption" was indeed deeply seated—fundamentally fixed—but fortunately in the pelvis, instead of the chest.

Many other such cases I might mention; nor do I recollect one instance out of more than fifty, treated either by myself or Dr. Morrow, in which the patient did not entirely recover, or in which he appeared to suffer any inconvenience from *not* having fistula!

I have at this time a patient who, four months ago when I commenced treating him for fistula, was pronounced by experienced physicians, far, if not fatally, advanced in consumption. He is now quite fleshy, and, according to his own account, in better health than he had known for five years previous—though the *fundamental* restoration is not yet quite complete. He had, when I first examined him, no less than five distinct fistulous openings—two of them extending three or four inches up along side the rectum, and discharging their foetid currents through the edge of the gluteus muscle, about an inch from the anus. There are now but two little ulcers, not an inch in depth. I shall soon send about his business this other victim of *phthisis pelvo-fistularis*!

Yet why are we allowed exclusively to claim this amount and kind of success? The principle of treatment did not originate with us, (though the *measures* necessary to make it effectual *did*), nor have we sought to confine its knowledge to our own ranks. We make no pretensions to any *knowledge* which others *may* not have. It is of what they *do*, or, rather, what they *fail* to do, that we complain. Why is not this, in default of some other equally successful treatment, diffused over all the length and breadth of the land, till not a sufferer remains for us individually to relieve? Why is it not taught in any of the thirty-seven Old School colleges of the land, nor mentioned in any "established" text-book that can be named, unless for the purpose of indiscriminate disparagement?

The main features of this "cure" were adopted more than a generation since by Dr. Beach, and published over twenty years ago in his "American Practice." It has been publicly taught in the Reformed Schools of New York and Worthington, and for five years now in Cincinnati. All who have learned and practiced it have have been well satisfied with the results. Still, simple, rational, and certain of success as is this course, nothing like it is anywhere taught, or anywhere practiced but among us, and a few scattered

individuals who have learned or *stolen* from us. (What I mean by stealing, I will tell you presently.) Science is a robbery when it is thievishly appropriated. The grand or petty larceny, in this case, depends not on the using, but *abusing* the thing—not on the way of getting, but *forgetting*.

So obstinately blind, I was proceeding to say, are the regular or *routinier* profession to all improvements in medicine, that do not come to them through already established authority, that thousands of patients have been allowed to drag out a miserable existence, dying at last of this very disease, or its mere mechanical treatment, since the effectual means of a safe and radical cure have been published to the world. Though the plan has been so openly practiced by us, with such evident success, yet the great mass of the profession, instead of adopting it, with or without acknowledgment, which latter they have in some others instances condescended to do, have in this case permitted the “open secret” to be practiced under their nose, upon patients taken out of their hands, by a practitioner who pretended to exclusive possession of it!

I allude particularly to the notoriously successful, but none the less disreputable, practice of a person who attended the lectures of Dr. Morrow, in Worthington, some years ago. He located himself in Kentucky, where several bad cases of this disease fell into his hand. He cured them, *of course*; which was a thing so unexampled in that part of the country, where the superiority of the Reformed Practice generally was so little known, that he gained quite a *personal* reputation in consequence. Plenty of other such “incurable” cases came from all the country round, until finally he found it to his interest to give his whole attention to these and similar chronic or neglected cases. His success was such as usually attends the efforts of educated Eclectic physicians. But I regret to say, that the Reformed Practice, so beneficial to him, has not received *from* him the return it deserved. So far from acknowledging, like a liberal and high-minded man—that is, like a physician—the source of his success, and thus extending its benefits to the profession and mankind at large, he has not only claimed the practice as original with himself, but, still more meanly, has kept as a profound secret, these *pretended* discoveries, which it is well known he was taught by Prof. Morrow. He, however, goes so far as to publish a book “on anal diseases,” which is nothing else

than an advertising puff of the author and his practice; for it throws not one ray of light on the subjects treated of, not even pretending to develop the means by which the boasted success is attained. *Negatively*, indeed, he has said something on the subject. He has found it necessary to state that he does not practice upon the same principles as Dr. Beach and the Reformed School in general. The statements of his patients, however, prove clearly that if he does not use precisely the same remedies, he applies very similar ones, in the same manner and with the same results. While I would not say one word to depreciate the talent, skill, or learning of Dr. \* \* \* \*, I must condemn most unqualifiedly that disposition which prompts such a man to withhold honorable acknowledgment of benefits received, and to keep to himself valuable knowledge, from the contemptible consideration of pecuniary advantage, or the still more contemptible vanity of being considered the sole possessor of such plagiarized knowledge.

I hold, not only that it is the duty of every practitioner to be an improver and teacher of medicine—to communicate in every possible way, and at the earliest moment, any valuable remedy or mode of treatment not generally known; and not only that the selfish *concealment* of such knowledge is a crime against humanity; but, I hold farther, that the *divulging* of such *secreted* knowledge—the publishing of any privately appropriated remedy—is a praiseworthy act.

I do not make these remarks as new, but because I believe the occasion calls for them. The condemnation of secrecy has long been the common conscience of the profession. For ages past, all honorable physicians have published their most prized and often hard-earned discoveries, however profitable they might have made them as secrets.

When the public universally understand that honorable men will not keep valuable remedies secret, they will also understand, as a necessary consequence, that in at least nine out of every ten pretended valuable, or “invaluable remedies,” the whole value consists simply in the *secrecy*. The nostrum-monger condemns himself, and glories in his shame. If the thing is all he claims for it, he ought not to keep it to himself; if, as is most commonly the case, it is nothing either new or peculiar, he is a liar and a cheat.

T H E

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## Part 1.---Original Communications.

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### LECTURE ON CHRONIC ULCERS OR "OLD SORE LEGS," "FEVER OR BRANDY SORES."

BY E. L. HILL, M. D., PROFESSOR OF SURGERY, &c.

[Being an extract from the work on Practical Surgery, now in progress of publication, and intended to give the Reformed Practice of Surgery in full, as taught in the Eclectic Medical Institute.]

**CHRONIC ULCERS:**—*Their frequency and supposed incurability—Description—The whole limb affected—Treatment of sore, limb and constitution—Local treatment to be long continued—Old School treatment—Its deficiency and failure—Bathing and revulsives—"Ought old sores to be cured?!"*

I CANNOT quit the subject on which I last addressed you, (ulcers) without calling your attention to another species of the ulcer genus which I have taken the liberty of adding, under the truly descriptive, if not very classical name of

#### OLD SORE LEGS!

That my species is of more importance than any of the others, must be evident, if for no other reason, than for this, that it *includes all* the others,—the same limb often producing specimens of the indolent ulcer, the irritable, the varicose, and perhaps, too, at the same time, one or two in tolerably a healthy condition.

These cases will often be brought under your notice as "*fever sores;*" and as they not unfrequently afflict those who are, or have been

hard drinkers, they are also called in many parts of the country "*whiskey*" or "*brandy sores*." Though intemperance, as this name implies, may have been the principal cause, "*signing the pledge*," or even the keeping of it, will not always be sufficient to obtain a remission of the penalty. Physiological sins are not pardoned on simple repentance.

But unfortunately the sinners or sufferers lack *faith* in the Old School ministry, and little wonder!—They have often gone the rounds of the profession, consulted every doctor within their reach, been treated or maltreated in hospitals and in private hands; and if their general health, which is often tolerably good, escapes *this* great additional danger, the only result is that they get resigned to their original affliction as well as the disappointment, and can hardly be brought to believe there is for them any "*balm in Gilead*,"—any hope from surgery. Few cases come into our hands that are not of long standing. I have had them ten, twenty, and even thirty years old.\*

Although the patient is apparently well, and will tell you that his general health is perfect, he is often more or less lamed, (the ulcers being deep,) and suffers much, particularly at night. The chief suffering is from the heated state of the parts, which is so great that cold water affords no sensible relief, and you will often find that even in the coldest nights, he lies with the limb entirely uncovered. But grown accustomed to the evil and faithless as to any remedy, the sufferer makes no complaints and calls for no aid.

His cure however is not hopeless, though he is past hoping for it. Of however bad a character and long standing may be the case—and though all the "*eminent*" surgeons and doctors in the country may have failed,—*you* need not fail, and will not if you resolutely apply the course I shall lay down.

One peculiarity of these ulcers was alluded to: they are often from an inch to an inch and a half deep. Your patient may suffer much more from the swelling, where there is no open ulcer at all.

What I wish however to call your attention to more particularly—aside from the character of the ulcers themselves—is the *condition* of the *limb*. This is hardened as well as swollen, and in some instances not to be distinguished by the touch from bone.—Not unfrequently the patient will inform you that Dr. Somebody or other has pronounced it an incurable "*enlargement of the bone*," and thrown out a pleasant hint about amputation in prospect! Around the ulcers and at other points where ulcers have formerly existed,—sometimes the limb all over, from ankle to knee, is as *dark* as a negro's leg: where the cuticle scales off, as often hap-

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\*In one case of *thirty-five* years standing, where thousands had been spent for medical treatment, a complete cure was effected in a little over twelve months.

pens, <sup>45</sup> leaves a shining, bluish or livid surface, which becomes white on pressure with the finger.

In actual *treatment* the condition of the ulcers must be first considered, though they are in reality of trifling importance compared with the condition of the limb; which latter requires treatment just as much, whether at the time there happen to be open sores on it or not.

If the *ulcers* are of the *indolent* character, with thick tough pus adhering to the bottom, hard callous edges turned outward, &c., your first care must be to cleanse them thoroughly. Your best means for this purpose is the mild powdered caustic, filling or completely covering the ulcer with it, and then putting on a slippery elm poultice. This dressing should be renewed as often as every ten or twelve hours. In the course of thirty-six or forty-eight hours, the pus will easily wash off, and the sore present a florid and comparatively healthy appearance; and the *edging* especially be much softened.

If, on the other hand, there should be any *irritable* ulcers, emollients must be resorted to. The whole limb must be subjected to the vapor of "bitter herbs," (see introduction,) boiled in vinegar. The best way is to place it over a vessel, into which the ingredients are put with boiling water or vinegar, steam being kept up by hot bricks, covering the whole with a blanket to prevent the escape of the steam, (see introduction.) Keep it up for at least an hour, and repeat the operation once or twice a day. Meantime bathe the affected *limb* with some stimulating wash, one composed for instance, of the spirits of turpentine, one ounce, and tinctures of capsicum and camphor, each two ounces, sheathing the ulcer from its effects for awhile by a simple cerate spread on linen.—This liniment should be applied immediately after the steaming.

When these points are attended to, proceed with your most important measure—the *bandage*. It should be about two inches and a half wide. Begin with it at the extremity of the great toe, so as to compress it equally all round. At the next turn include the second toe, and so on with the others, one at a time. Then go on smoothly and firmly all over the foot, first placing compresses in the hollows round the ankle, so as to have equal pressure at every point. Continue to the knee, or should the state of the limb require it, include even the thigh also,—one of the principal objects being, you should bear in mind, to aid the returning circulation. Let each layer of your roller overlap the preceding for at least two-thirds of its width. When the limb is tapering, (as just above the malleoli,) it will not lie smooth unless you fold it over itself and slightly change its direction at almost every turn. When you have reached the knee or as high as you wish to go, bring it, in the same manner down to the foot again, taking care

to use less force than before, lest you should drive the blood downward.

I have been thus particular about the application of the bandage, because if you omit it, your other means will probably be of no avail, and if you apply it badly, you may do positive mischief. Any part left constantly uncompressed by unskillful bandaging, will soon become sore, and probably break out in an ill-conditioned ulcer.\*

Take off and reapply the bandage every night and morning, wetting it thoroughly in cold water each time *after* putting on and as often as it may get dry. Or the wet roller may be covered again by dry ones, or one of oiled cloth, to prevent evaporation; this may be more necessary at night, the patient's own *sense* probably keeping him attentive to it during the day. If the bandaged limb is dipped in water, take care that it be not kept in so long, or that the water (however applied) be not so cold as to occasion any sensation of chilliness.

But a short time will have elapsed under this treatment, continued from day to day, before the *ulcers* will have healed; but the *cure* will still be very far from complete so long as there is any hardness or discoloration in the limb. For this reason the same applications should be continued.

If the cure prove tedious, change your lotions for others not less stimulating; to which should be added some strong vegetable astringent. The system, or any part of the system, may get accustomed to a particular article, yet retain its susceptibility to others of the same general character. Besides this alternation of washes, I have often treated the obstinate limb with as strong a solution of the caustic (the sesquicarbonate of potash) as could be borne without taking off the skin, or a very strong solution of the bi-carbonate (salæratuſ.) I regard these alkaline lotions as among the most powerful discutients in the materia medica for all kinds of indolent swellings. They may be advantageously alternated with a strong decoction of white-oak bark.

After the ulcers have healed, the swelling gone down, and the whole limb has assumed nearly its natural shape and color, there may still remain some hardened tumors resembling cartilaginous

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\* It is a curious illustration of the slow progress of improvement, that a surgeon of one of the London hospitals or infirmaries, has recently published a work in which he advocates this measure as something novel! The editor of the British and Foreign Review takes the occasion of remarking that if unknown or neglected in the great metropolitan institutions, it was by no means so in some other parts of the country. In this country I know that my colleague, Dr. Morrow, has been in the habit of insisting on its indispensable importance as far back as 1830 at least. And the most distinguished surgeon of the west, Professor Dudley of Lexington, is well known to have made it quite a *hobby* for a much longer period, the *philosophy of the bandage* occupying quite a prominent place in his course of surgical instruction,—to the exclusion, I am told, of nearly all other *local* means.

tubercles, generally about the ankle. These should be *scarified*, so as completely to disorganize them; and the compression and stimulants continued. If this is not sufficient, a caustic *issue* should be made over and *into* each, destroying every portion of the callus. When the cauterized parts have sloughed off, the issue will close up and "leave not a trace behind."

Sinuses also may resist your ordinary treatment. *Inject* them with a very strong solution of the mild caustic, and push in *tents* charged with the same in substance. If they connect with each other, bring them together by the ligature or the knife. If they are near the surface cut them open, or cauterize down into them.

Among all your applications, be sure in treating this form of disease, never to apply any *oily* or greasy substance. Such things often cause the ulcers to spread and inflame very rapidly. Most old patients have learned this by experience.

The importance of long continued treatment is one point more that I wish you to bear in mind, especially that of *compression*, with *stimulating astringent* washes, (as extract of white-oak bark and tincture of capsicum, aa.) These should be persevered with for several months after all visible traces of the disease have disappeared. The limb, you should remember, has been in a preternatural condition for a long time, all the smaller vessels at least enlarged, the fasciæ and cellular tissue engorged with fluids, and the muscles themselves distended and put upon the stretch. By your treatment you have caused absorption of these extra fluids, and have necessarily left the parts in a very relaxed state, which can only be corrected by astringents and compression. In many cases you must not allow the patient to leave off the bandage under twelve months, after having for some time used it less tightly. And even after leaving off the astringent applications, cold bathing should be long practised. Even when proper constitutional treatment has been used, relapses have occurred from neglecting this attention to the peculiar change brought about in the limb. The patient, when apparently cured, can with difficulty be brought to believe so much "trouble" necessary. But it is your duty to make him *understand the reason* for his doing as you desire. Doctor originally meant *teacher*.

A *local treatment*, somewhat like that I have given, is recommended by several standard authorities. Yet the innumerable uncured cases to be met with throughout our country, are so many standing proofs (for they have almost all of them have been under regular practice at some time or other,) that either the recommendations alluded to are not followed by the professional large, or that the suitable *constitutional treatment* in connection with them has been over-looked. Hence the universal persuasion of the people that though "the doctors" may cure fever, they "can't cure

*fever sores.*" This may be considered a "prejudice" of little consequence, but it is one as truly *prejudicial* as it is disgraceful to the profession. If the healing-art is thus found wanting in small things, how can it retain popular confidence in cases of greater danger and greater *uncertainty*. It is chronic disease, much more than acute, that tests the merit of any practice or practitioner. Hence the steady progress of Eclecticism in all parts of the country. Eclectic Reformers neither fear nor scorn to treat even "old sore legs."

When constitutional treatment is resorted to by *Old School* practitioners, it is often worse than useless. They are informed, indeed, by one of their greatest American lights, that "constitutional means often [!] exert great influence [!!] over indolent ulcers:"—and what do you suppose is indicated as the very best of all "constitutional means"?—"In the wards of the Philadelphia Hospital," continues the professor quoted,\* "I have succeeded in numerous instances by the use of *blue pills*, and other preparations of *mercury*, after *most other means* had been tried for months ineffectually." How much, or rather how *little* is implied by this expression, "*most other means*," we may perhaps guess from what follows: "Where the patient's constitution has been prostrated by intemperance, and other similar causes, the internal use of carbonate of ammonia, wine, brandy, opium and so forth, will prove of immense service: indeed in most instances, chronic ulcers cannot be healed without the use of such remedies." These eight or ten lines include all the constitutional treatment recognized as necessary by a distinguished teacher in one of the first Old School colleges in the world! The blue pill and other preparations of mercury, with wine, brandy and opium!! when such a guide is blindly followed by thousands, can we wonder at the consequences to the tens of thousands whose lives and health are at stake.

*Opium and Mercury!*—I find with astonishment, that the former of these never *failing* resources, is also recommended by Druitt, the author of a much esteemed practical compend of English Surgery. He tells you (p. 85) to begin with half-grain doses night and morning, and gradually increase to keep up the impression—as, of course, you must to a Chinese or Turkish extent, and probably never be able to leave it off again, while it *leaves life*. Besides this often fatal *inconvenience*, the article is plainly contra-indicated by the very state of the system assigned as a reason or *excuse* for giving it. We are encouraged to rely on this tempting palliative, because, forsooth, "it acts on the surface!"—as if its certain secondary effects on the surface, when long continued, as in this case it must be, were not *visibly* the reverse of those

desired! Who knows not the sear and dried up skin of the opium-eater?

It is these partial and superficial views taken by surgeons and physicians in general, and inconsiderately presented in practical works, that occasion such frequent failures, and even fatal errors. In the cases in question, the *general surface* is, and has been for a series of years, in a diseased condition, and the system at large is as plainly out of order. Yet opium and mercury are to be prescribed!—the former being certain, in the end, to lessen the healthy action of the skin and other excreting surfaces; and the latter having a direct tendency, when used as recommended, to derange the liver and stomach, and produce, through its constitutional influence, precisely the same sort of local difficulties we are here contending against. What ulcers are so ill-conditioned and intractable as *mercurial ones*?

Not in a single instance do I find any application recommended for the general surface,—that most important and most neglected of the health preserving and health restoring organs,—no! not even soap and water! Is it then surprising, I ask again, that in these chronic diseases, under Old School practice, the *rule* should be failure, and *cure* the exception? and that, in a large proportion of cases, such doctoring should prove worse than unavailing, positively and grossly mischievous?

First and foremost, then, I enjoin upon you to direct special attention to the general surface. Make your patient take the Alkaline Bath, night and morning, using brisk friction with the bare hand and harsh towel. (See Introduction, p. —.)

At the end of twenty-four or forty-eight hours, after the first application of the roller, the patient will usually experience pain, fullness or some disagreeable sensation in the head, with cough, nausea, or perhaps some aching in the limbs. The practitioner should be on the look-out for these occurrences. They are, of course, attributable to the absorption of the large amount of unhealthy fluids so long detained in the limb,—which, under the unwonted mechanical stimulus of the bandage, we often find to diminish one-third of its size, sometimes even one-half, in the course of the first day. All this matter, which has so suddenly disappeared, must have entered the general circulation, and produced the disturbance of the vital functions, evidenced by the disagreeable symptoms just mentioned. So soon as they are noticed, therefore, or in anticipation of them, the patient should take a large

Hydragogue Cathartic, composed of comp. powder or syrup of senna (Form—) and *cream of tartar*, sufficient to operate freely from five to ten times. Not the least harm need be apprehended from this purging. On the contrary, it will give immediate relief. It should be repeated, though not to the same extent, as often as *once*

a week, for three or four weeks, or more frequently if any of the above symptoms reappear. By this means, not unfrequently serous fluid to the amount of from five to ten pounds is thrown out in the course of ten or twelve hours, carrying with it, no doubt, a large amount of diseased matter; while at the same time such a drain from the circulation greatly increases the activity of the absorbents, thus aiding your local treatment. The patient must also be put under an

Alterative course, consisting especially of such articles as have a direct tendency to increase the *urinary secretion*. For this purpose, I usually prescribe a syrup or strong infusion, composed of equal parts of the roots of the *Leonurus Cardiaca*, *Scrophularia Marylandica*, and *Aralia Hispida*, (dwarf elder,) to be taken, *ad libitum*, at least three or four times a day. Instead of this, you can give the Alterative Syrup, (Form —,) in combination with some active diuretics.

If the patient has been much debilitated by *intemperance* or former *medication*, we substitute at first, for the foregoing, the Restorative Bitters, for awhile, (Form —,) or a Syrup of *Prinos Verticillatus* and *Leonurus Cardiaca* as to be taken three times a day, half an hour before each meal. I also require the patient to take a draught of *cold water* the first thing after rising in the morning,—at least a common tumblerful. This, besides its tonic effect, will generally

Obviate all costiveness. If not, give the Anti-dyspeptic Pills, (Form —,) or small doses of podophyllin and leptandrin, or the extract of *Enonymus Atropurpureus*; or, what is still better, a combination as of the Hepatic Powder (F. —) and Alkaline powder of Rhubarb, (F. —.)

If your patient be of the scrofulous diathesis, give him our Scrofulous Syrup, (Form —.) If he is laboring under the mercurial taint, the same may be used with advantage, but he should then alternate the alkaline with the acid bath. Common cider vinegar answers this purpose best. He should also be encouraged to use acids freely with his food, so long as they produce no derangement of the stomach.

The diet should be plain, but palatable and nourishing. *Meat* should not be prohibited. I have frequently found that patients restricted to a vegetable regimen sank into an irritable state, which resisted treatment; whereas, on changing their diet, and allowing them more animal food, they were easily cured. All fermented and other alcoholic beverages, however, *should* be positively *forbidden*; for, under no treatment, have you reason to expect a cure while your patient's blood continues to be poisoned.

I ought not, perhaps, to conclude this subject without noticing an opinion, almost as extensively prevailing as the one before spoken of, that it is of no use to apply for medical aid in these cases,

because "doctors can't cure fever sores." It is another popular opinion or prejudice, that if these old sores could, they *should not be cured!* This notable idea is often encouraged, too, by professional men!! Is it to conceal their own want of skill, or because they really have seen bad effects follow the "cure" of such cases *under their practice?* But, of course, no *physician* will consider the mere external closure of a chronic ulcer as a cure, while the diseased state of the system which occasioned it, and which perhaps required it, remains uncorrected. Physiology does not enumerate, among the natural emunctories, an *artificial anus* in the leg. The human mechanism was surely constructed to be kept in order without such a safety-valve as *that!* Restore the general health, giving due attention to *all* the functions, particularly the excretory, and there will be *no danger whatever.* Nature will be able to preserve the general system without the sacrifice of any particular part. Nor *need* there ever be any necessity for reopening the unfortunate ulcer, or setting up a substitute in the shape of an artificial issue in some other part of the body, as is the practice of some surgeons. The drainage and sewerage of the system is better provided for than it can be by our art.

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### PROF. HILL'S NEW WORK.

#### Messrs. Editors:

GENTLEMEN:—I was highly pleased on learning that it was the intention of Prof. B. L. Hill to give the medical profession a systematic work on the Principles, Practice, and Operations of Surgery, by the first of June next. This will be a great addition to our list of text-books, and Prof. Hill will do very much in advancing reform by this work. It has been a very unfortunate circumstance with those engaged in the reformation that is being so rapidly carried on in the practice of medicine and surgery, that we have had but few works entitled to any respect. But more especially has this been the case in regard to the subject of *surgery.* It has ever been considered, by those ignorant of our practice, a subject with which reformers were willing to have but little to do. While attending the lectures of Prof. Pope, in St. Louis, I have often heard him congratulate the members of his class upon the improbability of their ever meeting with much competition, in this branch of their profession, from *innovators*; and I must confess that I very nearly agreed with him at that time. The means of acquiring the proper amount of knowledge requisite for the *successful* treatment of this class of diseases, were so inadequate, and the prejudices so strong, that reformers, who had not had the benefit of oral instruction from the experienced, could scarcely be censured if they shrank from the responsibilities.

The task of preparing a systematic work on surgery, where there exists no criterion, but where the plan must be entirely original, and where the larger portion of the practice is new and in a great measure peculiar to the author's private practice, as is the case in this instance, involves a great amount of labor, and Prof. Hill will entitle himself to the lasting regard of his numerous friends and the friends of reform everywhere, for the promptness with which he has surmounted all obstacles. The improvements that have been made in the practice of surgery, by Eclectics, are indeed striking; and we have keenly felt the want of a systematic arrangement of them, suited to the wants of both students and practitioners. It gives me no little pleasure to know that this want is soon to be satisfactorily supplied. Prof. Hill is peculiarly qualified for the duty he has imposed on himself. His critical knowledge of *anatomy*, long experience in *surgical practice*, and skill as an expert operator, give decided advantages: while his untiring perseverance in whatever engages his attention, gives assurance that no means will be spared in making his work worthy of the place it is designed to take.

On account of the great amount of expense involved in publishing a work of the above character, Prof. Hill has proposed receiving subscriptions for his work before it is issued from the press. To all who are disposed to assist him in this manner, to meet the heavy expense, he offers a large discount; and it is to be hoped his numerous friends will take early steps to embrace his liberal offer—the price being about the cost of publishing. Prof. Hill deserves credit for this moderate course he has determined upon in regard to his Surgery. I was somewhat astonished when I learned he intended to publish so voluminous a work (five hundred large octavo pages, with numerous plates) for the sum of three dollars, or two, if paid prior to June, 1850. It does credit to his moderation, if looked at in connection with the usual charges for such works. I feel, from my long and intimate acquaintance with Prof. Hill, and my appreciation of his distinguished abilities, that I can recommend his work in advance to Eclectics, as well as all others, as one that will possess unusual merit. Prof. Hill's surgical practice has ever been original, bold, and highly successful. His prescriptions are original and peculiar, and if they are (as I suppose they will be) made public, will be of vast importance to less experienced practitioners.

With this work and those which it is understood are in the course of preparation by Professors Morrow, Jones and Buchanan on the subjects of Practice, Materia medica, Therapeutics and Physiology, our libraries will be decidedly improved, and our facilities for imparting valuable instructions to students greatly enhanced. Eclectics should embrace the earliest opportunities therefore in forwarding their subscriptions, so as to assure Professor

Hill of their appreciation of his labor, and to encourage others in the prosecution of their difficult tasks. The destiny of Reform must ever rest with the body of general practitioners, and according to the high professional attainments they reach, will the influence of *Reform* be felt and extended. The responsibility resting on them is great, and there has ever existed a laudable ambition with them to be thoroughly qualified for their responsible duties. But no matter what amount of assiduity and ambition may exist, it would be the height of folly to expect them to transcend the ordinary standard of our authorities, and hence when the laborious and difficult duty of furnishing necessary books as guides to the physician, has been accomplished with ability, as I feel certain this work of Professor Hill's will be, there should be no hesitation or delay with practitioners in furnishing themselves with it let the cost be what it may. I feel certain that Professor Hill's work needs no recommendation from me or any one else to secure its rapid purchase by Eclectics who know him, and my only object has been to call attention to the fact of its early publication. I hope it will be found necessary for the author to issue the second edition at a very early date from the rapid sale of the first, notwithstanding that may be large.

With respect I remain,  
Madison, Ind., April 5th, 1850.

C. J. CHILDS, M. D.

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## ECLECTIC PRACTICE.

T. V. Morrow, M. D.:

DEAR SIR—Striving for the promotion of generous principles and thoughts 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.

A young soldier in the "vanguard of the army," I planted my stake in this place sixteen months ago, with but little encouragement. My practice only averaged about sixty dollars a month for the first four months. Every day's experience established more firmly the certainty of an approaching triumph. I mention the following for the purpose of lending an encouraging voice to my young brethren, while engaged in this noble work of toil, self-denial, and benevolence.

About the 1st of May, 1849, I was called to Mrs. Warrenburg, aged about forty years, who had been under the treatment, for four months preceding, of three of the most noted of the Old School. They gave her out to die, with a chronic diarrhoea and spinal inflammation. The diarrhoea, I think, was caused partly by the effects of mercury. After they had operated on her for four

months, they resorted to opiates, for palliative relief, that the patient might die as easily as possible. I was called as the last resort. Carefully examining the case, I believed I could raise her if I could gain her confidence, knowing the efficacy of the reform practice. After getting her promise to try me three weeks, promising to keep her alive that long. I commenced my treatment by giving a mild emetic, and in five or six hours followed with a cathartic of the anti-bilious powders. I would remark here, that the Old School men said she could not take a cathartic without death. I applied the irritating plaster two-thirds the length of her spine, let it discharge three weeks, and gave the following tincture :

R—Capsicum,	32.
Ginger,	32.
Peppermint (Ess.)	51t.
Laudanum,	31½.
Tormentilla,	32.
Gum Myrrh,	32.

Proof Spirits, half a gallon—let it digest one week.

I gave of this from one to three teaspoonsful every three hours. I also gave the neutralizing extract, prepared from Beach's neutralizing mixture, in the same dose. Between each dose of the above, at the same time, had her sponged off all over four or five times a day, with the alkaline bath, and bathed three times a day nearly all over with Dr. King's rheumatic drops. I repeated the emetic and cathartic about twice a week, for two weeks, then put her on the alterative syrup, and in six weeks she rode one mile on horse-back, almost entirely well.

I will add, since that time I have treated six hundred and seventy cases, with but the loss of four of any description. At this time, this vicinity is three-fourths Eclectic, and I have as much as I can do.

Yours, respectfully,

SAMUEL FELLERS, M. D.

Jeffersonville, O., March 21, 1850.

## COMPARATIVE RESULTS.

[THE following communication has been sent us by a graduate of the Old School, who has been testing the Eclectic practice and become convinced of its superiority. He mentions in his letter a case of quackery, and makes some comments on the Old School bigotry which are more severe than we care to publish.—B.]

*To the Editors of the Eclectic Medical Journal :*

I was called the 15th of October, 1849, to see a gentleman fifty-five years old, who had the common symptoms of fever. He

was treated upon general principles for three days, at which time an eruption made its appearance upon his face and scalp, gradually extending over the body. I inquired of the patient whether he had been exposed to small pox. He stated that he had not, but that he had the disease when young. These questions were asked on the day of the eruption, he was then asked whether he ever had the measles, he said that he never had, and had never seen any one that had. From the history he gave I was somewhat at a loss at this stage of his disease to say positively what it was. I gave it as my opinion that he had the small pox. This case did not long remain in the dark, on the third day of the eruption my partner visited the patient with me, and we unhesitatingly pronounced his disease to be confluent small pox. Up to this time he had been treated upon allopathic principles and we continued the same course, and on the eighth day of the eruption he died. The family consisted of his wife and six children, all of adult age, and none of them had been vaccinated, on the fifth day of the eruption (of the old gentleman) they were all vaccinated, vaccination had its full effect upon four, upon the others it did not take effect.

The four upon whom vaccination had its full force had the disease light and no secondary fever, the other three did not get off so well, they all had discrete small pox, the disease run through its regular stages. The treatment in these cases was the reverse of the first case, they were all treated according to the eclectic practice, strictly, with the most happy results imaginable. Will the day ever come when we shall rely upon true science and sound philosophy?

A. M. N. Z.

#### EXTRACT FROM THE LETTER OF A PHYSICIAN.

“*Dr. J. R. Buchanan:*

DEAR SIR:—Having been taught the principles of the Allopathic School, my predilections and my prejudices were in favor of that system of practice, and I was taught to believe all other systems were wrong. \* \* \* Yet I could see no good reason why we should compromise the stamina of our bodies to treat successfully their diseases. I believed, that according to sound pathological and physiological principles, we ought to use such remedial agents as are sanative in their nature, and, by their operation, calculated to preserve the vital forces—assisting in removing disease without injuring the integrity of the human constitution; and for contending for this principle, I was discarded by my brethren of the profession. After I had repeatedly witnessed the fatal results of the various preparations of mercury, antimony, &c., and the depleting plan generally, I had resolved to abandon the practice of medicine, and resort to some other business. But still inquiring after truth, I subscribed for the *Journal of Man*, which gave me such different views of the physiology of the human constitution, that I fearlessly contend with the champions of calomel and the lancet.”

## Part 2.--Hydropathy.

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### MEDICAL UTILITY OF WATER.

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BY F. H. GORDON, M. D.

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[Two Lectures delivered to his Class, in Lebanon, Tenn.]

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As an *internal* remedy, its properties *vary according to its temperature*. At all temperatures which can be tolerated by the stomach, it increases the pulmonary, cutaneous, and renal secretions. When taken into the stomach, it soon finds its way into the circulation, through the radicles of the gastric veins, and is eliminated by the skin, kidneys, and lungs. But if water be swallowed hot, say at ninety-eight degrees Fahrenheit, or upward, it stimulates and accelerates the circulation, and acts as a powerful diaphoretic. The perspiration will be in proportion to the elevation of temperature, and the amount swallowed in a given time. Cold (thirty-two to sixty degrees Fahrenheit) water swallowed, acts as a diuretic and antiphlogistic or sedative to an inflamed stomach. But if drunk tepid, (sixty to eighty degrees Fahrenheit,) it is emetic. Thus, you may cause a patient to urinate, sweat, or vomit, or to cease vomiting, according to the temperature of the water he drinks. A small amount of very warm or very cold water will generally relieve nausea, but if drunk largely, then it is emetic, diuretic, or diaphoretic, according to its temperature, as just stated. Bearing these facts in mind, you will be able to explain why a thousand and one remedies have popularity for these virtues. I allude not alone to the opinions of the populace, but to those of the profession also.

Many remedies of high repute would doubtless cease to be valued, were they administered without water. In this respect, our materia medica would be much impoverished. The physician orders a decoction of some foreign or indigenous plant: the urine flows freely, and he therefore sees with his own eyes that it is an excellent diuretic. He thus knows from experience that the books are correct. But let him order his remedy without water, and direct his patient to abstain from all drinks; then experience will, in regard to most of the reputable diuretics, teach him differently.

Similar remarks are true of a very long list of diaphoretics. Numerous teas, infusions, and decoctions, owe their reputation exclusively to the warm water swallowed during the administration of these supposed sudorifics. Let these supposed remedies be taken without water, and you will find a large majority of them incapable of them exciting perspiration. Very warm water, freely swallowed, so powerfully promotes perspiration, that, in most cases, it needs no medication.

As an *external* remedy, water is still more valuable. And the fact that the two extremes of temperature, denominated cold and warm, give it different virtues, makes it necessary to treat of its application, first, as cold water, and second, as warm water.

Cold water has been variously applied to the surface of the body, as by immersion, dash, stream, sponging or wet linen, and bladders of ice. Its effects vary with those modes of application in intensity, but not in kind.

1. The first and most obvious effect of cold water applied to the surface, is reduction of its temperature, by the abstraction of caloric from the point of application. As a consequence, contraction of the part, and sluggish circulation soon result.

2. When the vital phenomena of the part have been depressed for a time, reaction takes place; that is, the vital forces are roused, and all living phenomena increase.

3. *Tonicity* is imparted directly to the point of application, and indirectly to the whole system.

But these effects vary greatly, according to the force of the application; and the force varies with the different modes of using it. Of course, the practitioner must let the object to be accomplished determine what mode of application should be adopted. When there is local inflammation to be reduced, by diminishing the flow of blood to the suffering point, the most appropriate modes of applying cold water are by wet linens, the sponge, bladders of ice, and the stream. The application must be moderate, gradual and long continued; but when the object is to impart tonicity or vigorous reaction, the water must be applied with speed and force enough to rouse the latent energies; and here the dash and shower-bath are appropriate.

To apply these principles in practice; suppose you have a case of cerebritis, pneumonitis, or gastritis. Now, if you plunge the patient in cold water, or dash it on him, it is evident that you will cause violent reaction in an organ already excited too much, and thus aggravate the inflammation. But if you pour a gentle stream on the head, or apply bladders of ice to it, or sponge the chest or epigastrium, and keep up this practice, so as to reduce the augmented heat for a long time, it is plain, that you reduce the inflammation of the part, and lessen the tendency to reaction, in proportion to the time of the application.

On the contrary, suppose you have an emaciated and debilitated patient, suffering of some *functional* disease of the *prima via*, liver, spleen, bladder, or uterus; and suppose you protractedly sponge or pour cold water over the diseased organ. Your patient, for want of vital power, will ultimately collapse, and die; or run into a chill, and after a slow reaction, have high fever, with aggravation of the local lesion. But if you plunge the patient, or dash the coldest water forcibly on any part of the body, and let the skin be speedily wiped dry and wrapped up warmly, the dormant energies are roused, equilibrium of the circulation is produced, with vigorous reaction, and tonicities is imparted to the whole system.

Here may be a seeming inconsistency. We apply cold water slowly and protractedly, to subdue acute inflammation; but if the lesion be sub-acute, and especially if it be merely functional, then the dash is the remedy. The following physiological facts, will manifest the reason of the procedure.

1. The more vitality there is in the patient, or in the diseased part, the more speedy and vigorous will be the reaction from the use of cold applications.

2. The colder the water, and the more sudden and forcible the application, the more prompt and vigorous will be the reaction.—According to these two principles, the promptitude and vigor of reaction, are in direct proportion to the amount of vitality in the patient, and the celerity with which heat is abstracted by the water.

3. A shock rouses every organ of the body, and gives increased action to the circulation and nervous fluid.

4. If there be organic lesion, or violent inflammation, a shock does violence to the diseased part, by forcing it to over action.

5. If by cold water, the vital movements be reduced below the natural standard, the reaction will exalt the vital phenomena as much above, as they had been depressed below the natural level.

It appears from these principles, that in cases of chronic disease with prostration, the slow application of cold water, would not be tolerated by the system of the patient; because the blood and vital fluid are both impoverished or diminished, and are therefore incapable of keeping up the equilibrium of circulation, calorification and vitalization, in opposition to the continued abstraction of heat by cold water. On the contrary, in acute inflammation, where the vital fluid and blood are abundant, there is but little danger of depressing the vital movements too low, if prudence be observed.—Some depression in the diseased organ is the desideratum, and there is a continual strong tendency to reaction. And where there is serious organic disease, cold water is inadmissible.

From the foregoing considerations, the application of cold water in its different modes, to the various cases, may be easily determined. The cases requiring the cold stream, sponging, or bladders

of ice water, are: fever with general heat of surface, arachnitis, gastritis, enteritis, strangulated hernia, epistaxis, and gonorrhœa, &c. And the cold dash is applicable to uterine hemorrhage with prostration, narcotism, syncope, catarrh, dyspepsia, amenorrhœa, chronic diarrhœa, chlorosis, and all chronic diseases with general debility, provided there be no serious organic lesion.

Your attention will now be called to the external application of *warm water*. The modes of its application to the surface of the body are immersion, vapor bath, poultices, fomentation and a stream. Warm water is still the same agent, and its *effects are the same in kind*, whether applied by one, or any of these modes. We have seen, that when swallowed it is a stimulant, emetic, diaphoretic, and in common with cold water, it is diuretic; but when applied to the surface it displays other properties.

1. It softens and relaxes the skin and muscles.
2. It promotes cutaneous perspiration and general absorption.
3. It acts as a sedative to the nervous system, and thus quiets or subdues irritation.
4. It diminishes arterial action and equalizes the circulation, and thus removes local congestion and inflammation.

Warm water is still the same agent, having these effects, whatever may be its mode of application. But its potency is regulated by three circumstances, viz: the *length of time*, the *constancy* and *force* of its application. The longer the application is continued, the greater its force, and the more constant, the more powerful will be its effects. The value of each mode is easily determined by these conditions.

The vapor bath, was at one time highly estimated in this country. It is conducted by generating steam in some vessel, and conducting it around the patient under the bed clothes. This mode of applying warm water has now but few advocates, owing no doubt to one peculiarity, that is, by surrounding the surface with an atmosphere highly charged with moisture, it impedes, if it does not arrest all cutaneous transpiration. The interference with this important function diminishes its value, if it does not hinder the other legitimate effects of water.

Fomentation is a mode of applying warm water, by dipping flannel cloths in it, and applying them to the surface. It is an old remedy, and is much used at this day. But it is the least efficient of all the modes; because there is but little force in the application, and the cloths cool so rapidly as to require frequent changing. Yet from its convenience, it answers a valuable purpose in many instances, where a more powerful effect is not demanded.

The poultice is a much more potent antiphlogistic, and in subduing local inflammation it is deservedly popular. Yet there are frequent failures in securing the good effects of this remedy, because of the injudicious manner of its application. The poultice,

to do great service, must be *large, light, and frequently changed*. It must be large, because a small poultice cools too speedily; it must be light, because otherwise its weight would oppress the patient; and it must be frequently changed to keep up a temperature as nearly uniform as possible. To accomplish all of these objects, wheat bran is the best material for a poultice, and should be managed in the following manner: Suppose you have a case of peritonitis, put ten quarts of wheat bran in an iron pot; gradually add water, and stir till the whole mass is *merely moist* or damp throughout. Now heat it and stir occasionally till it is quite hot. Put half of this in a bag not less than eighteen inches square, (a pillow case is a suitable bag for this purpose,) spread the bran out, and apply the poultice as hot as the patient can bear it, to the surface of the abdomen. At the end of twenty minutes have the remainder of the bran ready in another bag, and apply it the instant the former poultice is removed. Return the cool bran of the former poultice to the pot, to be ready to be reapplied at the end of twenty minutes more; and thus continue to change the poultices every twenty minutes, so as to keep up a temperature as nearly uniform as possible. Poulticing in this way for four or five hours will do more in subduing inflammation than a little and badly managed one could in a week. In fact a little poultice is the mere semblance of a remedy; but when all of the conditions here named are observed, the poultice is powerful. I have named wheat bran as the best material; but poultices are made of various substances, many of which are supposed to possess some peculiar virtues, apart from the water they contain. But I suppose that the remedial agency of all or nearly all poultices is due to the water alone, which they contain. The tansy, hot ashes, cedar leaves, yarrow, corn mush, and wheat bran are only the means of absorbing warm water, and holding it in contact with the surface. And we frequently see poultices medicated with oak ooze, vinegar, and other means, under the belief that these means have some agency in reducing the inflammation. Such medications of course do no injury, and I never object to them, but gratify the friends of the patient by allowing any such medication, provided the poultices are made large and hot, and are changed frequently; for my reliance is on the water in the poultice.

Bathing, by immersing the patient partially or generally in warm water, is a remedy of great power in equalizing the circulation, and promoting perspiration. But when the object is to subdue local inflammation, this remedy is not appropriate, it acts so powerfully upon the nervous system as not to be tolerated by most patients, more than from fifteen to thirty minutes. This is too short a time for any material reduction of the inflammatory action. The powerful constitutional impression of warm bathing, is owing to the great extent of surface acted on by the water.

The stream is the most valuable form of applying warm water *for the cure of local inflammation*. I have been familiar with it for years. It had been used by surgeons to relax the muscles in reducing luxations; but I am not aware of its having been employed for the reduction of local inflammation before I introduced it into the practice. For this latter purpose I am acquainted with no remedy which can equal it in value. I do not wish to overrate it, or appear to exaggerate its powers, for this would prevent a proper estimate from being placed upon it. Yet, to those who have not tried the remedy, the whole truth will look like exaggeration. Cups, leeches, blisters, and the lancet do not equal it. The stream is a mode of applying warm water which complies with all of the conditions requisite to make it efficacious. It is *more constant*, may be *longer continued*, and applied with *more force* than any other application of water. The stream may be conducted almost without variation of temperature or force for hours, and, *falling only upon the suffering point*, it does not prostrate the patient like the bath, and hence may be continued long enough to greatly subdue the local inflammation, before there is much depression of the vital powers. The *force* of the stream is an item of peculiar importance, because it is incomparably greater than that of any other mode of using warm water. It is a well known fact, that *fluids in motion* manifest their peculiar powers in a much higher degree than when at rest. The sultry air of a summer's day, which almost melts us by its quiescence, may, when put in motion make hail, and chill the body. Electricity, which gently pervades our bodies at all times, and stimulates all of the vital movements without misrule, if disturbed in its equilibrium, and transmitted through the organs, with its incalculable velocity, will produce instant disorganization and death. Caloric, which pervades all of the tissues, and without which the vital functions could not be performed for one moment, does no injury while latent or in gentle motion; but when a large amount passes in or out of any point of the surface in a short time, destruction is the instant result. In like manner, water at rest, in contact with the body, will abstract or impart caloric according to its temperature, in so gradual a manner as to cause no very striking results; but when a swift current of water strikes the surface, its effects are manifestly in proportion to its velocity. Hence, the stream of warm water as far surpasses in virtue the vapor bath and fomenting cloths, as the gentle breeze which wafts a feather is transcended by the tornado which uproots the sturdy oak.

But this, like all other remedies, may lose more than half of its virtues by being badly applied; it is, therefore, important that some special directions be given for its employment. Your object is to cause a *constant stream to fall with force upon the suffering point*. You may accomplish all of these objects by pouring with

two pitchers, alternately, so as never to stop the stream longer than is necessary to exchange an empty pitcher for a full one. Or two coffee-pots or tea-pots will answer the same purpose. But the syphon is far the best instrument. A leaden tube from two and a half to three feet long, or a bent tin tube, or two joints of cane mitred together, secured with twine and made air-tight, will answer the purpose. The outer leg of the syphon must be from two to four inches longer than the one placed in the water. The diameter of the instrument must be from one-eighth to three-eighths of an inch, according as the patient is prostrated or vigorous. To understand the application of this instrument, particularly on the trunk, suppose you wish to apply the stream in a case of peritonitis. Take everything from the bedstead down to the cords; fold the bed-clothes and place them on the cords so as to make two beds of them, of equal height, with an interval of two inches between them, about where the umbilicus of the patient will be when he is placed upon them. Now place the patient, supine, upon the beds, with his umbilicus over the interval and pillow under his head. Two blankets must cover the patient above and below the umbilicus, so as to leave a space of four inches between them. Pass two silk handkerchiefs around the body of the patient, one just above and the other just below the umbilicus, with their ends hanging through the cords to conduct the water. Have the clothes of the patient well pulled up, so that they may not get wet. A tub is placed under the bed to catch the water. A plank rests on the head and foot board, on which a bucket of warm water is placed. One end of the syphon is put into the bucket and made steady by a weight tied to it, and the other end presents over the umbilicus of the patient. By applying the mouth to the outer end and sucking, the stream begins, and ought to be adjusted to make it fall upon the most tender point. It should fall five or six inches, from the end of the syphon to the skin of the patient, or as far as it can without making a spray. The water should be tempered in a separate vessel and poured in the one which feeds the syphon, so as to keep it full and cause the stream to be uniform in temperature and force. The stream should fall constantly in the same place, because its effects will thus be greater than if moved frequently. The length of time consumed in using the stream must vary from one to five hours, according to the strength of the patient. Mustard plasters on the hands and feet will enable him to stand it much longer than without them. The rule is, to continue the stream till the patient's pulse becomes small and frequent; and the higher the temperature of the water the longer it can be tolerated without faltering of the pulse. What should be the temperature of the water? At the beginning it should be about ninety degrees, Fahrenheit, and gradually increased till it reddens the skin slightly; this will be between one hundred and one hundred and fifteen degrees, according to the excitability of the patient. It is usual for patients to enjoy the

stream finely for the first hour or two, but afterwards they become restless and insist on moving. They must be carefully instructed never to move themselves, for their clothes and bed would get wet. By rolling up a towel and placing it under one shoulder and another under the hip of the same side, the patient will be made to rest for awhile, and when he again becomes tired place the towels under the opposite hip and shoulder. In this way you may make him contented till the bathing is ended, and all means should be employed for this purpose, for the effects of the stream increases almost in fourfold proportion with the time. It fact the last hour appears to accumulate as much good as the three preceding ones.

The first effect of the stream is on the point where it falls, subduing the inflammation for a small space around. The reduction gradually extends to more remote parts, as may be proven by gentle pressure being gradually tolerated progressively outward from where the stream falls. And, in the case of peritonitis before us, the legs can be completely extended without pain.

The second effect is upon the muscular, circulatory, and nervous systems. General relaxation ensues; the pulse loses its hardness, becomes full and elastic, and, ultimately, is small and frequent, but retains its softness. At first, the patient is soothed; all pains cease and he falls to sleep, but afterwards awakes and becomes restless and weary of his position. These constitutional effects are so gradual, that you may almost, and sometimes entirely, subdue the local inflammation, before the patient becomes so much depressed as to require the discontinuance of the remedy. This is the excellency of the stream—that it acts with power enough *upon the point of disease* to subdue the inflammation in part or entirely, with but temporary depression of the general energies. The general febrile symptoms moderate and disappear while the stream flows with as much certainty as can be expected from the lancet, and yet without ultimate loss of strength. It thus often does away the necessity of bleeding, and may be used in cases of great prostration, where no one would think of using the lancet. To a considerable extent, the warm stream supercedes the painful practice of blistering, relieving the disease without it; and where it does not subdue the local lesion entirely, it always diminishes it greatly, if continued long enough, and being on the decline, the blister plaster may be at once applied, with full prospect of good effects.—And to speak in general terms, in all cases of local inflammation, the patient gets well sooner by the aid of the stream, than he could possible without it, and suffers incomparably less during his illness. Unlike bleeding, purging, blistering, and all other powerful means of subduing inflammation, the warm stream may be repeated as often as may be needed. After all that has been said, need it be urged that we have no remedy so potent in reducing local inflammation? Let it be well tried, in a variety of cases, and you will be astonished at its effects. To see so pleasant a remedy re-

lieve the most intense agony, remove all soreness, subdue the fever, and restore the pulse almost to its normal characteristics, in a few hours, almost passes belief. And though you will not be fortunate enough to see this picture universally, yet you may often be gratified with the sight.

You ask, in what cases is the stream applicable? I reply, *in all cases where there is local inflammation*, no matter what may be the name of the disease, whether acute or chronic, the stream will do good, and the nearer it can be made to fall on the point of the most intense suffering the better. It is true, that its effect will be more striking in acute disease, but it will be serviceable in chronic also. In mild or slight cases, I do not always take the trouble of applying the stream, but whenever I find severe suffering, or the life of the patient in jeopardy, I do not hesitate to direct the stream upon the suffering point.

I have watched this remedy in its extensive application, for many years, and could adduce from memory and my notes, a very long list of cases, tending to show its value; But must be content to bring forward comparatively few of them taken promiscuously from the mass in my possession, to which I ask your patient attention.

1. *Luxation of the Shoulder*.—Eli Harris, of this county, æt. 40, had his right shoulder dislocated, forward under the clavicle, on the 12th September last. A few hours afterwards, a neighboring practitioner saw him, and for four or five hours employed the strength of several strong men, in fruitless efforts to reduce it. On the 13th, about twenty-six hours after the accident, I found the patient discouraged, and the parts very sore and swollen from the previous efforts at reduction. I ordered a stream of warm water, about ninety-six degrees Fahrenheit, to be poured upon the inflamed joint for two hours, and with the aid of one man reduced the luxation with but little pain to the patient.

2. *Chronic Hepatitis with Gastrodynia*.—Mrs. Springs, of this county, was in a state of extreme prostration, in 1846. For four years, continual medical aid had done nothing towards a cure, and had afforded but occasional relief of her extreme suffering.—There was general tenderness of the whole abdomen; the liver was much enlarged, extending below the umbilicus, and quite hard. I directed the bowels to be kept regular, with pills of aloes, rhubarb and soap; diet, animal food exclusively, and a stream of warm water to be poured four hours daily over the region of the liver. On the second day the liver was found soft for two inches in diameter where the stream had fallen. The stream was made to fall on a new place every day, and continued to soften the liver where it fell, till at the end of three weeks, the whole organ was reduced to its normal state, and the gastrodynia had disappeared. No mercury was used to act on the liver, and the recovery of the

patient, in some four months, was due almost exclusively to the stream.

3. *Ptyalism from Mercury*.—In 1846, Miss Miner, of Smith county, was severely salivated. Could not rest; she had several ulcers; the pain, heat, and swelling were very great. The warm stream was directed on the cheek for two hours daily, and a mouth wash of borate sodæ used. Each application of the stream subdued the fever, and gave entire comfort. The mouth was well in a few days.

4. *Gastritis Acute*.—I was called to George Clope, of Wilson county, September 18, 1844. Had autumnal fever. Tongue red and dry; pulse small, hard, and one hundred per minute; frequent vomiting, and great tenderness of the epigastrium. Bled twenty ounces, with some relief. Gave minute doses of calomel and Dover's powder, and directed wheat bran poultices to the whole abdomen.

20th. Patient decidedly worse. Poured the warm water stream upon the epigastrium for four hours, and directed two grains quinine every two hours.

22d. So much improved that further treatment was unnecessary, and the patient was up in a few days.

5. *Enteritis Acute*.—John Davidson, of Smith county, in 1846, had miasmatic fever, with enteritis, involving the peritoneum.—Could not bear the slightest pressure. The stream of warm water, directed upon the umbilicus four hours, and repeated the day after, relieved all distressing symptoms, and a blister completed the cure.

6. *Purulent Ophthalmia*.—In 1845, the Egyptian ophthalmia was endemic in this region. I. Kilzer had violent pain in both eyes, balls swollen, conjunctiva looked like clots of blood, complete intolerance of light. Bled him copiously, gave calomel and directed the warm stream to be poured alternately upon the eyes till both should be comfortable. The next day no improvement, suspected the stream had been badly conducted, and poured it myself one hour upon each eye. Left patient comfortable. The family repeated the stream twice more on the two following days, and he was well in a week.

7. *Cynanche Maligna*.—September, 1849, Tabitha Moore, of Smith county, æt. three years, had cynanche, suffocating respiration, tonsils swollen, and of a dark purple color, pulse one hundred and fifty and small. At 12 M., applied a solution of nitrate silver, fifteen grs. to 3j. of water, to the tonsils and fauces, and gave tart. emetic freely. No nausea and no improvement. Gave 10 grs. blue mass, and reddened the throat with turpentine liniment. Still no relief. Gave 6 grs. calomel with 1 gr. tart. emetic, and 2 grs. ipecac; no nausea; and the child grew worse in all respects. About 9 P. M., had Dr. Thompson called in consulta-

tion, and told the family the child would die within fifteen hours, but determined to use the warm stream. It was poured on the throat two hours. The child breathed much better; broken doses of ipecac, were then repeated frequently, and nausea and vomiting were easily produced, followed by rapid improvement. Ipecac discontinued in three hours after its commencement; the child slept till daylight, and was out of danger.

8. *Pneumonia*.—I. Bradford, of Smith county, aged forty-five, was attacked with pneumonia 2d of April, 1846. Saw him on the 5th: dyspnea, constant dry cough, pulse one hundred and ten; two thirds of left lung impervious to air, and flat sound on percussion. Directed tartar emetic, repeated so as not to excite vomiting, patient to be bled, *ad deliquium*, at 2 P. M., and the stream to be poured to the left of sternum during alternate four hours, till my return next day. April 6, twenty-four hours after first visit. Patient better, expectorates some rusty sputa, coughs less, breathes better, pulse ninety-five, some crepitation in left lung. Has taken tartar regularly, and the stream has been poured twelve hours out of the twenty-four; was not bled, because the neighborhood bleeder thought he had not fever enough. Directions same as yesterday, except that the stream is to be poured eight hours out of the next twenty-four. April 7.—Patient looks bright, much improved full expectoration of brick-dust sputa; coughs but little and without pain, skin moist, pulse eighty-seven, sleeps well, left lung not so dull, some crepitus throughout the inflamed lung. The tartar and bathing had been used as directed, but bleeding had been again omitted for the same reasons as before. A blister was ordered over left lung, tartar water continued one day longer and then left off. Patient recovered in a few days.

9. *Nephritis*.—Miss L. Tyree, æt. eighteen, was attacked October 9, 1844. Saw her on the 11th. Had constant fever, headache, some pain in left kidney, extending into the pelvis, frequent scanty micturition, bowels constipated. The abdominal aorta pulsed inordinately down to the emulgent, thence the strong pulsation was traced out to the left kidney, which itself pulsed violently in unison with the heart. The stream was poured four hours upon the region of the kidney, which relieved the pain and subdued the fever. Ten grs. calomel, and 5 grs. Dover's powder were given, and mild diuretics directed thrice a day. On the 16th, patient was well. This patient had two other attacks of the same sort during 1845, which were relieved by the same treatment.

10. *Puerperal Peritonitis*.—Mrs. Dowty, of Smith county, age forty, a delicate woman, was delivered of a child 1st May, 1847. Saw her on the 5th, extremely ill, pulse one hundred and forty, small and corded, thirst, nausea, jactitation, delirium; abdomen swollen, quite tender and painful, legs flexed, lochia sus-

pendent, diarrhoea. Directed 10 grs. calomel, and  $1\frac{1}{2}$  grs. morphia to be divided into three portions, one to be given every three hours. Poured the stream on the hypogastrium, for four hours, while mustard was used on the hands and feet, and directed the same to be repeated the next day; wheat bran poultice over the abdomen in the interval. 7th.—Patient much relieved, has had two consistent bilious dejections, abdominal tenderness nearly removed, mind clear, lochia returned, pulse one hundred and ten. Directed 3 grs. quinine every three hours, and  $\frac{1}{2}$  gr. morphia at bedtime. 9th.—Improving, quinine continued, poultice of wheat bran to the abdomen. 11th.—Sits up a little, appetite good, directed aloetic pills at bedtime, to be checked with Dover's powder and acetate of lead, if the purgation should be too free. 13th.—Cured.

11. *Cystitis*.—Mrs. M., of Smith county, October, 1839, had acute inflammation of the urinary bladder, frequent micturition with burning pain in the urethra, and spasm of the bladder, whenever urine was discharged; tenderness of the hypogastrium, pulse frequent and small, profuse perspiration from pain. The lancet and hip bathing were used to some advantage, but the symptoms returned with violence. The warm stream was poured just above the pubis for five hours, with perfect relief of all pain. Mild diuretics and spare diet completed the cure without further suffering of consequence.

12. *Paraphymosis*.—A son of P. Smith, of Wilson county, æt. five years, was seen October 9, 1846. The part of the prepuce forming the ligature completely buried, the glands swollen to one and a quarter inches in diameter and dark colored; micturition impossible. The warm stream poured on the swollen glans, for one and a half hours, made reduction easy, by compression between the palms of the hands.

13. *Orchitis*.—Ned, a negro man of J. Bradford's, æt. forty-five, had orchitis, July 1, 1844, which yielded to ordinary treatment. August 20th, visited his wife, five miles distant. Returned home with swollen and painful testicle. Was neglected, because of his imprudence, till 25th, when I found him in great torture, pulse one hundred and forty, and irregular, clammy perspiration, extremities cold, the pain in the testicle extended to the loins. Directed 12 grs. calomel and 6 grs. Dover's powder; the warm stream to be poured on the testicle for six hours. After the use of the stream, the patient slept soundly. 26th.—Comfortable; testicle a little softened, pulse one hundred, calomel had operated well. Directed strong iodine ointment to be freely rubbed daily on the testicle, and a suspensory bandage, recumbency, bowels to be kept regular with aloetic pills. Patient recovered in three weeks, but the epididymis suppurated and was lanced.

14. *Croup*.—A daughter of J. Mitchell, æt. two years, was

attacked 1st April, 1846, in the evening, got better before day; was taken very ill in the evening of the 2d. Saw her at 9 P. M. Croaking cough, great distress in breathing. Gave tart. emetic and ipecac in broken doses, repeated often. No nausea. Reddened the throat with turpentine liniment, and immersed the child for half an hour up to the chin in warm water; gave 10 grs. calomel and 5 grs. ipecac. The child grew worse. After trying these, and other means, in vain for the whole night, the case appeared to be hopeless. About 9 A. M. on the 3d, directed the stream of water on the larynx for three hours; meantime gave ipecac every ten or fifteen minutes; the child vomited several times while under the influence of the stream, and was easily kept sick for several hours afterwards. Recovery complete on the 4th.

15. *Inflamed Mammary Gland.*—1843, Mrs. A. Garret, of Smith county, æt. forty-one, had great swelling, pain and heat of the right breast. Directed the stream of warm water to be poured for three hours on the tumor, and spts. mindereri to be taken, at intervals, for five hours so as to keep up constant nausea. The symptoms abated, and the patient recovered without further suffering.

16. *Torticollis.*—In 1846, I. Moore, of Smith county, slept near a window, from which a cold current of air blew on him. I found his head drawn down to the right shoulder; pain severe, when moved. The stream was directed on the right sterno-mastoid muscle for five hours. Patient could move his head normally, and was cured.

17. *Chronic Enteritis, with Induration.*—July 30, 1846, saw E. Atwood, of Smith county, æt. about 30. In the forepart of June, while overheated in the harvest field, had indulged freely in drinking very cold water. Was soon attacked with gastro-enteritis. Was confined to bed, under the regular treatment of a neighboring practitioner up to the 30th of July, when he became my patient. I found his tongue very red; bowels constipated; whole abdomen hard, and tender on pressure; whenever he was raised up, he complained of a heavy dragging weight of the bowels, as if they would tear, and the patient became sick and faint; he cannot lie on either side. Directed half a teaspoonful of powdered cubebs, nutmeg or ginger at each meal, carbonate and sulphate of magnesia, in equal portions, to be taken four times daily, in such quantities as would move the bowels gently; the warm stream to be poured four hours daily near the umbilicus, where the bowels felt the hardest. In ten days the bowels became somewhat soft at this point, and blister plasters, of the size of a dollar, were made to migrate around the umbilicus, so as continually to draw a fresh blister. Meantime the stream was directed upon other parts of the abdomen, every third or fourth day, for several weeks. Patient to take sarsaparilla bitters. He slowly recovered, and was well about the 30th of November.

18. *Simple Metritis*.—This disease was endemic here, in the year 1844. I treated more than fifty cases; they were generally attended with uterine hæmorrhage. The warm water stream above the pubis, and warm water thrown up the vagina with a large syringe or syphon, were much used, and always with benefit, and sometimes prompt relief.

19. *Hypertrophy of the Uterus, with Procidentia*.—Mrs. O., of this county, æt. 41, had suffered from dysmenorrhea for several years, sometimes it amounted to menorrhagia, or even flooding. She had been under a judicious practitioner for two or three years, with occasional benefit. In 1846, I found her with globus, palpitations, cold feet, intermitting pulse, leucorrhea and amenorrhea; the womb hard to the touch and painful, about three inches in its transverse diameter, and resting with its mouth upon the perineum, causing dragging weight in the pelvis, pain in the loins, and numbness in the lower limbs. Directed aloetic pills to regulate the bowels, quinine every morning, a teaspoonful of pulverized cubebs before each meal; warm water to be abundantly thrown up the vagina daily, with a large self-operating syringe. In two months the patient was better. Directed the stream to be conducted up to the womb, with a syphon, for two hours every third day. This remedy was used but twice, and with so much benefit, that I saw my patient, soon after, at a camp meeting, five miles from home. The syphon was irregularly used for a month afterwards. Menstruation became regular and natural, all symptoms disappeared and health was restored.

20. *Vaginitis*.—In 1846, a negro girl, belonging to John Hause, of Smith county, had autumnal fever. When she had been recovering for several days, it was ascertained that the entire mucous surface of the vagina and labia were discharging pus freely, and that, from incontinence of urine, the inner sides of the thighs were excoriated. The suffering was severe, constitutional disturbance considerable, and the patient could not sleep. Directed the warm stream to be conducted into the vagina, with a syphon, for two hours daily, the thighs and external genitals to be washed and oiled frequently. Patient slept several hours after the first use of the syphon, and was well in four days.

21. *Dysmenorrhea*.—Mrs. B., æt. 25, the mother of one child, six years old, when I saw her in 1844. She had suffered painful menstruation for four years and had been under treatment for three years. Every six or eight weeks she was supposed to suffer from an abortion, followed by profuse hemorrhage. I attended her in one of these supposed abortions. A transparent shut sack was discharged, about two inches in diameter, and filled with a transparent serous fluid. The pains were severe, and the subsequent hemorrhage prostrating. Directed an eight-ounce self-operating syringe to be ejected twenty times full of warm water up to the womb

every day. Tartar emetic ointment rubbed on the spine, and the usual constitutional remedies. In about three months she began to menstruate naturally, and was delivered of a healthy child in 1845.

22. *Leucorrhœa*.—This disease cannot resist a free use of warm water, thrown up the vagina daily. But the common little cylindrical female syringe is useless. Its use may cleanse the surface, but this is all it can do. It is difficult to introduce into the vagina, and does but little good when introduced. This instrument ought to be abandoned by the profession, and the self-operating syringe or the syphon substituted. It takes much water to cure inflammation. I have often known patients to fumble for weeks with the clumsy instrument I have mentioned, irritating the inflamed vagina as much as the process benefitted it; and then I have known the little instrument laid aside and the large self-operating syringe substituted, when the discharge would cease in a short time.

23. *Amenorrhœa*.—I have often known the menstrual flux to follow immediately after an abundant injection of tepid water into the vagina. But usually weeks or months are required to produce the effect. Yet you ought to bear in mind, that this suspension of the secretion is owing to some grade of inflammation in the uterus, and the more water you direct to the womb, the sooner you will remove the cause and restore the function. And let it be here impressed, that in all cases the water thrown into the vagina must be merely tepid, (about seventy degrees Fahrenheit); for if as high as blood heat or higher, it will cause a distressing vertigo.

24. *Crural Phlebitis*, (*Phlegmasia Dolens*).—12th October, 1846, I saw Maria, æt. 38, a servant of D. Palmer, of Smith county. Left lower extremity considerably swollen, as well as the labium of that side, very tender to the touch, particularly in the course of the veins; she could not bear the weight of the bed clothes, or extend the limb. Gave twelve grains blue mass, directed the warm stream to be poured three hours upon the femoral vein, just below the crural arch, to be repeated daily till relieved; and the limb to be bandaged just after each use of the stream. The first application gave striking relief.

13th. Patient much improved; limb not so tender, nor so tense; can be extended. The stream was used as before, and the bandage immediately applied from the toes to the hip. From this moment, the patient ceased to suffer, and needed no further treatment, except to reapply the bandage, so as to follow up the shrinking of the limb. In a week from the beginning of the treatment, the patient was walking about cured. During the same year, four other cases of this affection were treated with the stream of water, with results equally striking and prompt. This treatment was suggested by the pathology of the disease, as demonstrated by Robert Lee; and if the treatment is used early, it appears to be competent to

cure the disease. How it would succeed in the advanced stage of the disease, I have had no opportunity to ascertain.

The foregoing cases, treated with the warm stream of water, must be sufficient to show its value clearly. Were I to enumerate all the cases which I have treated in this way, the number would amount to many hundreds. But you are not to infer that I have cured all the patients I have treated with this remedy, or that I have been always as fortunate as in the cases here reported. I have brought these forward to show the value of the stream of warm water, and not to claim for it infallibility. Like all other remedies, it must fail occasionally; but it has done more in my hands to subdue local inflammation than any other remedy, and I trust it will do as much in your practice. Some of you have seen it used in a few cases, and thus your own observation has taught you to estimate it; but when you have seen more of it, you will then be fully satisfied that I have not insisted too strongly upon its value.—*West. Jour. of Med.*

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### PEDIGREE OF THE WATER CURE.

[From Dr. Houghton's Lecture before the New York Mercantile Library Association.]

THE simple principles which lie at the basis of genuine hydro-pathy are as old as the science of medicine itself; WATER having constituted one of the most powerful remedies embraced in the *materia medica* of the ancient physicians. We are told that Hippocrates himself usually styled "the Father of Physic," and who flourished about 2300 years ago, was in the habit of using *water* as a remedy in the treatment of the most serious diseases,—for instance, in cases of gout and convulsions, lameness and palsy. He also recommended temperate bathing for inflammation of the lungs, and pain of the back, the sides and the breast. He was the first to advance the doctrine of the *vis medicatrix naturæ*, or the healing power of NATURE, always tending to the preservation of health and the removal of disease. Hippocrates, therefore, advised practitioners to observe and promote the efforts of nature as carefully as possible. The chief part of his treatment is said to have been at first a great restriction of diet; in very acute diseases, merely allowing the mouth to be moistened occasionally for three or four days, and only a more plentiful dilution during a fortnight, provided the strength would bear it; afterward a more substantial diet was directed, *but hardly any medicines*. Now Hippocrates is said to have been the 18th lineal descendant from old Æscula-

pius himself, the profession of medicine having been hereditary in that family. What older pedigree could *water-cure* desire.

During the next three centuries after Hippocrates, water was used extensively, especially in fevers. Asclepiades was surnamed "the cold bather," from his zeal for cold water: and the poet Horace has forever embalmed the memory of Antonius Musa, the water-cure physician of Augustus Cæsar, in his famous epistle to Numonius Vala. Celsus (B. C. 80,) sometimes called "the Cicero of Doctors," speaks of the employment of water in a great variety of diseases. Aretæus (A. D. 90,) advises the use of cold water in various diseases of the brain. Galen (in the 2d century,) sometimes called "the prince of Greek physicians,"—frequently employed water as a remedy; he supposed it to act as a solvent and refrigerant. Galen has said expressly, that he had cured many cases of burning continued fever, by giving his patients nothing but cold water to drink, and that not one of his patients died who had recourse to this simple remedy sufficiently early. The emperor Marcus Aurelius, it is well known, conceived so high an opinion of Galen as a physician, that he committed his two sons to his care, during his own absence on his German expedition. These two princes happening to be seized with fevers,—contrary to the opinion of his colleagues, Galen predicted a favorable issue, and actually succeeded in restoring them to health, in all probability, by the sole use of his favorite remedy, *SIMPLE PURE WATER*,—a remedy which Galen appears to have well understood when to disuse and when to employ.

In the 5th, 6th and 7th centuries, Cælius Aurelianus, Alexander Tallianus, Ætius and Paulus Ægineta extended the use of water to a great variety of diseases, though mainly in burning fevers and acute complaints, rather than in long-standing, chronic affections.

In the 9th and 10th centuries, we find Rhazes and Avicenna strongly recommending the use of water as a most efficient and reliable agent in the cure of fevers.

Passing over the middle ages, Savoranola (in the 15th century,) and Paracelsus and Mercurialis (in the 16th) were strenuous advocates of the use of cold water. Van der Heyden, in 1649, was the first who reduced the practice to a system in his "*Arthritifugum Magnum*," in which he says, there is no better preservative from gout, or anything more efficacious in relieving the pains than cold water.

In the 18th century, Sir John Floyer and Dr. Baynard, English practitioners, used the cold baths very freely, especially in chronic affections. Their joint work, called "*Psychrolousia, or the History of Cold Bathing, Ancient and Modern*," is replete with quaint and curious learning, as well as a great variety of singular cases, all of which tend to display the extraordinary efficacy of their favorite remedy.

A few years later, Frederic Hoffman, a celebrated physician of Saxony published a curious work, "*De Aqua Medicina Universalis*," or 'Water, the Universal Medicine.' He supposes that the water preserves the body supple, and prevents an excess of friction in its various parts. Dr. T. Sigismund Hahn, of Silesia, used water in almost every disease; but his most striking success was in an epidemic of typhus, which raged in Breslau in 1737; the great majority of those treated by cold ablutions recovered, while those who did not submit to this treatment almost all died. De Moneta, of Warsaw, employed cold water in incipient inflammation of the organs lying within the chest, and even in catarrhal affections of old men and infants.

The water treatment in Italy, in years gone by, seems to have been regarded with extraordinary favor. Nicolo Lanzani, a physician of Naples, published a work about the 1723, strongly recommending the copious drinking of water as the best remedy for fever. Many other writers and practitioners in Italy, besides Lanzani, regarded water employed internally as the most effectual febrifuge. Cyrillo, of Naples, wrote a work on the water-treatment, which is inserted in the *Philosophical Transactions* of 1729-30. From the opposition of Ballisnieri the use of water began to be less frequent, till Giannini recalled attention to the subject by his work on fevers, (published at Milan in 1805,) in which he concludes, that the most efficient remedy is the cold immersion.

In England, the ablest and most scientific work on the water-treatment, among the older treatises upon the subject, is that of Dr. James Currie, published in 1797, and entitled as follows: "*Medical Reports on the Effects of Water, cold and warm, as a Remedy in Fever and other Diseases, whether applied to the surface of the body or used internally.*" Dr. Currie highly recommends the cold effusion in typhus and other forms of fever, in small pox and a variety of other diseases. He says expressly, "in situations where the eruptive fever of small pox is clearly distinguishable, and where it does not abate sufficiently on the admission of cold air, the effusion of cold water may be resorted to with confidence and safety, regulated, however, in this application as in every other, by the actual state of the patient's heat, and of his sensation of heat." The cold bath, also, in the same disease, Dr. Currie considered a highly *stimulating* application, and calculated rather to favor than repel the eruption. But it was in the treatment of fevers generally, that Dr. Currie considered the use of water the most efficacious and reliable; and he has laid down rules for the proper mode of procedure in such cases as are characterized by an uncommonly beautiful and scientific nicety and precision of language. According to Dr. Currie it is perfectly safe to employ the effusion of cold water in the treatment of fever, at any time of the day, "when there is no sense of chillness pres-

ent; when the heat of the surface is steadily above what is natural, and when there is no general or profuse perspiration," caused by any violent or prolonged exertion. One would think that these restrictions were simple enough for the ready comprehension of the physicians of his own, or any other day: and yet Dr. Currie's mode of practice has been long considered by the few "regular practitioners" who know anything about it—for I grieve to say that it is very rarely that one encounters a physician who knows any thing about the writings of Dr. Currie—too hazardous for any one to meddle with who has not the very highest order of medical skill, joined to consummate prudence and unrivalled tact: in other words, it has been deemed hazardous in the extreme to undertake to cool down the heat of fever with pure, simple water, but the greatest blockhead in the profession is supposed to be perfectly competent to let blood with the lancet, and to hold the lives of his patients suspended by the frail tenure of his experience in poisons. Dr. Currie himself seems to have been perfectly aware of the general state of feeling towards his mode of practice, for he expressly says in his letter of dedication to Sir Joseph Banks: "A method of treatment so bold and so contrary to common prejudices, makes, as it appears, slow progress. The mode of operation of our remedy has been misapprehended; the proper period for using it has been misunderstood; and, on some occasions, having been resorted to improperly, the consequences have brought it into disrepute." Thus wrote Dr. Currie in 1797. It is often thus when an effort is made to substitute what is plain and simple for the mystic and the obscure. Men *will* be blind, occasionally, and actually shut their eyes rather than encounter the clear light of day. So was it in the medical profession in Currie's times: so it is in a great measure now. Then, as in the case of Sir Bulwer Lytton, the "routine doctors" thought that the water was altogether too powerful and too dangerous a remedy; it was a great deal safer to try the—PRUSSIC ACID!

I have thus briefly and imperfectly, gentlemen, traced, historically, century by century, the medicinal employment of pure, simple water from the earliest period of the art of healing. If I am not mistaken, I have displayed to you a pedigree for the Water-Cure system, to say the least, as long as that of any other. I have related to you, concisely, a series of historical facts,—dry and tedious, it may be,—but bearing heavily on the very question at issue,—the more so, perhaps, because so little known. I have proved to you, gentlemen, beyond all dispute from any source whatever, that if it be "quackery" to employ mere *water* as a medicinal agent, then was Hippocrates a "quack"—then was Galen a "quack"—then was Hoffman a "quack"—then was Currie a "quack"! If it be "quackery" now to practice the *water-treatment*, then was it "quackery" 2300 years ago! And here,

gentlemen, I might rest my cause as proven; but the half has not been told you. In spite of the rare ability, the calm dignity and the simple elegance with which Dr. Currie unfolded his mode of treatment—in spite of his unquestionable “orthodox” position, for he was not only a regular graduated Doctor in Medicine, but a Fellow of the Royal Society, and also a Fellow of the Royal College of Physicians at Edinburgh—in spite of his friendship for Sir Joseph Banks, and his deservedly high position in Society,—in spite of all these seemingly powerful, if not irresistible auxiliaries, as regards the attainment of success among his professional competitors, the water-treatment set forth by Currie may be also said to have perished with him. His name even sank into neglect, and, as I have already intimated, there are very few physicians sufficiently well read in the history of their science to know anything about him. Does not this simple statement lend some coloring of truth to the indignant exclamations of the author of “Harold?”—“Discover some invention in machinery that will make the rich more rich and the poor more poor, and they will build you a statue! Discover some mystery in art that will equalize disparities, and they will pull down their houses to stone you! Discover what will destroy life and you are a great man—what will prolong it, and you are an impostor!”

About twenty years after Currie prepared his “Medical Reports,”—to meet, as we have seen, with coldness and neglect,—and at a time when it would really seem as if the “science” of medicine was rapidly sinking into a confirmed decline—not to say dying of its own drugs and poisons—an incident occurred which promises to produce ultimately a most extraordinary change in its character and position. One day in the year 1819, far away in Silesia, an illiterate peasant boy, sixteen years of age, after assisting to load a wagon with hay, chanced to be standing at the horse’s head, at a time when his companions were chaining the wheel, in order to prevent a too rapid descent of the hill on which they all happened to be. Before this precautionary operation was completed, the horse struggled, overcame the boy who was standing at his head, and rushed down the hill, which was remarkably steep. The boy clung to the restive animal with no little of that obstinate perseverance which has since distinguished him above his fellows, but, his foot happening to be caught in a bush, he fell between the horse’s feet, was dragged, trampled on and severely bruised. He was taken up senseless, with two of his front teeth gone and three ribs on the left side broken; he was then carried home and a doctor sent for. According to the usual routine in all such cases made and provided, this worthy leech probed and “punched” the side to the no little pain of his unhappy victim. He then directed a decoction of herbs in wine to be laid upon the parts that had been injured: and afterwards gave utterance to that

oracular wisdom which belongs to his class. He assured his patient that it was quite out of the question that he should ever perfectly recover; his wounds were incurable to this extent; lumps would be formed which, on the least exertion, would cause pain, and thus continue through life. The boy listened attentively, and then notified "Sir Oracle" that he should not require any farther attendance from him, with so inviting a prospect in view before him, for the rest of his remaining natural life: he intended to try and do something for himself, after his own fashion. Accordingly as soon as the door had closed on Dr. Routine, the young peasant very unceremoniously tore off the hot and painful applications which that worthy had prescribed,—saturated as they were, with the sovereign decoction of the herbs and wine,—and following the bent of his own natural instinct and judgment, substituted cooling wet bandages in their stead. Immediate relief having thus been obtained, the boy then began to manage himself farther. By frequently holding his breath and pressing his abdomen on the side of a table, he contrived at last to force back the ribs into their natural position. The wet bandages were afterward constantly renewed, as occasion demanded, so as to keep down the inflammation: simple, pure water was drunk in abundance; and by steadily persevering in this sort of treatment, the boy-patient was able, in a few days, to walk, and finally to effect a perfect cure. The name of this boy was VINCENT PRIESSNITZ.

And now, gentlemen, what kind of an impression, think you, began to prevail in the neighborhood with regard to this young boy and his wonderful self-cure? Some of you may suggest that the sensible people in the neighborhood must have had very good reason to suppose that Doctor Routine had for once been mistaken; that the decoction of the herbs and the wine, "although to be sure, in some cases, a sovereign remedy," was not a specific for all; that it was possible for Nature to do something for a sick man, if she only had a chance; and that she had this chance when the ribs were re-set, suitable rest obtained, and everything like fever kept down by water. No such thing! No such heretical, "empirical," "quackish" notions troubled the brains of the good people of Graefenberg. The boy, in some quarters, was suspected of witchcraft; in others, he began to be regarded as a prophet; but in all, he gained the reputation of a wonderful doctor. Patients poured in upon him, but at the risk of martyrdom—for the first comers were *stoned* by the witch-fearing peasants. In process of time, this violence was abated, but a new trap was laid for this suspicious doctor: broomsticks began to be placed across Priessnitz's door-way, to see whether he could get out of his house without displacing them, it being a current superstition in Silesia that no one but a genuine wizard could accomplish a feat so difficult as that. It is highly probable that Priessnitz tumbled over

the broomstick, for attention was soon after directed to the sponges which he used in bathing his patients; it was supposed that they contained some awfully mysterious and powerful talismans, subject to his will alone. Here, however, the peasant-doctor completely foiled them: he threw away his sponges and employed instead simple friction with the wet hand. The cures, notwithstanding, grew more and more marvelous; but at length a new bugbear was sprung upon the weak-minded. The enemies of the young man took advantage of the credulity of the Graefenburg people; they caused it to be circulated abroad that Priessnitz was possessed by an evil spirit; and this opinion was actually encouraged by the priests, who denounced him publicly in the church.

In spite of all this, however, numbers of patients came to Priessnitz for advice, which he then gave at his own house. He was afterwards induced to leave his own precincts to visit the sick; but this seemed to dissolve the spell; his reputation began to decline, notwithstanding he claimed no remuneration and accepted no fee; from hundreds his applicants fell off to tens. He soon perceived that what is simple, costing neither money nor trouble, loses its value, or is but coldly appreciated; he therefore returned to his previous usage of giving advice only at home, leaving people to believe as much as they pleased in the magical virtues of his remedies. His reputation now rose higher than ever and spread far and wide. Strangers from distant parts came to Graefenburg, so that he was compelled to increase the size of his house for accommodation; and thus his establishment commenced.\*

But I will not weary you, gentlemen, by dwelling on the curious details of Priessnitz' career. There are some points I would gladly pause to bring to your notice, but I am compelled, by a due consideration for the narrow limits which propriety has assigned me, to pass rapidly on and to refer to the numerous publications on the subject, those of you who may be sufficiently interested in the history of the man to seek to know more. Suffice it to add that the persecutions to which Priessnitz was subjected for more than thirteen years—the “pressure from without”—materially aided in advancing his fortunes; that a medical commission sent on from Vienna by the Emperor of Austria to investigate and report on the new system of Graefenburg, in spite of all preconceived prejudices, found so much to approve of, that Priessnitz was allowed by the Imperial authority to carry on his establishment; that he has since enjoyed the favor of the great—archdukes, princes and noblemen from nearly every country in Europe, having visited the scene of so many marvelous cures; that gentlemen from nearly every civilized nation in the world—some of them, even, from our own distant land,—have left their ailments behind them at Graefenburg;

\* Captain Claridge.

and that, among no less than 7500 patients who have gone there for advice and treatment during the past twenty years, the mortality has been surprisingly small. Up to 1841, says Dr. James Wilson, there had only been 39 deaths, and some of these, according to the registry of the police, "had died before commencing the treatment, and some others were reported in a forlorn state before anything was attempted." I think I am justified, gentlemen, in saying that no other human being in the whole wide world has ever achieved in medical practice, a triumph like this; only 39 deaths out of 7500 cases! What prouder monument could any physician wish than to have for an epitaph a simple statement like that! And by way of contrast how unutterably mean and contemptible the paltry aspersions—the malicious slanders—which have been so profusely heaped upon this man's good name! The small wit of Dr. Routine can find no better designation for this extraordinary being than "boor" and "quack." Gentlemen, it is perfectly safe to leave this matter to an impartial posterity, always provided that Doctor Routine's professional reputation shall last long enough to reach one!

I have said, gentlemen, that the career of this wonderful peasant promises to produce ultimately, an extraordinary change in the character and position of the science of medicine. There is a striking *moral* to be gleaned from the fact that more than seven thousand sick people—some of them too, cases to which the treatment by water was a sort of forlorn hope—have been successfully treated without using any medicine, with no "apothecary's shop between them and the sun?" It may serve to awaken the intelligent curiosity of one to be told that it is really possible to go through life "without leech or potion"—without rhubarb or blue pill; perhaps it may excite the incredulity of another, accustomed, it may be, to contemplate disease as our natural portion—our evil spirit, which can only be cast out by some active drug—as if it could be shot out, like a pea out of a pea-gun, or hunted out like a rat from an old barn!\* This conflict of opinion must lie between INTELLIGENCE on the one side, and SUPERSTITION on the other—whether in or out of the medical profession. It is too much to hope that the TRUTH will prevail and scatter to the winds the mists of error, in one day and generation. Still, this contest is steadily going on, and there is every day the more reason to be gratified at the progress mankind is making in the acquisition of that science which is perhaps, the least studied of all—the *science of health*. The true nature of LIFE is beginning to be understood: more correct ideas of the nature of DISEASE are gradually becoming current: and we may even now look on "the dawn" of that "brighter day" which is to be hereafter.

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\* Dr. Edward Johnson.

\* \* \* I now pass on to say something, gentlemen, of the real merits and the true province of the water treatment. I have already proved to you that, in point of *antiquity*, its claims to consideration are, to say the least, equal to those of any other school; nay, in some respects, *superior*, for the farther we go back in the history of medicine, the more simple do we find the prevalent diseases, and in like manner the more simple and natural the various remedies employed to counteract them.

I have also proved to you that among those simple and natural remedies, *water* occupied the front rank: that it was used by Hippocrates, that it was used by Galen, that it was used by Hoffman, that it was used by Currie. We have also seen that, after a long period of neglect and disuse, the medicinal agencies of pure, simple *water*, have been miraculously *revived* by an illiterate peasant far away in Silesia. I say "*revived*," gentlemen, because the water treatment has been erroneously supposed to have *originated* at Graefenberg. I have already proved to you that this is not so: that, in reality, it is as old as medicine itself. But far be it from me to say ought to diminish the good fame of Priessnitz in any man's estimation. It is true that I cannot agree with those who would magnify him into an oracle,—an infallible autocrat,—of the new system: and such is my respect for his honest good sense, that I do not believe that he desires to occupy any such position himself. His good fame is already far too well established to need from any one the bolstering eulogy of indiscriminate adulation. The world had need of just such a man; the condition of medicine absolutely demanded that the attention of the profession should be roused up to the need of the better observation of *nature* in the study and treatment of disease, and to the real value of those old and simple remedies which we had flung behind us in our onward race,—pleased, like children, with the vegetable or mineral we encountered on the way-side, delighted with the glitter and soothed by the charm, but ignorant that we were cherishing the most deadly of *poisons*.

Would you ask me, gentlemen, wherein the water-cure differs most materially from "the regular practice?" My answer is this. The great remedies of the hydropathic school are many parts constituting one great whole: they consist mainly of the manifold applications of water at various temperatures, of pure air, sufficient clothing, (neither less nor more,) systematic exercise, a regulated diet, and, in general terms, obedience to the laws of *hygiene*, both *physical and mental*.

The general effect of the treatment may be said to be these: "to strengthen the digestive functions; to cool the system; to increase the appetite; to allay excitement; to purify the blood; to strengthen the muscular fibre of the heart; to quicken the action of the skin; to overcome internal congestion; to restore and augment all the se-

cretions and excretions; to accelerate *the change of matter*, and thus to renovate the tissues of all the organs; and, lastly, to invigorate the vital principle."

The great remedies of the allopathic school are medicinal poisons. Prescribed quantities of these substances are conveyed into the stomach, from time to time, until the system is under their influence; in other words, until the whole mass of the blood has been *poisoned!* But does the patient suppose,—the patient, for instance, who has been swallowing *mercury*,—does he suppose that it is the gums alone that are especially inflamed by this circulation of mercurialized blood through them? "Does he suppose that the other organs, the brain, the heart, the lungs, the kidneys, the eyes, etc., bear a 'charmed life,' and that they are proof against all injury from the circulation of poisoned blood through the delicate network of their tissues? What is to protect the heart, and the brain, and the lungs, and the liver, and the kidneys, and the stomach, and the bones, from the same sort of irritation as that which inflamed the gums and loosened the teeth?"\*

Again, gentlemen, the two different systems vary most essentially in regard to the proper *channels* of administration. In the allopathic mode of *palliating* disease, the unfortunate *stomach* is the favorite medium: the proper receptacle of the bland beverage and genial food, "which was healthy before, is now nauseated, its lining membrane inflamed, its nerves irritated, and its functions disturbed," by a host of nostrums, varying in kind and quality and degree from the acid dose of calomel and jalap to the nauseous draught of cod liver oil. Says Professor Elliotson, of London, in speaking of the treatment of "Inflammation," "if we bleed" and purge and blister, and so forth, "*we may generally neglect the skin.*" "*Neglect the skin!*" It is there, gentlemen, that we of the hydropathic school have the advantage over our allopathic brethren,—there that we have them decidedly "on the hip." Sir Astley Cooper was accustomed to say: "Give me a bottle of opium in one hand and calomel in the other, and send me into the country, and with these two drugs alone I will beat the country practitioners hollow." There is a hydropathist† in England, an old pupil of Sir Astley Cooper, who says by way of reply to this boast: "If Sir Astley were alive now, I would undertake to beat his calomel and opium with no other remedies than the shallow-bath, sitz-bath and wet-sheet." Gentlemen, this is no idle retort: it has its meaning, and it was made in good faith. Nay, more: I venture to say that there is not a hydropathist living, who understands himself and his calling, as he ought to do, who would not willingly undertake to beat any allopathic physician of the day under the same circumstances. And now, gentlemen, how is this? Why so

\* Dr. Edward Johnson.

† Dr. Edward Johnson.

much confidence in the water treatment? Simply because we consider nature our greatest and our best physician; simply because we regard it as our province to aid her when she needs aid, and only then; and especially because we apply our treatment through the external skin, and its internal continuation,—never neglecting, on any consideration, this vast organ of drainage and excretion.—*New Graefenberg Water Cure Reporter.*

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## TREATMENT OF TYPHOID FEVER BY THE EXCLUSIVE USE OF ICE.

BY M. WANNER.

THE employment of cold in the treatment of fever is, without doubt, very ancient; but it has not yet been attempted, as I have done, to cause it to act in a continued manner, in order to bring back the temperature of the body to the normal standard. Thus patients have been treated with cold baths, cold affusions, and by the application of ice or cold water on determinate points. Ice has also been given internally, but at intervals so long, that it has caused only an agreeable sensation, without, in any degree, modifying the march of the disease, which, notwithstanding, has followed its habitual periods. If there has not been hitherto obtained, in the treatment of typhoid fever, the same results as I have observed, it is because the same methodic gradation has not been employed; for this methodic administration is an indispensable condition to success.

Experience has long since demonstrated, that to treat without accident a man whose members are frozen, it is necessary at first to rub the part with snow, then to proceed in such a manner as gradually to ascend the thermometric scale up to the normal temperature of the body. The same is the fact in regard to frozen fruits; if we plunge them into iced water, then into cold water which is gradually heated, we are enabled in this manner to thaw them, so that they may be eaten with pleasure or preserved.

It would be inappropriate to give here a description of typhoid fever and its symptoms. As my treatment has always been employed only from the commencement of that affection, it will only be necessary to mention here the symptoms of the inflammatory stage.

All the patients to whom I have given my attention for the last three years, and the number has been very considerable, have experienced pains in the limbs, intense cephalalgia; they reply slowly to the questions asked them; a gurgling is noticed in the iliac fossa; the head is hot, the countenance dejected, the look unsteady, the skin is sometimes dry, sometimes moist; some are tormented

and agitated during the night; others have the delirium also in the night; there is an indisposition to converse, the pulse is strong, developed and very frequent (from 120 to 125 pulsations;) their eyes are brilliant, injected; the tongue with some is dry, black and fuliginose—with others it is moist and endued with a whitish mucosity; they experience an intense thirst. On some patients I have been able to remark some lenticular blotches, but I have never perceived any trace of *sudamina*; for this treatment does not give them the time to appear, as it is only about the sixteenth or eighteenth day that we generally observe them.

This, then, is the manner in which I administer the ice, as I have already indicated in a letter inserted in the *Gazette des Hôpitaux*, of the 28th of April, 1848. The patient is caused to swallow every minute, or at the farthest, every two minutes, a piece of ice, of the size of a comfit, (dragee,) which, when melted, is equal to a glass or a glass and a half of water every hour.

When I have succeeded by this means, in reducing the temperature of the body to its normal state, although there may be no longer any fever, and the patient may exhibit marked disgust to the further use of ice, (which is a sign that he is better,) I still continue, according to the gravity of the case, for twelve or even twenty-four hours more. During this treatment the patient ought not to take any kind of drink—ought to be submitted to the use of ice alone. In order to subdue the cephalagia, and to prevent cerebral complications, I prescribe a pillow of hair or oat straw; I pass frequently over the forehead a sponge dipped in ice-cold water. The patient also takes, every half hour, a small injection of cold water. Every two days he is placed for an hour in a bath at 27 degrees Reaumur, (about 93 degrees Fahrenheit.) During three years, in which I have employed this treatment, all the patients on whom I have attended, have, without exception, been cured; some in twenty-four hours, others in forty-eight hours, and others in five or six days at the latest; and these latter have not been entirely regular in the treatment.—*Trans. Med. Journal.*

**PERTUSSIS, OR HOOPING-COUGH.—Hydropathic Treatment.**—The whole wet sheet twice a day for an hour followed by a wash-down, constitutes the treatment for hooping-cough. A heating compress should also be constantly worn round the throat, night and day, and also cover the chest.

**Diet.**—This should be with the exception of milk, entirely farinaceous—bread and butter, bread and milk, bread-pudding, tapioca, rice, sago, &c. If the child be not already weaned, it should *not* be weaned till the disease has ceased. On no account, should the child ever be allowed to overload its stomach.

## Part 3.--Editorial.

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### PROFESSOR CALDWELL.

We have received from Professor CALDWELL of Louisville, the founder of the *Louisville Medical Institute*, a pamphlet with some newspaper essays, in which he handles with no little severity his opponents in that school. Dr. CALDWELL, it is well known, was the founder of that institution, the most flourishing and largest Medical College in the West. He was also the most prominent and efficient among those who established the Transylvania School at Lexington. For about thirty years he has stood foremost as the most learned, distinguished and efficient medical professor in the western half of our republic. He has also the high honor of having been the father of Phrenology in the United States,—its earliest and ablest champion, and the uncompromising advocate of many liberal and enlarged views in medicine and philosophy. Under these circumstances, the history of his rupture with the Louisville school, becomes a matter of general interest to the profession.

It appears that Dr. CALDWELL was removed by the Board of Trustees, at the instigation of one of his associates in the Faculty, from the Chair of Institutes of Medicine, which he had so long filled with honor. An attempt was made to produce the impression that Dr. C. had resigned,—a story which he indignantly denies, averring that he was removed without good cause, and in violation of a distinct understanding that he should occupy the Chair one year longer, until 1850, at which time he proposed voluntarily to resign.

Dr. CALDWELL contends in his pamphlet that this removal was effected by the agency of the intrigues of Professor YANDELL, who has been appointed his successor,—a gentleman who was originally his pupil,—who was indebted to him for much of his education, and for his professorship both at Lexington and at Louisville. The statements of Dr. C. and Dr. Y. are in direct contradiction in

reference to a great proportion of the facts; and the former expresses himself with no little severity against his former protégé, whom he accuses of falsehood, ingratitude, and perfidy of the basest character.

These personal collisions are an unpleasant feature in the history of medicine, but we consider it due to the high standing and distinguished services of Prof. CALDWELL to make known his treatment. In our humble opinion, one of the principal causes of his ungrateful and unwarrantable ejection from the school which he founded, and of which he was still the most distinguished ornament, was the boldness with which he uniformly defended Phrenology, Mesmerism, and whatever he deemed true in medicine. His colleagues, who at first sought to silence him in the school, have now removed him from it. That this removal was not on account of any deficiency as a Medical Professor, is abundantly evident from the well known fact, that he was decidedly the most learned man in the school, and vastly superior to his successor. It is also evidenced by the fact, that the last three classes of graduates from the school, spontaneously adopted and presented to Prof. CALDWELL the most flattering resolutions,—of which the following are a fair specimen:

“LOUISVILLE, *March 6, 1849.*

“We, the undersigned, members of the graduated class of the Medical department, University of Louisville, for Session 1848-49, *unanimously* adopt the following preamble and resolutions:

“*Whereas*, we have attended the Lectures of our venerable Professor of the Institutes of Medicine for two sessions; *And whereas*, in all human probability he will not continue many years longer to hold his place in the University, which we are proud to cherish as our alma mater; therefore,

“*Resolved*, 1st. That we feel it to be our privilege, and take great pleasure in expressing our high regard for him, as a man of profound learning, and one of the ablest advocates and most efficient teachers of the medical profession.

“*Resolved*, 2d. That his lectures, on all the subjects pertaining to his chair, have been able, thorough and instructive; and that the imputation, therefore, that he is superannuated, or that his lectures are in any way inferior to those of the other professors, is unjust, unfounded and false.

“*Resolved*, 3d. That in consideration of the deep interest he has always manifested in our advancement in the study of the philosophy of medicine, and his untiring efforts to promote the same, we

deeply regret the prospect of his vacating his chair, which he has so long and so ably filled; and for his courteous and affable manners to us as pupils, and all the kind attentions we have received from his hands, we tender to him the grateful thanks of his affectionate pupils and humble servants.

In the face of these testimonials from the classes,—in disregard of his long and distinguished services to medical science, and a reputation which is European as well as American,—Prof. CALDWELL was removed from his school, where he was not in harmony with the leading influences. There was no impeachment, either of his moral worth, his intellectual ability, or his ample competency; nor any denial of the honor and reputation conferred by his name. The only charge adduced is alluded to as follows by Prof. CALDWELL:

“When I requested to be apprized of the charge or charges preferred against me by the Board of Trustees, as the ground on which I was to be dismissed from the Chair I had so long, and, as I had believed, satisfactorily occupied, the only answer returned to me was that I was thought to be ‘*too old*.’ None of the gentlemen (as several years before Prof. Yandell had maliciously and mendaciously done,) declared me disqualified for the duties of a public teacher, by the decay of my faculties, either corporeal or mental. They acknowledged, on the contrary, that I still possessed them in abundant soundness, strength and activity. Such at least was the promptly uttered acknowledgement of several individual members, to whom I specially addressed myself on the subject. Some of them even expressed themselves more strongly in my vindication, by asserting their belief, that I was instrumental in attracting to the school a much greater number of pupils, than any of my colleagues; and furthermore, that my name and autograph, affixed to their diplomas, were far more highly valued by the graduates of the institution, than those of any of the other professors. To scores, moreover, if not hundreds of persons, other than trustees, graduates had made declarations to the same effect. Nor is this all. When, to strike down the falsehoods of Dr. Yandell and his co-operators, three sets of highly laudatory and strongly expressed resolutions respecting my lectures, spontaneously left with me, by our three last classes of graduates, were exhibited by me to the trustees, several of them acknowledged to myself, that they believed them to be true.

“Notwithstanding, however, all these testimonials in my favor, and various others to the same purport, which I could easily adduce, (and not a single whisper against me, except from the slanderous tongues of Yandell and Company,) the Board at length re-

moved me from my Chair, and at the same sitting offered to my acceptance an HONORARY DEGREE!!

"An 'Honorary Degree' in medicine, proffered to me by a body of men the very existence of whose Academical honors is a creation of my own! This was indeed not even a propitiatory 'sop to Cerberus.' No, it was a solemn mockery,—a memorable exemplification of the poet's '*world inverted*,'—

"Wherein the *foot*, designed the soil to tread,  
Or *hand* to toil, aspired to be the *head*!"

"As a matter of course, the offer was promptly and haughtily rejected,—the rejection being accompanied by a declaration, characterised by the same air and tone, that the trustees had nothing, either to retain themselves, or offer to others, that, *to me*, could be an honor; that all my honors, whatever might be their amount and value, and whether in their nature professional, scientific or literary, were possessions of my own creating; and that it was beyond the power of the board to augment, diminish, or in any way affect them. And I was on the verge of subjoining the sentiment just expressed, that every academical attribute of the board was an *emanation from myself*.

"Nor did I fail to meet and demolish every pretence of the board for their causeless and heartless dismissal of me from the school. When alleged by them, therefore, that I was 'too old' for the discharge of the duties of a public teacher, I stated to them, to dispel their ignorance of the history of medical schools, the cases of Hoffmann, Blumenbach, Cullen, and other celebrated teachers, who, at ages more, some of them *much* more, advanced than mine, died professors in institutions, which they *had had no agency in founding*, but into which they had been simply elected; whereas, of that from which I was dismissed, without a *real fault* alleged against me, I had been the *founder*,—a consideration which strengthened my claim to the tenure of my chair, to a manifold extent, beyond that of a mere election into it, when already established and in a flourishing condition."

The paltry pretence in reference to age is entirely groundless, as is well known by every one who enjoys the acquaintance of Prof. CALDWELL. None among his more juvenile compeers enjoys greater vigor and elasticity of mind, or a more inexhaustible capacity for mental labor. He is almost the same to-day, in thought, manner and action, as he was twenty years ago, when he stood without an equal in Transylvania. In the days of RUSH, he was a distinguished man. He is still the noblest-looking representative of the medical profession in the United States, and a most inexhaustible fountain of learning; and we have but little doubt that

when he terminates his mortal career, he will still, like JOHN QUINCY ADAMS, or like his kinsman JOHN CALDWELL CALHOUN, enjoy the unclouded light of his vigorous intellect, and go down like the sun of a tropical sunset, bright, warm, and unclouded to the last.

B.

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**WATER CURE.**—The *Water Cure Journal*, published at New York by FOWLERS & WELLS, is a well printed periodical, (see prospectus on cover,) and contains a good supply of reading matter. If we should object to anything in this Journal, it would be to its ultraism. The exclusive devotion to Water Cure in a partizan spirit, to the disregard of all other remedial agencies, does not betoken very enlarged scientific views. However, the *Journal* will do much good,—it circulates widely. No doubt its Editors are doing their duty conscientiously, but it is a pity Reformers so often narrow the scope of their thoughts and exertions.

**THE NEW GRAEFENBERG WATER CURE REPORTER**, devoted to the Hydropathic treatment of diseases, the Report of cases and the dissemination of the principles of Physiology and Medical reform. HENRY FOSTER, M. D., *Editor*. Regular contributors: N. Bedortha, M. D.; S. O. Gleason, M. D.; O. V. Thayer, M. D.; P. H. Hayes, M. D.; T. T. Seelye, M. D.; C. C. Schieferdecker, M. D.; R. S. Houghton, M. D.

Such is the title of a Monthly Journal of thirty-two pages (one dollar per annum in advance,) published by Dr. R. HOLLAND, and Dr. H. FOSTER, Editor, at Utica, New York. We have been greatly pleased with this work, and have copied from it Dr. HOUGHTON's lecture. It is better adapted to the Medical profession, than any Hydropathic Journal we have seen. We would respectfully suggest to its publishers the importance of putting the contents of their Journal on the title-page,—a great convenience to the reader. The following list of Water Cure establishments is compiled chiefly from the *Reporter*:

1. *New Graefenberg Water Cure Establishment*, on Frankfort Hill, five miles Southwardly from Utica, New York. R. Holland, proprietor; Henry Foster, physician. Terms:—Six or eight dollars a week, including medical advice, etc. etc.

2. *Glenhaven Water Cure*, on Lake Skeneateles, New York.

James C. Jackson, proprietor; S. O. Gleason and Wife, medical attendants. Terms:—Five dollars per week from March 1 to November 1; Six dollars from November 1 to March 1.

3. *New Lebanon Springs Water Cure Establishment*, New York, conducted by Dr. N. Bedortha. Board and treatment, five to eight dollars per week.

4. *Greenwood Springs Water Cure*, Cuba, Alleghany county, New York. P. H. Hayes, M. D., proprietor; E. C. Winchester and Lady, managers. Dr. Hayes is a graduate of Jefferson Medical College. Terms:—Five to eight dollars per week.

5. *Bethesda Water Cure*, Rupford, Tioga county, New York. J. H. Stedman, M. D., physician. Terms:—Four dollars per week for board, treatment, and all.

6. *Eagle House Water Cure*, Pitcher Spa, Chenango county, New York. O. V. Thayer, M. D. & Co. Terms:—For board and treatment, four to seven dollars per week.

7. *Rockaway Cottage Water Cure*, Cooperstown, New York, on Lake Otsego, by Dr. Roof, pupil of Priessnitz. Terms not published.

8. *Willow Grove Water Cure Institute*, Montgomery county, Pennsylvania, thirteen miles Northwest of Philadelphia, by C. C. Schieferdecker, M. D. Terms:—Eight to ten dollars per week. The Doctor's head seems to be entirely filled with water and its potencies, to judge by the following extract from his advertisement: "Its proprietor and director, C. C. Schieferdecker, M. D., who has the honor to have introduced Hydriatics into this country ten years ago, and who resides in the institute. Dr. Schieferdecker strictly adheres to the principle, that every disease at all curable, can be cured by water alone, that all medicine is poison, and that every one who connects drugs with the water cure is either a blockhead or a villain; besides this, Dr. S. is not bitten by Grahamism."

9. *Brownsville Water Cure*, Brownsville, Pennsylvania, by Dr. C. Baelz. Terms:—Six dollars per week.

10. *Cleveland Water Cure*, Cleveland, Ohio, by T. T. Seelye, M. D. Terms:—Eight dollars per week.

11. *Dr. Munde*, a distinguished Hydropath from Germany, has bought the fine establishment of the late Dr. Ruggles, Bensonville, near Northampton, Massachusetts.

12. *Dr. Joel Shew and Seth Rogers*, have an extensive Hydro-

pathic establishment, corner of Twelfth street and University Place, New York.

13. *Dr. R. T. Trall*, has pleasant Hydropathic establishments at 15 Laight street, New York, and Oyster Bay, Long Island.

We should be pleased to notice the celebrated Brattleboro establishment in Vermont, and a number of Water Cure establishments of the South and West, but have no circulars to refer to. B.

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**HYDROPATHY.**—The greater portion of this number has been devoted to the water-cure, the importance of which must be appreciated by all true medical reformers. The lecture of *Dr. Gordon* contains a very valuable suggestion in reference to the warm douche and the syphon. Such suggestions are remarkable as coming from an Old School physician. They form a remarkable contrast to his wretched medical resources derived from the schools, and his ignorance of the very subjects to which he alludes. Had *Dr. G.* been educated in an Eclectic School, he would probably have done much for humanity. In reference to the vapor bath he is equally mistaken in saying it has but few advocates and that it impedes or arrests cutaneous transpiration. On the contrary, it invariably promotes the action of the skin, and the alcoholic vapor bath is perhaps the most powerful diaphoretic known. As to fomentations *Dr. G.* greatly underrates their value, and as to poultices he is equally mistaken in supposing that they have no other influence than that of their warmth and moisture. How scandalously ignorant are our best schools and their graduates in many important practical matters. B.

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**ELECTIC PRACTICE.**—*Dr. C. W. Arnold* reports from March 1849 to January 1850, 266 cases treated, 257 cured, eight benefited and one died.

*Dr. G. Miesse*, of Greenville, Darke county, Ohio, has attained much reputation by numerous and successful surgical operations which are favorably alluded to in a newspaper of that region.

*Dr. D. P. Stille*, of this city, has been highly complimented in the city papers for his surgical skill as evinced in a recent operation. B.

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**HILL'S SURGERY.**—*Dr. Hill* is rapidly progressing in the publication of his Lectures on Surgery. B.

**TRUSTEES OF THE INSTITUTE.**—At a meeting of the stockholders of the Eclectic Medical Institute of Cincinnati, held at the house of *T. V. Morrow*, on Monday, April 1st, 1850, (a majority of the shares of stock which have been issued being represented,) an election was held for a new Board of Trustees, in accordance with the requisitions of the charter of said Institute, which resulted in the unanimous choice of the following gentlemen to serve for one year, or until their successors are elected :

Calvin Fletcher, Esq.,	T. V. Morrow, M. D.
Henry Roedter, Esq.,	J. R. Buchanan, M. D.
Jas. D. Taylor, Esq.,	I. J. Avery, M. D.
Israel Wilson, M. D.,	Alphonso Taft, Esq.,
L. E. Jones, M. D.,	Rev. B. F. Barrett,
Rev. H. Jewell,	J. L. Conkling,
Jas. Bindley.	

M.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION assembles in this city on the twenty-first of May, at the *Eclectic Medical Institute*. The National Old School Medical Association assembles on the seventh. The great array of numbers and talent called together by our Old School neighbors, should stimulate us to gather a larger and more imposing array than we have yet assembled. The ample and interesting publications which they have issued, should inspire the members of our fraternity to take up their pens and use them effectually. Our indigenous *Materia Medica* is being explored by the Old School Association, and unless our friends arouse and make known their knowledge, they may find their own legitimate laurels worn by other brows.

THE following are the names of the gentlemen of the committees appointed to prepare reports. We hope they will not disappoint our just expectations. *On Theory and Practice*, Drs. T. V. Morrow, I. J. Avery, J. F. Merrill. *On Surgery*, Drs. R. S. Newton, B. L. Hill, Z. Freeman. *On Obstetrics*, A. H. Baldrige, A. Brown, A. H. Willis. *On Materia Medica, &c.*, Drs. J. King, L. E. Jones, J. F. Merrill. *On Physiology*, Drs. J. R. Buchanan, W. B. Powell, H. P. Gatchell. *On Chemistry*, Drs. J. H. Oliver, J. King, P. C. Dolley. *On Medical Statistics*, Drs. J. R. Buchanan, J. Borton, I. Wilson.

B.

THE

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## Part 1.---Original Communications.

### ON THE RELATIONS EXISTING BETWEEN THE SPLEEN AND FEVER AND AGUE.

BY C. PAOLI, M. D.

THE spleen being an organ with whose functions we are wholly unacquainted, and of whose necessity in our organization we might on the whole almost be tempted to doubt, as its removal from animals and even men, (as has been shown by actual experiment,) does not have any sensible effect upon the integral functions of the body after the necessary consequences of such an operation are once safely passed through, it is not surprising therefore that its diseases must be very imperfectly understood. No clear, decided symptoms of any disease of the spleen, so that it can with certainty be considered as an independent disease, have as yet been satisfactorily demonstrated; and it is only the disorders of this organ which appear as accompanying symptoms to other universal or local diseases, (for instance the Typhus fever, and those maladies belonging to the same class, the Bright disease and Fever and Ague) which have hitherto excited any considerable attention; although the relations in which these splenic affections stand to the co-existing disease, cannot as yet be considered as sufficiently clear; and it cannot positively be determined, by any certain pathological process, whether several pathological changes in the spleen which appear upon dissection, are connected with co-existing diseases or not—as is also the case with certain disorders of other abdominal organs, for instance the liver.

Under such circumstances it can easily be seen that the diag-

nosis of disorders of the spleen in living subjects, must be extremely uncertain. The subjective symptoms which are received as signs of disease in the spleen, are principally obtained from the general organization, and are of that uncertain character that very little reliance can be placed upon them, as they do not differ from those phenomena which distinguish diseases of other abdominal organs; and even such symptoms, imperfect and unsatisfactory as they are, are often wholly wanting in cases where dissection or external examination of living subjects show the existence of disease in this organ. Consequently, the principal method of diagnosis, that by which the so called physical symptoms are obtained, (which relate only to the form and size of this organ,) is the only one upon which we can depend to enable us to determine the diagnosis of the disease.

The different modes of examination which here come under consideration, are measurement, the touch and sight of the abdomen, and percussion of the region of the spleen. When the spleen is so affected that its circumference considerably extends beyond the normal state, so as to reach far below the lowest rib, it will not be so difficult to arrive at a tolerably certain result by external examination; although the possibility of confounding these symptoms with those of diseases of other abdominal organs, requires a careful examination. But when the increased size of the spleen does not greatly exceed the normal state, it will be evident on consideration of this organ's situation that we cannot depend upon feeling, and that it must be very difficult to arrive at any certainty by percussion.

The greater part of the spleen lies in the convexity of the Diaphragm, and its ordinary length is from four to five inches, its breadth from three to four, and in its normal state it does not extend below the lowest left rib. The foremost part lies in contact with the stomach, which organ from its containing several gases is extremely variable in sound on the application of percussion; but it is particularly the different shades of sound perceptible in that part of the spleen lying within the diaphragm, which here come under consideration; and those which must pass through the diaphragm, the lower part of the left lung and ribs are only perceptible by very deep percussion, and it will be clearly seen that in order to form any certain opinion of even a considerable alteration in the size of the spleen, it must require an exceedingly acute ear, experienced in the practice of percussion. It is by this method of examination that Piorry, (who always makes use of the Pleximeter for this purpose,) by indefatigable industry has arrived at such astonishing skill, a skill so great that on applying percussion to cadavers where the correctness of his opinion could be tested, has repeatedly shown that he has very rarely been mistaken, and by such experiments has brought to light very many remarkable facts

concerning the state of the spleen in intermittent fever. It has long been known that fever and ague exerts a great influence upon the spleen, causing a considerable swelling in that organ in tedious obstinate fever and ague, but Piorry has incontrovertibly proved that the spleen almost always is swollen in ordinary fever and ague, which swelling is produced by a congestion of blood or hypertrophy, so that its length sometimes increases to even ten inches, and on an average keeps at six inches, and that this swelling is positively influenced by fever and ague, so as to be largest when the fever is most obstinate, decreasing when the fever diminishes, and disappearing when that ceases but reappearing with every return of the fever. Finally, the swelling of the spleen as well as the fever and ague are decidedly operated upon by quinine, and when the fever ceases from the use of quinine, the disorder of the spleen ceases also.

As these phenomena almost invariably accompany ordinary fever and ague, it is not surprising that one who by his untiring exertions has proved their inseparable relation to fever and ague, was led to attribute an important part to the spleen in this disease. Accordingly, we see that in a work written by Piorry a few years ago, he advances the opinion that disease of the spleen is the primary cause, and fever and ague a secondary symptom of this disease. This opinion has meanwhile met with much opposition, (see the proceedings of the French "Académie du médecine" for June, July and August, 1848,) although in many important respects, the correctness of his statements is admitted, which acknowledgment is justly due to his indefatigable zeal. But as has often been the case in the history of science, when a scientific debate is opened on a newly advanced theory, the exertions made by each party to support their own opinion, and the research thus brought into action, have been useful in being the means of bringing to light much important information. Even though these debates have not resulted in fully establishing Piorry's theory, on the other hand its opponents have far from succeeded in refuting it. Thus this discussion has brought forth an exchange of ideas, in many respects highly instructive, as a nearer acquaintance with the observations upon which Piorry grounds his theory, as well as the objections which are made to it will show. Hypertrophy in the spleen is, according to Piorry, a phenomenon which almost always accompanies fever and ague as well under its paroxysm as in its Apyrexia. Out 161 cases these symptoms were found in 154, and in the other 7 there was pain in the region of the spleen, the other 3 were not satisfactorily determined. Often (82 times) there existed at the same time Hypertrophy and pain in the left side, which probably proceeded from the spleen, and frequently preceded the first paroxysm of fever and ague. The miasma arising from marshes is the most prolific cause of hypertrophy of the spleen and

the accompanying fever and ague. Thus it will be seen in low and swampy ground, where the miasma constantly arise, that the spleens of men as well as animals are found to be in a hypertrophic state. But what Piorry considers of great importance with regard to his theory is, that other causes which give rise to too much blood in the spleen, or such as can be attributed to inflammation, are accompanied by fever and ague paroxysms. He has also 17 times seen fever and ague make its appearance after a fall or blow upon the left side, where pain and other symptoms plainly indicated a diseased state of the spleen. Fever and ague also often accompanies organic defects in the spleen, and in such a case has the form of a quotidian.

In individual cases he has repeatedly shown, beyond a doubt, that severe percussion in the spleen produced an attack of fever and ague which could not have been caused by a blow on any other part of the same individual's body. In another very remarkable case of displacement of the spleen, an attack of fever and ague appeared every time this organ was displaced, while it disappeared when the spleen by the aid of mechanical means was restored to its normal state. In this case where disease of the spleen was produced by a mechanical cause, we see that it preceded fever and ague and thus cannot be a consequence of it. The paroxysms always appear whenever the spleen is affected, but we can be sure of their disappearance as soon as the spleen is brought to its normal circumference. The question here arises, whether other diseases of the spleen, which must undoubtedly be considered as bearing a close resemblance to hyperæmia or hypertrophy are accompanied by fever and ague paroxysms or not. Piorry has now by his skill in diagnosis of living subjects, in cases of increased circumference of the spleen in typhus fever, on examining the patient with great care and impartiality, found that they all suffered from periodical fever attacks, shiverings and sweatings which appeared during the long continued fever. Thus what are called exacerbations are to be considered as complications of the typhus fever, and fever and ague. On administering quinine in such cases, the circumference of the spleen was reduced to its natural size, the exacerbations ceased, and the (tedious) fever continued its course. Concerning disorganizations of the spleen, Piorry has also observed that they (for instance tuberculous diseases and cancer, are sometimes accompanied by fever and ague which is then very obstinate, but at the same time he admits that they might exist in a very high degree without fever and ague necessarily being co-existent; but this arises from the texture of the organ becoming completely changed. It is only congestion, hypertrophy, inflammation and neuralgia of the spleen which are followed by attacks of fever and ague, therefore, on closer examination of such patients, we often find that they have suffered from

such disorganizations in the beginning as are easily accompanied by a state of congestion. Piorry attributes those uncommon cases in which he cannot deny the presence of fever and ague without there being any alteration in the circumference of the spleen to neuralgia in the spleen. He has not found that the spleen becomes hyperemic during violent running as is the general opinion.

Fever and ague is thus according to Piorry a symptom of certain diseases of the spleen, or its sympathetic nerve branches, just as dyspnoea and cough are symptoms of affections of the respiratory organs, the different types and characters of the fever attacks being attributable to the different splenetic affections. The common cause of fever and ague, namely, the miasma arising from swamps has then a particular influence in producing hypertrophy in the spleen, an influence which cannot be satisfactorily explained, but which is extremely analogous to the specific property which *Belladonna* possesses of operating upon the iris, *digitalis* upon the heart, *cantharides* upon the urinal passages, and as we shall presently see quinine upon the spleen, but as *cantharides* operates upon diseases of the urinal passages, which in turn probably through the nervous system of the urinal organs can bring on a long continued fever, so can disease of the spleen through its (nerveplexus) produce fever and ague, in which the appearance of paroxysms and *apyrexia* is just a peculiarity of the spleen, and besides wholly unaccountable. What are called *febres intermittentes, larvata* are pure neuralgic affections, proceeding from entirely different diseases, and altogether unconnected with disease of the spleen. The most important arguments in support of his theory, Piorry gathers from his interesting experiments concerning the operation of the quinine salt upon the spleen and its disorders. If an individual whose spleen is sound—takes from ten to twelve grs. quinine, it will be found that the circumference of the spleen will very soon be diminished one fourth to half an inch and even more. It is in such a case self evident, that the quinine does not operate upon the periodical fever, as it is not in such a case existing. In case of a fresh hyperæmia or increase of the spleen without dyspnoea, the spleen, diminishes in the same degree from a similar dose of quinine. This is also the case when the organ has partially undergone a structural change, and at the same time is suffering from a simple hyperæmia. If it on the contrary, be changed to a tuberculous or cancerous mass, or its fibrous capsule has become thick or hard, it does not become diminished, or at most, but little. These observations have frequently been made by Piorry and others, but the rapidity with which this change takes place is none the less remarkable. If the circumference of the spleen be measured by the aid of the pleximeter, and this circumference marked upon the skin with ink, and from 16 to 18 grains quinine be administered, in one minute afterwards it will be

observed that the dull sound proceeding from the spleen, is confined within the line of demarcation, particularly in the longest diameter. The diminution is greatest in the beginning, and ceases in a quarter of an hour. Experiments have been made upon dogs, by injecting sulphate of quinine dissolved in alcohol into the blood, and immediately afterwards a diminution of the spleen was observable. The quinine which is most easily dissolved operates better than that which is more difficult to dissolve, on this account the former ought always to be used in preference to the latter. The diminution of the spleen depends very much upon the dose of quinine given, this must therefore be proportioned according to the severity of the existing hypertrophy. Quinine injected in the intestinum rectum has also the effect of reducing the circumference of the spleen. What are called quinine substitutes do not produce this effect, but the cold douche applied to the regions of the spleen, according to Fleury's experience, diminishes that organ, and might according to the same authority prove beneficial in fever and ague. As long as disease of the spleen in its acute form exists, the fever will continue. As the spleen decreases in size, the fever abates in intensity, and when that organ has arrived at its normal circumference, the fever ceases. A weak dose of quinine diminishes the spleen but little, although it always decreases somewhat. The attacks cease for a short time, but when the spleen is still somewhat hypertrophic, the fever attacks soon reappear on the recurrence of the slightest exciting cause of the disease. Thus the different degrees of fever bear a certain relation to the increase or decrease of the circumference of the spleen. When the spleen continues to be enlarged after tedious fever and ague, yet without being disorganized, the patient will continue to suffer from fever attacks, in which the different stages are very imperfectly defined, after a shorter or longer time a regular relapse takes place, but all symptoms cease, when on giving a large dose of solution of sulphate of quinine the spleen is reduced to its normal circumference, under which circumstances alone there is any certainty of security against relapse.

Fever and ague not occasioned by congestion or hypertrophy of the spleen, will not give way for quinine alone. Thus those for instance which arise from an intercostal neuralgia in the left side, from inflammation in the spleen, or a displacement of that organ, are relieved by the use of those means which are adapted to the nature of each particular disease, as cantharides blister in neuralgia etc.—although the use of quinine at the same time in such cases has proved beneficial. When the disease in the spleen is disorganization, or a thickening of the capsule of the spleen, accompanied by fever and ague, quinine is of no use. The above facts which cannot be explained according to the generally received theory, are considered by Piory as positive proofs that quinine

cures the fever by operating on the spleen, and that this organ and its nerveplexus are the central point for fever and ague, and are besides of no little importance in a diagnostic and therapeutic point of view. Thus in cases of fever and ague, where the paroxysms are so severe as to endanger life, on examining the spleen with the pleximeter, the nature of the disease can immediately be determined and the physician thereby enabled to administer large doses of quinine instantly, and thus avert the threatened danger. Hence it follows that quinine can be used in any stage of the fever whatever, and that the directions which are laid down are far from being so important as they are considered to be. The necessary quinine can be given during the ague attack without the least injury, and experience has shown that the spleen decreases in size, quite as well as under apyrexia, but the existing paroxysms notwithstanding continue their regular course. But when no particular danger is to be apprehended, it is more preferable to give it in the apyrexia stage in the usual way. Furthermore it is thus practicable to take the diagnosis of the affections of the spleen in typhoid fever, and by proper means reduce the complication. It can easily be seen furthermore, that the complicated manner in which fever and ague has hitherto been treated, is to say the least useless. The principal thing to be done, is to remove the patient from unhealthy ground and make use of quinine. Finally if it should become necessary for instance in cases of children, sulphate of quinine dissolved in alcohol can be introduced by the intestine rectum, and thereby prevent the further progress of incipient fever and ague.

It is not surprising that this theory whose ground principles are here laid down, should have met with much opposition, as it certainly on first consideration appears strange that an organ whose use in our organization is entirely unknown, or at most seems unimportant, should have such an important, unaccountable influence as to be the organ where fever and ague is seated. Besides it is certain that fever and ague can appear as a local disease in many organs with the most different symptoms while it still remains an enigma that disease of the spleen should appear now as coma, then as tetanus, again as epilepsy, cardialgia, &c. Furthermore it appears that a great variety of diseases of the spleen, as hyperæmia, inflammation, ramollissement, hypertrophy, and neuralgia are given as causes to one and the same effect, viz., fever and ague. But there are undoubtedly many physiological as well as pathological circumstances under which the spleen can be shown to be swollen and in a hyperæmic state, without fever and ague being present. Thus congestion in this organ is often caused by an immoderate use of drinks, and in all diseases where circulation of the blood is irregular; for instance in disease of the heart and the liver; and the way Piörny explains the incontrovertible fact, that

the spleen is sometimes swollen in typhoid fever and other similar diseases, by attributing it to the fever's remissions, can scarcely be supported. As it is certain that lesions, for instance rupture of the spleen, with consequent inflammation, occur without following fever and ague, so can the spleen (as is now with certainty ascertained) be affected by chronic swelling without fever and ague necessarily being co-existent. Such is often found to be the case after the fever has ceased, and it is this which has given rise to the now discarded opinion, that quinine produces swelling of the spleen, (*physconia*.) On the other hand it is equally certain, that even if the paroxysms of fever and ague, for instance the cold state, are accompanied by congestion of the spleen, it can be found wanting in the *apyrexia*. It is seldom that an opportunity occurs of testing the truth of these statements by actual observation, by dissection, as the first attack of fever very rarely causes death. But in those countries where virulent fever and ague prevails, we have the most reliable accounts of cases where patients have died in the earlier stages of the disease even under the first paroxysm. Such an epidemic of *febris intermittens comatosa*, was prevalent in the summer of 1847 amongst a division of the French troops in Africa, and Felix Jaquat who observed the progress of the disease, has given us the following observations: 16 out of 48 cases proved fatal. 13 of those that died, on being dissected were found to have extravasated blood under the arachnoid membrane, and frequently congestion of the brain and its membranes. In 7 of these cases the spleen was examined; in 3 of these who died under the first paroxysm, the spleen was swollen, 3 who died under the second paroxysm, the spleen was in a normal state, as was also the case with the remaining one who died under the third attack. Finally concerning the operation of quinine, the deviations from the foregoing observations of its effects upon the spleen, ought not to be overlooked; Valleix for instance mentions his having made use of quinine in several cases of third-day fever where the spleen was considerably swollen, without being able to detect its exerting the least influence upon that organ; even a couple of days after the fever had ceased. But according to the known operation of this medicine it is nevertheless agreed, that in using it we are combatting the periodicity—not the fevers, not the disease which is present, but just the paroxysm which is expected. It is also against such periodical attacks that it is made use of in diseases which have this peculiarity in common with fever and ague, as the *febris larata*, and they also resemble each other in being curable by this medicine, and yet no one will pretend to say that they are accompanied by disease of the spleen.

Although Piorry's theory will scarcely meet with any general reception, yet our full acknowledgements are justly due for the information which has been the fruit of this controversy. The result of all these observations is, that the congestion of blood

which takes place during a paroxysm of fever and ague, (principally in the cold stage,) affects all the abdominal organs which is apparent by the external paleness and coldness, particularly the spleen; it being an organ which is capable of momentarily expanding or contracting. Magendie has in vivisections seen the spleen swell almost instantly on the injection of a considerable quantity of water into the veins, and contract on being strewn with salt or strychnin. Asolant has also in vivisections seen the spleen expand to such a degree as to seem about bursting, when a few moments afterwards pressure being made upon its veins, and then removed, the congestion of blood subsided immediately, and the strained glossy skin became again wrinkled and uneven. This spongy organ which under fever-paroxysms is the seat of so considerable a congestion, that even ruptures have been known to take place accompanied by blood extravasated. The cavity of the peritoneum becomes diminished again under apyrexia, and increases but very little in circumference after the first or second attack. This is evident from Jaquat's observations, from which it appears that the spleen after one or two attacks was either in its normal state or but little swollen, and that the spleen is not diseased at the time the fever commences, but first becomes so after repeated attacks, which undoubtedly can be shown by percussion. Those patients who have suffered from fever for some length of time have the severest hypertrophy of the spleen. If quinine be given immediately, hypertrophy of the spleen may be prevented. If it be given after repeated attacks when the spleen has already arrived at a certain circumference, the fever will cease, and it will be found that the spleen will gradually return to its normal dimensions, because it will no longer be the seat of that congestion of blood which always accompanies every paroxysm of fever, and because the organ little by little gains time to return to its normal state by absorption. Finally, if quinine be given very late in the disease, or the patient continues under the influence of marsh miasma, the fever may indeed be stayed, but the long continued congestions have caused a severe hypertrophy or a disorganization of the tissue of the spleen, which is exceedingly obstinate, and often resists all medical skill. Thus we see the causes of what is called swelling of the spleen, (or physconia.) Disease of the spleen is then, in all probability, an effect of fever and ague—not its cause, as individuals from whom the spleen has been removed are quite as liable to fever and ague as others, as has been proved by positive experience. Meanwhile it is not only the spleen, but the liver also which is affected in this way under fever and ague paroxysms, although in a less degree. It can be proved by percussion that the liver can be increased in circumference when the paroxysms have been often repeated; and that it can likewise suffer from a structural change is generally known.

The kidneys, too, are sometimes the seat of hyperæmia, and are subject to functional derangement under the paroxysms. The urine which in the beginning is thin and pale, soon becomes thick and deep colored, and its normal component parts are increased in quantity; sometimes it is found mixed in blood. M. Solon has observed that the urine under the course of fever and ague becomes albuminous about one time out of four, which ceases after the fever is stayed, but when the fever is long continued and hyperæmia frequently reappears, it is not improbable that the albumen can continue chronic, in the same manner as the Bright disease of which M. Solon has also seen many instances.

CINCINNATI, April 15th, 1850.

(MUCH might be said in reference to the above subject, but time and space do not permit a full discussion of its bearings. The researches of Piorry in reference to the spleen, are, we believe, more valuable in their bearings than those of any of his predecessors. We should not however overlook the inquiries of the Italian physicians, Drs. Verga and Tigri. These gentlemen have shown that the consequences formerly ascribed to the loss of the spleen, such as obesity and changes in the sexual functions, do not regularly occur, and that an increase of vivacity is the most usual consequence of its loss. The idea of Piorry, which localizes fever and ague, by connecting them with the spleen, is in harmony with many facts which go to show that the hypochondriac region of the human body, is the general centre of morbid influences—a proposition which may be easily demonstrated, and which we have taught for several years.

B.

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## TREATMENT OF BURNS.

COLLEGE CORNER, OHIO, April 30, 1850.

*To the Editors of the Eclectic Medical Journal:*

GENTLEMEN:—I have just been testing the value of morphia, externally applied, in cases of burns, and have found it admirably adapted to such cases.

I do not recollect of ever having seen this article recommended in your valuable Journal for this purpose, and am therefore induced to report the following case to the Eclectic profession, providing it shall meet with your approbation.

On the 12th of March last, I was hastily called to a Miss E. M., who had about two hours previous had her clothes literally

consumed upon her. When I reached her residence, I found her very much exhausted, seeming to be in the greatest agony, and unable to contain herself in any position. After having removed a coating of soot and lard, which had been applied by order of an Old School physician who happened to be on the ground at the time of the accident, I found the integument and superficial fascia in relation with the latissimus dorsi and trapezius muscles entirely destroyed with the exception of a space, say an inch in width, extending up the spine as far as the first dorsal vertebra. The trapezius was exposed and pretty well cooked, up to its origin and around to its insertion on both sides. The deltoid muscles were nearly destroyed—the left arm being stripped of its integuments as low as the insertion of the deltoid, and on the under surface the cuticle was removed to the elbow. Both ears were burned black, and the lips and nose did not escape.

Treatment:—After having the surface well washed with warm soap suds, I applied a plaster of the black salve, sprinkled with eight or ten grains of the sulphate of morphia, over the whole extent of the injury. The result was that my patient was quieted in a very few minutes, and in a short time fell into a composed and quiet sleep, which lasted through the greater part of the night, and when she awoke she was entirely free from pain. On my visit on the succeeding morning I found that where the cuticle had been removed, the surface below was in a state of active suppuration, and that in those points where the cuticle adhered, the inflammation was greatly ameliorated. After the tepid ablu-tion, I again applied plaster of salve and morphine, taking care to reduce the quantity of morphia to about two grains. This dressing was renewed twice per day for three days, and after that the black salve alone was used. A little brandy and water to aid reaction and a hydragogue cathartic after it had become established, was the internal treatment.

The "Old Physic" as well as all the neighbors, said that my patient could not recover. But the result of the case shows satisfactorily, that the timely application of the remedy in question will cure; for the patient rapidly convalesced from the start, and is now well.

I have treated a goodly number of patients during the last fourteen months with the loss of a single patient,—thanks to your faithful instructions! The lost patient was a child in "articulo mortis" from cholera when I arrived.

Yours, &c.,

D. LATHROP, M. D.

## Part 2.---Miscellaneous Selections.

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### ANÆSTHETIC AGENTS.

*To the Editors of the Boston Medical and Surgical Journal :*

DEAR SIR.—I am glad to perceive that physicians, and especially those who are operating surgeons, are beginning to discriminate in their use of the different agents, the respiration of which subdues pain.

Practically, we may consider the action of them as producing intoxication in all its degrees, like alcoholic ebriety.

First, there is light delirium and comparative absence of perception, so that, although the patient has a degree of consciousness, sensations usually painful are deprived of their agony. This is the stage to which dentists usually carry their patients. Muscular power may nearly disappear in this stage, and the patient on recovery after considerable operations will remember peculiar and not painful sensations, when the live parts were cut.

In November of 1846, I performed the amputation of an arm, the second under the use of ether, while the patient was dreaming of her harvest labors in Ireland, and felt grating but not painful sensations, “as if a reaping-hook was in her arm.”

The second stage, arrived at by persisting in the use of these agents, is one of complete insensibility, in which there is not the least evidence of perception or consciousness. The delirium and contortions often exhibited during the first stage, entirely disappear. Stertorous breathing commences—perfect sleep appears to exist—the functions of the mind are suspended—there are no dreams or imaginings—the muscles relax, and are without contractility or tonicity. This state can be indefinitely continued—long enough for any surgical operation, and is the state preferred by surgeons for the performance of capital operations, the reduction of fractures and luxations, and strangulated hernia. The relaxation is more perfect than any I have seen produced by the narcotism of tobacco, or the deliquium of venesection.

In the first stage, the impulse of the heart is increased, and the pulse quickened; but soon the heart's action and the frequency of the pulse is diminished. In the second stage, the action of the heart becomes more vigorous and natural—a state of toleration

appears to be established, and if an occasional draught of atmospheric air be admitted, the insensibility may be continued apparently without danger, long enough for the performance of the most protracted surgical operations. The pulse, respiration, and capillary circulation, should be carefully watched, and should guide us in continuing or suspending the anæsthetic state.

The difference between the narcotism effected by respiring anæsthetics and swallowing them, appears to be the transient character of the former. Both are effected by the absorption of the agent into the blood and its direct contact with the brain. Only in the one case the cause remains a long time in the stomach, supplying new particles to keep up the intoxication; while in the other, the first breath of atmospheric air puts a period to all absorption of the agent by removing it from contact with the mucous membrane. Consequently the results of these two species of intoxication are widely different. That produced by respiration disturbs the system far less. Headache, the common sequel of alcoholic ebriety, is either absent or far less observable, the languor and lassitude less annoying, and the vomiting more speedily terminated, though nausea and vomiting are always to be apprehended, and our patients should be cautioned to respire anæsthetics only on an empty stomach.

It is impossible to read the conflicting opinions of competent surgeons as to the value of etherization, and not be convinced that they speak of *different stages* of it. If a patient can safely, and without violence, be rendered unconscious, unresisting and perfectly quiet, can any one doubt that an operating surgeon can proceed to his duty, with more calmness, safety, and even expedition, than when the concentration of his faculties of mind and body is disturbed by the agony or impracticability of his patient?

Every one must have observed that narcotics, however exhibited, make the subject first boisterous, then lethargic, and lastly moribund, according to the activity of the agent, and the degree in which it is administered. It does not seem to me that the newly discovered anæsthetics differ from others in this respect. I remember to have seen, twenty years ago, a young woman delivered, after severe travail, perfectly unconsciously, while made drunk with brandy, and, as I recall the case now, she appears to me to have been in the same state as that of entire narcotism from ether.

*Chloroform* is undoubtedly the surest, quickest, most convenient and most agreeable agent to effect the narcotism desired by surgeons; and if we could only add, the *safest*, the great desideratum would be obtained. But deaths have occurred from the use of this powerful article. It had not been long introduced before we were startled by the occurrence of deaths from its use, in Cincinnati, in London, and on the Continent of Europe. The quantity of the agent producing this fatal effect was small, and cautiously

administered. It seemed as if the nervous influence was extinguished too rapidly and completely. Most surgeons renounced this popular and effective anæsthetic, and it has never regained the favor of the profession. In this part of the country, in many trials of this agent, we have witnessed no disastrous results, but in relinquishing its use yield to the conviction of the evidence brought to us from abroad.

A patient of mine, harrassed with agonizing pain, inhaled five ounces of chloroform in seven hours without any distressing results, except a bloody expectoration, which soon disappeared without any bad consequences.

The objections against the use of *sulphuric ether*, the first anæsthetic introduced into practice, are its penetrating odor, remaining for weeks and even months in the apartments of the sick, its suffocating irritation of the air-passages, and the inflammable character of its vapor. Although much less rapid in its effects than chloroform, it is not entirely free from disastrous results. Several fatal cases have been attributed to its use. Having been the first agent announced, it has acquired an extensive use, and is preferred by many, as by Dr. Hayward, as the safest and best.

The only other anæsthetic agent, extensively employed, is *chloric ether*. This is preferred by several of the surgeons of the Massachusetts General Hospital, especially by Drs. Warren, sen. and jun. It is an agreeable, efficacious, reliable agent, which has yet, after two years' trial, furnished us with no disastrous result. It differs from chloroform in its effects, as wine differs from brandy. The insensibility produced by it, is not so suddenly attained; a state of toleration more sure to be established. I cannot admit the force of Dr. Hayward's reasoning against its use. We have as yet no evidence to prove it is less safe than sulphuric ether, although it contains chloroform in solution by alcohol. The truth is, we do not yet know that any agent, annihilating sensibility and consciousness, is entirely free from danger. We know that sulphuric and chloric ether are comparatively safe, and of the two, that instances of death only belong to the first. I have been in constant use of the latter for nearly two years, with increasing satisfaction, and in a considerable number of amputations of the large limbs, trepaning, and removal of tumors, I have found no bad consequences, which have remained for any considerable time after its use. Its excoriating effect can always be prevented by the previous application of oil, and nausea will seldom take place if the stomach is empty. The headache and mental perturbation, in my experience, have been transient. Why, then, should we give up so satisfactory an agent?

The different opinions of medical men upon the value of anæsthetic agents, seem to me to be mainly owing to their witnessing

it only in one stage. In the period of intoxication it is often an embarrassment to the operation, while in complete narcotism it extinguishes all power of resistance. A skilful and gradual administration of the agent, will insure a transition from the first to the second of these states, without any really distressing symptoms. We have yet much to learn in our observation, of these agents. There is no need to fear that we shall give up their use. The appeal of suffering and distress will *compel* us to apply to them. It only remains for faithful and candid observation to point out to us the surest, safest and best.

I am unable to perceive any difference, except in degree, in the properties of the different agents used to produce anæsthesia. True, it has been contended, but as yet without proof, that chloroform is a poison, *sui generis*. I can only perceive that it differs from the other agents in degree—in concentration of power over the nervous system; and having, for more than a year, found the concentrated *chloric ether* acceptable to the patient and effectual for my purpose, and, although it may be diluted chloroform, never having witnessed, or known, of dangerous results from its use, I am induced to recommend it, as satisfactorily fulfilling the purposes required. It remains for future observations by practical men to determine whether we shall finally settle down upon this, or some other anæsthetic agent.

A. L. PEIRSON.

Salem, Thursday, April 11th, 1850

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## TREATMENT OF SCARLET FEVER.

*To the Editors of the Boston Medical and Surgical Journal:*

SIR:—As everything relating to the treatment of scarlet fever—a disease almost as fatal and destructive as cholera itself—is of great interest to the profession and the public, I desire to call the attention of your readers to the mode of treatment recommended by Dr. Schneemann, Physician to the King of Hanover, as contained in a recent number of the London Lancet. The plan proposed by Dr. S. has not received the attention from the medical profession in this country, or in England, so far as my knowledge extends, that its importance demands. My experience with it is now considerable, and I think I can safely recommend it as a very valuable addition to our means of conducting this dreaded disease to a satisfactory termination. It is philosophical and rational in theory—simple and efficient in practice.

Its *modus operandi* will be seen at a glance, and will commend itself to every discriminating physician, for every one, I think, will admit that the chief weight of this disease falls upon the skin; and of course whatever tends to restore the deranged func-

tions of this important part of the body, will contribute most materially to alleviate all the symptoms. The employment of this remedy of course will not prevent the use of such other means as experience sanctions and each particular case calls for, as laxatives, febrifuges, applications to the throat, internal and external, &c.

I hope a fair trial will be given to this mode of treatment by the profession, and the results made known through the journals, that its true value may be definitely ascertained. I subjoin the most important directions given by Dr. Schneemann, in a somewhat abbreviated form.

HARVEY LINDSLEY, M. D.

Washington, D. C., April 11th, 1850.

*Treatment of Scarlet Fever by Inunction.*—"From the first day of the illness, and as soon as we are certain of its nature, the patient must be rubbed morning and evening over the whole body with a piece of bacon, in such a manner that, with the exception of the head, a covering of fat is everywhere applied. In order to make this rubbing-in somewhat easier, it is best to take a piece of bacon the size of the hand, choosing a part still armed with the rind, that we may have a firm grasp. On the soft side of this piece slits are to be made, in order to allow the oozing out of the fat. The rubbing must be thoroughly performed, and not too quickly, in order that the skin may be regularly saturated with the fat. The beneficial results of this application are soon obvious; with rapidity, bordering on magic, all, even the most painful, symptoms of the disease are allayed; quiet, sleep, good humor, appetite, return, and there remains only the impatience to quit the sick-room.

The advantages of the treatment indicated may be summed up as follows:—

1. The improbability, we might almost say the impossibility, of the patient getting cold, while the skin is thus covered with fat—a point in no disease more important than here.

2. The dry brittleness of the skin, and the tormenting itching, are by it not only materially alleviated, but generally entirely removed. Every practitioner knows how often the itching and burning of the skin in scarlet fever are unendurable to children, keeping them constantly in distressing movement, and robbing them of sleep. Hence children are generally well satisfied with this process, and often ask for its repetition long before the time is come.

3. The influence on the physiological functions of the skin is still more important. During the coming on of the scarlet fever, the skin becomes diseased, in consequence of which it loses its vital power. During this illness and until a new covering is again prepared for the surface, the functions of the skin are very

imperfectly performed, or during the desquamation, probably not at all. In order to explain the extent and importance of the imperceptible functions of the skin in a merely mechanical view of the matter, the reader is referred to the accurate experiments of Seguin, which fix the quantity of matter thrown off from the outer skin at eleven grains per minute in a grown person, and therefore more than two pounds per day. What efforts must it cost the organism to lead so large a quantity into other paths, in order to throw it off, when the skin is incapable of doing so!

4. With this disappearance of the desquamation, disappear all those bad symptoms which attend on it. In order to give a striking proof of the importance and bad influence which the interrupted functions of the skin produce on the healthy activity of relative, even if distant organs, we may cite the fact, that death is always the result where more than one half of the skin has been destroyed by fire or boiling liquid. A similar destruction of the skin ensues in scarlet fever, with this difference, that it takes place gradually, and thereby the organism is better enabled, by employing all the activity of the body, to find aid against the mischief which must result from the cessation of the functions of the skin."

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DEMONSTRATIVE MIDWIFERY.—It would seem, by an article in the Buffalo Medical Journal, that the professor of midwifery in the medical department of the University of that place, has received a rebuke from some few of the medical gentlemen there, for illustrating his lectures with the living subject. We regret the opposition that has been manifested to this measure, knowing well that it was for educational purposes alone that the professor adopted it, and not being able to see any impropriety in it. To argue that it is "wholly unnecessary for the purposes of teaching, unprofessional in manner, and grossly offensive, alike to morality and common decency," would be taking a position that might be expected from the opposers of science, but is entirely at variance from what should be expected of the profession. It is a truthful saying "that the complexion of sentiments does not depend upon the avenue through which fostering sensations are received, but on that principle which perceives and feels—the mind." *Honi soit qui mal y pense.* These gentlemen must know well the value of clinical instruction, and should be the last ones to oppose a measure which would, in a comprehensible manner, elucidate the phenomena of a vital function. If such proceedings had never before occurred, and the professor was establishing a precedent, even then such manifestations would be uncalled for. We hold that an instructor has a right to adopt any proper measure that will best secure the purpose which he is endeavoring to accomplish. In

this country such proceedings may be comparatively new; but we know well that at the Maternité in Paris, and, in fact, at most of the lying-in hospitals of Europe, they are common. In the University School of Medicine in New York, in which Dr. Bedford is professor of the department of obstetrics, is endorsed the value of such instruction, and Dr. B. mentions in his preface to the work translated by him, (Chailly,) that he has established for the benefit of his class, a clinique, and on the third year of its existence had been able to furnish his pupils with 740 cases. In the case of the professor of the University of Buffalo, he conceived a plan by which he could illustrate, to the graduating class, their duties in the parturient chamber. The patient was in the college, in the apartments of the Janitor, whose wife was in constant attendance throughout the labor. The students were called upon singly to attend the patient, the professor being present to aid and give them counsel. In a few weeks afterwards these same gentlemen received their diplomas as doctors in medicine, and were likely soon to be called upon in similar cases. So much for the innovation from ancient custom that is complained of in the case; and for our part, we think the professor deserves the approbation of the students and the profession, for his endeavors to make the instruction in his department as practical as possible.—*Bost. Med. and Surg. Jour.*

## SPEAKING TUBES FOR PHYSICIANS' HOUSES.

DR. ADAMS TO DR. BOND.

Boston, Feb. 20, 1850.

MY DEAR DOCTOR,—Speaking-tubes have become so common with us, that we have hardly considered them a novelty anywhere. Without thinking to make the inquiry, I really supposed they were in general use.

I do not wish to arrogate anything to myself, and least of all should I lay any claim to the invention; yet I think I may in truth say, that I was among the first, if not the very first physician here, who had one fixed in his house.

The suggestion came to me in this wise: I was one day (twenty or twenty-five years ago) visiting a gentleman, by the name of How, who had just moved into a new house, built for himself. He was in his chamber, the third story from the kitchen, and wanting a bowl of water and a towel, he stepped into a closet and asked for them, in his ordinary tone of voice. In due time, a servant appeared bringing the articles, at which I expressed some astonishment; whereupon he soon showed me the contrivance. I immediately had one put into my house, from my sleeping chamber to the

front door, and another from my nursery to the kitchen. I believe almost every physician in town now has one.

You will recollect, that in the house in which I now reside, I sleep in the third story, and yet I can communicate with any one at the front door, (if there is no noise in the street,) in a *whisper*, if I choose.

It is simply a tin tube, about one inch in diameter, with a mouth-piece at each end, leading from some convenient place near the head of your bed, to about a foot above the bell-handle, at the street-door. A stopper should be placed in the upper end, to prevent the air from blowing in, also to prevent unruly boys from disturbing you in the night.

When a messenger comes in the night and rings the bell, you have simply to take out the stopper and inquire who is there, in your ordinary voice. If it be any one acquainted with the contrivance, you have no difficulty; but even a stranger will soon answer, if you repeat the question; and by putting your ear to the tube, you can hear his answers in the door recess, although he does not apply his mouth to the tube. By this apparatus, you can communicate with persons from without, as easily as if face to face; or if you are absent, any of your household may do the same, without the least exposure to the external atmosphere.

Respectfully and truly yours, &c.,

Z. B. ADAMS.

N. B. It is not necessary it should be straight, it may take the angles of the house.—*Med. News.*

## REMARKS ON THE COMPARATIVE VALUE OF THE DIFFERENT ANÆSTHETIC AGENTS.

BY GEO. HAYWARD, M. D., ONE OF THE SURGEONS TO THE MASS.  
GENERAL HOSPITAL.

It is well known that sulphuric ether, chloroform and chloric ether when inhaled, will render most persons insensible to pain. Advantage has been taken of this to a great extent within the last three or four years in surgical and obstetric practice; and numerous operations, many of which were severe and protracted, have been performed with success in various parts of the civilized world, upon individuals in whom insensibility was in this way induced. That all these agents have this power, cannot be doubted; but it may be questioned whether all of them can be used with equal safety.

It is important to settle this point, if possible; and this can only be done by comparing the effects of these different articles on the system, when taken by inhalation. Numerous trials have been

made of all of them, and the result carefully noted. By examining these and comparing them with each other, a correct opinion may perhaps be formed on the subject.

With a view of contributing something to this desirable result, I will state my own experience, premising that from the time the discovery of the anæsthetic power of sulphuric ether was made, to the present moment, I have had almost daily opportunities of seeing persons rendered insensible by one or other of the three articles that I have named. Upon many of these individuals I have operated myself, and upon others I have seen operations performed by other surgeons, either at the Massachusetts General Hospital or in private practice. My experience, therefore, is not inconsiderable.

I will briefly state what I consider to be the advantages and disadvantages of each of the anæsthetic agents, in the order in which I have named them.

#### 1st. *Of Sulphuric Ether.*

The discovery of the anæsthetic power of sulphuric ether was made in Boston, U. S. of America, in the autumn of 1846. It was administered by a dentist with success on the 30th of September of that year, to a person from whom a tooth was extracted. On the 16th of October following it was inhaled by a patient at the Massachusetts Hospital, who was operated on by Dr. Warren; but complete insensibility was not produced; and the next day at the same institution I removed a tumor from the arm of a female, who was rendered unconscious and insensible by it, though the operation lasted seven minutes. At that time the precise nature of the article used was not known, except to those connected with its discovery.

Before the next operation, which I performed on the 7th of November, I was told what the agent was, by the dentist who had employed it for the extraction of a tooth. This operation was the amputation of the thigh of a female. It was done in the presence of two or three hundred spectators, and was entirely successful. The patient declared, before she was removed from the operating theatre, that she had been wholly unconscious and insensible till the very close of the operation. She suffered but little after, and though much reduced at the time, from long continued disease and severe suffering, she recovered rapidly and now enjoys good health.

There was no doubt in the minds of those who were present on this occasion, of the wonderful powers of ether; yet every one felt that much was to be learned as to the safety of its administration, the best mode of doing it, and the extent to which it might be carried. From that day, however, its use rapidly spread throughout the civilized world, and within a few months, operations were performed on patients under its influence in the four

quarters of the globe. It is remarkable that the only spot in Christendom, in which the discovery was received with coldness, and where no disposition was shown to test its merits by fair experiment, was in our own country, and in cities, too, which have heretofore been foremost among us in their efforts to advance the cause of medical science.

The course of the scientific men of Europe was widely different. They subjected it to the most rigid scrutiny, and satisfied themselves by well-conducted experiments, not only that all that had been said of it was true, but "that the half had not been told them."

It is gratifying to be able to add that after countless trials of the powers of ether on the human system made in Europe under the direction of some of the most accomplished professional men living, nothing was added to what was already known in this country, as to its effects or the best mode of exhibiting it.

I have said that the discovery of the anæsthetic power of sulphuric ether was made in Boston in the year of 1846: and I can add that it was there carried to its present condition by the judicious and honorable course of the members of our profession in relation to it. I am aware, that since that time, several individuals have come forward and declared that they had at an earlier date used it in the same way, for the same purpose, and with the same good results. If they had done so the world were none the wiser or better for it; and I cannot forbear adding, that it is utterly inconceivable to me, that any one who has witnessed its successful effects in a surgical operation, could be so regardless of human suffering and so indifferent to his own fame, as not to have promulgated them far and wide.

When sulphuric ether was first administered by inhalation, it was by means of a pretty formidable-looking and expensive apparatus. Various instruments for this purpose were constructed, both in this country and Europe. The same objections applied to all of them. They were so formed as to create a well-founded apprehension that the supply of atmospheric air would not in every case be sufficient. It was difficult to guard against this; and from this cause, some patients, soon after the discovery was made, nearly lost their lives by asphyxia.

Besides, to use them with entire success required, in a greater or less degree, the co-operation of the individual to whom the ether was administered. This of course could not always be had, and the consequence was that very frequently a sufficient degree of insensibility was not produced, and even when it was, it could not be kept up as long as in many cases was desirable.

The cost of the apparatus, too, was a serious objection, though a vastly less important one than either of the others that I have named. At the same time it was so great, that if some simpler

and less expensive mode of administering ether had not been found, it may well be doubted whether the benefits of the discovery would have been as rapidly and extensively diffused as they have been.

But all these objections are entirely obviated by the use of a bell shaped sponge of fine texture. This should be large enough to cover the nose and mouth. The patient is required to do nothing. The apparatus is simple and not costly.

This mode was adopted at the Massachusetts Hospital in a few months after the first use of ether there by inhalation; I am not aware that it was previously used anywhere else, and I presume that it is now the only method by which ether is inhaled.

The quantity necessary to produce the desired effect must vary in different cases. In surgical operations, requiring from five to ten minutes for their performance, from three to six ounces is usually sufficient. The ether, however, should be of the purest kind, that is the rectified, which has undergone a second distillation, by means of which it parts with a considerable portion of its alcohol. Yet a much greater quantity than what has been named can be used with perfect safety, and the patient may be kept for a much longer time under its influence without danger, by occasionally removing the sponge, and re-applying it when he gives signs of returning sensibility.

By administering it gradually, many unpleasant effects are avoided. The great irritation of the larynx and air passages, accompanied by urgent and convulsive cough, is in most cases entirely prevented. The vapor of the ether should be so mixed with atmospheric air, that respiration should be neither laborious nor painful. The irritability of the parts with which the ether comes in contact is by degrees overcome, and then the sponge may be applied directly to the face, and if necessary compressed in some measure so as to exclude to a greater degree the atmospheric air. When the desired effect is produced, which is usually in from three to five minutes, the patient has no control over the voluntary muscles; he cannot speak; he cannot open his eyes, when directed to do so; his muscles become completely relaxed, and the pulse, which at the beginning of the inhalation is frequent and often rises during the process to 140 beats in a minute or more, becomes slower, and I have very often known it to fall to 60. The patient is then insensible and unconscious, and the surgeon may begin his operation with great confidence that he will inflict no suffering. The sponge should then be removed, and re-applied from time to time as circumstances may require. If the ether is not pure, longer time is necessary to produce the desired effect; the brain and nervous system are more excited, and the patient is occasionally violent for a time and with difficulty controlled.

Before using the ether the sponge should be dipped in warm

water, and then strongly compressed, leaving it slightly damp. The evaporation seems to go on better in this way than when a sponge is used that has not been previously moistened. In the first instance, the ether should be poured on the inside of the sponge; about two ounces is enough; when more is required, it should be applied to the outside, as it is best not to remove the sponge from the face.

Sulphuric ether of a proper quality used in this way, I am confident, is perfectly safe, and will in almost every instance produce the desired effect. I have administered it to persons of all ages, of every variety of constitution, and in almost every state of the system, and I have never known in a single instance a fatal or alarming result. I have given it to infants of seven weeks old, and to individuals of seventy-five years, with entire success. I have administered it to persons suffering under chronic pulmonary disease, not only without injury, but in some cases with decided benefit. It is well known that it often gives relief in catarrhal affections of the lungs and in paroxysms of asthma. In fact, I hardly know a state of the system in which I should be deterred from using it, if I were called upon to perform a surgical operation.

The advantages, then, of sulphuric ether as an anæsthetic agent, are its entire safety, the ease with which it is administered, and the slight inconvenience which follows its administration. I have already stated that I have never known its inhalation followed by a fatal or alarming effect, and there is reason to doubt whether death has in a single instance been produced by it, when it has been properly administered. One patient is said to have lost his life by its inhalation at the Hospital in Auxerre, in France. This took place in August, 1847. The details of the case are not given with such minuteness as to enable any one to form a satisfactory opinion. It occurred, however, not long after the discovery; before the best mode of exhibiting it was adopted, and the *post-mortem* appearances indicated, as far as an opinion could be formed from them, that death was caused by asphyxia. In a careful examination of some of the leading medical journals of Europe and this country, published during the last three years, I have not been able to find another case in which life was destroyed by the inhalation of sulphuric ether, and there is reason to believe, as I have already intimated, that death would not have taken place in this instance, if the lungs had been abundantly supplied with atmospheric air. It is only wonderful that an agent of such power, used as it often has been in the most reckless manner, by unskilful and ignorant persons, should not have caused far more disastrous results, than any that have heretofore been made known. It teaches us that though it should be used with caution and confided only to skilful hands, the dangers from its use are far less than our preconceived-opinions had led us to believe.

The great ease with which it can be administered is not to be overlooked in estimating its advantages. No complicated apparatus is required, and no co-operation of the patient is necessary. A simple sponge, moistened with sulphuric ether and held before the face for two or three minutes, will in almost every instance produce the desired effect.

There are no ill consequences from its use. If it be breathed only for a short time, its effects usually pass off in a few minutes. I have never known them to continue for more than an hour; and in this case the patient had been kept under its influence for forty-five minutes. Nausea and vomiting are not frequent, unless it is inhaled soon after food has been taken. I have not seen convulsions follow its exhibition, nor any delirium, except a slight and transitory kind, such as arises from intoxicating liquors. I confess that I was much surprised to learn, by carefully watching its effects, to what a small extent and for how short a time it disturbed the functions of the nervous system, and how rare it was to find headache among the consequences of its inhalation.

If, however, the state of narcotism should continue longer than is necessary for the purposes for which it was produced, the means that seem to me the most likely to remove it, are the dashing of cold water in the face; the application of strong stimulants, as the carbonate of ammonia, to the nose; and, as soon as the patient can swallow, the administration of a small quantity of hot spirit and water. The object is to increase the action of the heart, so that the blood may circulate more rapidly through the lungs, and thus be enabled to part with the vapor of the ether that is mixed with it. When narcotism arises from any noxious substance taken into the stomach, we adopt means to empty that organ as soon as possible by the stomach pump or an emetic. The principle of the treatment in the two cases are the same; the object being in both to remove the cause of the peculiar state of the system under which the patient is laboring.

The only objections of which I am aware to sulphuric ether as an anæsthetic agent, are its pungent odor, which is offensive to some persons, and the no inconsiderable degree of irritation which its inhalation occasionally produces in the air passages. This irritation, I am confident may be in great measure prevented by proper attention to the mode of its exhibition and the quality of the article used. Admitting these objections to be as great as they have been said to be by those who have urged them with the most earnestness, they do not in my opinion counterbalance the advantages; and I have no hesitation in saying that I should give it the preference over any other article with which I am acquainted, that is used for the purpose of producing insensibility.

#### 2d. *Of Chloroform.*

Chloroform is the perchloride of formyle, the radical of formic

acid. It has been ascertained by Dumas to consist of three parts of chlorine to one of the bi-carburet of hydrogen [formyle]. It was discovered almost simultaneously nearly twenty years since in France, Germany, and this country.

It was first employed as an anæsthetic agent by Professor Simpson, of Edinburgh, and he thought that it possessed "various important advantages" over sulphuric ether. He says that "it is far more portable; more manageable and powerful; more agreeable to inhale; is less exciting than ether; and gives us far greater control and command over the superinduction of the anæsthetic state." If all this were true, it would no doubt be preferable to any other agent with which we are acquainted. But subsequent experience proved that it is not so.

Its only advantages are that it is more agreeable to inhale than ether, and that a less quantity of it answers the purpose. On the other hand, it cannot be denied that fatal effects have followed its inhalation in several instances even when administered by the most judicious hands; that in some cases convulsions have been produced, and in others a great disturbance of the brain causing delirium. In some persons this affection of the mind has continued for several weeks.

There are other objections of a minor character. Chloroform is of an acrid, caustic nature, and if it come in contact with the skin, unless it be protected by some oily substance, severe excoriation is the consequence. Its administration is generally followed by vomiting and headache, which continues for several hours, attended by a great degree of restlessness and want of sleep. Several cases have come under my care, in which the brain and nervous system have been affected to an alarming extent; though in every instance, it was said that a small quantity only of chloroform was administered for the purpose of performing some operation on the teeth.

An individual in this vicinity was thrown into violent convulsions, which continued for three or four days, during all which time she was in a state of complete insensibility, from the inhalation of the vapor of a few drops of chloroform administered by a careful and judicious physician. It would be easy to multiply examples of this kind; but it is not necessary, for there is a stronger ground on which we can rest our opposition to the use of chloroform, that is, its danger to life. This, it is well known, has already been in several instances destroyed by it. If it can be shown that it has caused the death of a single individual, when properly administered, we cannot fail to have our misgivings of the safety of its exhibition, though it may have been inhaled in almost numberless cases without any ill effect.

I am satisfied that there are already on record at least twenty well-authenticated cases of death from the inhalation of chloro-

form; and I know not how a conscientious man, knowing this fact, can willingly take the responsibility and expose his patient to this fearful result. One of the conclusions to which M. Maligne arrives, in his report on chloroform, to the Academy of Medicine in Paris, cannot be too strongly impressed on the minds of those who feel inclined to use it. "Chloroform possesses a toxic action peculiar to itself, which has been taken advantage of in medicine by arresting it at the period of insensibility, which action, however, may, by being too much prolonged, cause immediate death." The danger is that we cannot always know the precise time to arrest it, and that the fatal blow may be struck before we make the attempt. In other words, chloroform is a poison, and the insensibility which it produces is only the first stage of its poisonous action.

### 3d. *Of Chloric Ether.*

There are two kinds of chloric ether. The one, the strong or concentrated; and the other, the chloric ether of commerce. They are both tinctures of chloroform, differing from each other only in the relative proportion of the alcohol and chloroform of which they are composed. The concentrated consists of one part of chloroform to nine parts of alcohol; and in the chloric ether of commerce, there is one part of chloroform to fifteen of alcohol. The former is the one which is sometimes used for inhalation.

It is said to have been first recommended for this purpose by one of the most eminent surgeons of Great Britain, William Lawrence, Esq., of London; but I cannot learn that it is now employed in Europe to any extent in this way. In fact, it is hardly spoken of at all in the foreign medical journals that I have seen, and I have examined a large number with this view. It has been tried, however, pretty extensively by Dr. J. C. Warren and Dr. J. Mason Warren, both at the Hospital and in private practice, and I am not aware that any ill effects have followed its use. On the contrary, I believe that they are well satisfied with it, and prefer it to the other anæsthetic agents.

At the same time it cannot be denied that it derives its power of producing insensibility from the chloroform it contains; and it is difficult to understand how the addition of alcohol can deprive it of its dangerous properties, when it is well known that the mixture of this substance with sulphuric ether renders it in a great measure unfit for inhalation.

The advantages which it is said to possess are, that its odor is less pungent and disagreeable than that of sulphuric ether, and that it can be inhaled with little or no inconvenience. At the same time it must be admitted that it is necessary to use as much chloric as sulphuric ether, and to continue the inhalation for as long a time to produce the desired effect.

The disadvantages are, that when it comes in contact with the

unprotected skin it acts upon it in the same manner as chloroform. From this cause a patient suffered several months at the Hospital, and I believe much more severely than if he had undergone the operation without the ether. I am confident, too, that it is more apt to produce vomiting, and a greater disturbance of the brain and nervous system, causing headache, restlessness and vigilance, which not unfrequently continue for many hours after its exhibition. Perhaps these last symptoms may be owing to the great amount of alcohol it contains.

I cannot, I confess, divest myself of the belief that chloric ether is an unsafe anæsthetic agent, when I consider that it is simply chloroform diluted with alcohol. It is true, that as far as we know, no fatal effects have hitherto followed its inhalation; but it is also true, that it has as yet been used to a very limited extent, and in all the cases in which it has been exhibited that have come to my knowledge, it has been managed with great caution and judgment. But I fear that if it be used with the same freedom that sulphuric ether is, we shall soon have to record some very different results. We cannot feel confident that it will always be confided to skilful hands only, nor by any means certain that death, when not looked for, may not follow its exhibition.—*Bos. M. S. Jour.*

Boston, April 10, 1850.

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## OLD SCHOOL NATIONAL MEDICAL ASSOCIATION.

THIS large and intelligent body of physicians has held a number of interesting meetings in College Hall. Their proceedings afford both interest and amusement to an impartial spectator. The opening address by Dr. Warren, of Boston, the President of the association, was very feebly delivered, and heard by only a small portion of the audience. Though entirely destitute of eloquence, it was characterized by a great deal of common sense, being a matter of fact affair without any gas or gasconade. The Doctor seemed to be a very honest, plain-spoken man. He told the association that a great *reform* had taken place in medical science during the half century just elapsed. Physicians did not now give their patients calomel *upon all occasions* indiscriminately. There was a time when physicians, he said, dared not to go into consultation on a case of typhoid fever and *acknowledge* that they had not given calomel; now they often treated the disease without calomel, and even sometimes with little or no medicine of any kind. Formerly cold water was scarcely ever used, either externally or internally—now water was very extensively used with the greatest benefits.

This was all very well; but we thought it quite a pity the Doctor omitted to give the reasons for these remarkable changes. Why could he not have said that the schools had been roused from their learned pedantry by unlearned men,—that cold water had been

forced upon their reluctant attention by a German peasant, Priessnitz—and that the excessive use of calomel as a panacea, had been discouraged by an enlightened public opinion, and by the efforts of medical parties who had shown that disease could be treated better without such insidious poisons than with them?—that's what the Doctor ought to have said; but we believe he said enough any how, to disturb the equanimity of his brethren slightly.

Some rich scenes have occurred already, producing much merriment. While the subject of medical education was under discussion, a gentleman attached to the Louisville school made some sweeping denunciations of medical schools in the West and South, as deficient in respect to giving practical or clinical instruction. This brought out Dr. McPheeters in behalf of the St. Louis School, and Dr. Rives in behalf of Cincinnati, who made indignant denials, claiming for their respective schools ample clinical resources.

There is some disposition in the association to give a blow to the old humbug of the great superiority of the European medical education to that of America, and the superiority of the East to the West in our own country. That's right—it's manly, and we believe it's just. There are no better physicians in the world than many of those who practice in the West—none who have ever produced better results in the cure of disease.

Dr. Wright, an ex-professor of the Ohio Medical College, in discussing the subject of the elevation of the standard of medical education, digressed from the subject to make a very bitter attack upon the Trustees of the College, who, he declared, treated the professors *worse than negroes*. This was presented as an excuse for the dilapidated condition of the school, which he declared to be dead and *putrid*, &c. He was then called to order by the chair, and took his seat.

Dr. Rives, the successor of Dr. Wright in his chair in the Medical College of Ohio, rose to defend the College from the charge of being *dead and putrid*. If the College, said he, was dead and putrid, were not the professors (who preceded him) responsible for its condition? As to its condition and its former faculty, he was about to say something very pungent, when he was called to order and took his seat, thus spoiling the anticipated fun.

There has been considerable sparring in the Association already, and more may be expected. Scores of resolutions, reports and fiery speeches are waiting an opportunity for utterance.

Among the distinguished visitors in attendance we noticed Dr. Caldwell, the venerable patriarch of the medical profession in America. Although between eighty and ninety years of age, he still retains the mental vigor which he displayed when we knew him more than thirty years ago in Philadelphia. He still moves among other men as a giant among Lilliputians, and the long white beard (which he wears for the protection of the respiratory organs)

adds to his venerable appearance. There was a general disappointment expressed that Dr. Caldwell was not made the President of the association, as was anticipated by a large portion of the profession. By the election of Dr. Mussey, as President, the association have shown that they are wedded to the past rather than the future; and although there seemed to be considerable dissatisfaction with the nomination, the conservative influence prevailed. Dr. Mussey, however, not having the proper physical attributes for a presiding officer, discreetly withdrew and left the chair to be occupied by the Vice Presidents. As yet there is scarcely enough of the spirit of progress in the association to make a vigorous effort; but it is evidently increasing, and we learn that more liberal measures are about to be brought forward by the members.

Dr. Caldwell, Dr. Warren, Dr. Davis, Dr. Mitchell, and many others who have something of the spirit of reform, might easily give a liberal tone to the association if they would unite their efforts for the welfare of mankind and go forward with a respectable show of moral courage.—*Cin. Daily Times*.

#### ACTION FOR SURGICAL ATTENDANCE AND THE SUPPLY OF MEDICINES.

EXCHEQUER CHAMBER, December 4. Before the Lord Chief Baron and a common jury. *Vickers vs. Shipton*.

Mr. Knowles and Mr. Pulling conducted the case for the plaintiff, and Sir F. Thesiger (with Mr. Hayes) appeared for the defendant.

This was an action by which the plaintiff sought to recover from the defendant the sum £38 17s., and a further sum of £3. 3s., for surgical attendance and medicines supplied.

The defendant paid the sum of £25 in court, and pleaded that beyond that amount he was not indebted.

It appeared that the plaintiff is a surgeon of some eminence, in large practice, at the west end of the town, and that the defendant is a retired attorney of an advanced age and feeble constitution. On the 23d of November, in the year 1847, the defendant was a passenger in one of the trains of the Great Western Railway at Maidenhead, for London, when, as they were arriving at the Slough station, their train was met by a luggage train, and an iron bar which ought, but for the negligence of the servants of the company, to have been securely bound round one of the luggage vans, came in contact with the lamp of the carriage wherein the defendant was seated. Observing this concussion, and the danger which threatened him, the defendant was in the act of rising to avoid the blow, when he was struck with much violence upon the cheek, by which not only were two of his teeth knocked out, but his jaw was fractured. Upon their arrival at Slough, the defendant was taken out of the carriage, and the company's servants instantly sent off to obtain the medical attendance of a Mr. Mor-

blad, a surgeon in the village. On making an examination of the fracture that gentleman advised that the defendant should submit to have the fractured portions of the bone removed. To that proposal, however, the defendant demurred, remarking, as well as he could speak, that he should prefer consulting his own medical friend before such a course were adopted. That medical friend proved to be the present plaintiff. Eventually the proposition of Mr. Morblad was not acted upon, and the defendant was removed to London, laboring under severe and painful suffering. Upon their arrival at the Paddington terminus, Mr. Morblad accompanied the patient to the house of the plaintiff, at 32 Baker street. From that gentleman's presence the defendant was conveyed to Forde's hotel, in Manchester square, where he was attended and most skilfully and carefully watched and treated by the plaintiff. Indeed, it would appear that he had done everything that skill, energy and kindness could suggest for the alleviation of the defendant's sufferings. When the defendant had got somewhat better, he was removed to lodgings he had formerly occupied in Harley street, and there he continued, as heretofore, to receive the attendance of the plaintiff. He was also visited by the late Mr. Liston, the eminent surgeon, who said he regarded the result of the plaintiff's care and skill as a triumph of surgical art, and as a monument of skill which he or any other medical man might justly be proud of. In consequence of the great care and skill which the plaintiff had exhibited in the treatment of the case, the defendant's jaw was set, and finally preserved, and in the end he had effected a most perfect cure, and the defendant had ever since enjoyed excellent health. In the course of time the defendant commenced an action against the Great Western Railway Company for compensation for the injury he had sustained. The Company had made an offer of £300, and to pay all the costs incurred, by way of compromising the action. It chanced, however, that this proposition was declined. Upon the day on which the trial was to have come on, the Company having in the meantime made some further inquiries as to the nature of the accident and the sufferings the defendant had undergone, as well as the extent of the medical attendance, they increased their offer to £400, and the payment of all costs. This second proffer was accepted. By-and-by, however, the present defendant cavilled at the amount which his medical attendant, to whom he had been indebted for the preservation of his jaw, had charged, and therefore the present action had been brought for its recovery; and in reply, the defendant had urged that £15 would be ample remuneration, and eventually he had paid £25 in court, and pleaded that to no larger sum was the plaintiff entitled.

In support of the case for the plaintiff, it was proved that the case had been one of extreme danger, the more so as erysipelas, and even delirium tremens, was very liable to supervene; and that

although it had been recommended by Mr. Morblad that the fractured portions should be removed, the skill and constant attention of the plaintiff had rendered such a violent course to be submitted to by the patient unnecessary. It was also proved that the attendance of the plaintiff had been constant, frequent, and on many occasions of protracted duration; that those attendances had in point of number amounted to 37; and then it was stated by several medical practitioners that the charges which had been made by the plaintiff were fair and reasonable, and that the custom with a general practitioner was to charge half a guinea for an attendance, and in some cases also to charge for the supply of medicine at a price somewhat lower or about the same as that charged by the druggists, instead of the ordinary charge of an apothecary. It did not appear, however, by the testimony of these witnesses, and there was any general rule or custom in the profession as to the mode of charging.

Sir F. Thesiger, on behalf of the defendant, said, it was not his intention to disparage the skill or abilities of the plaintiff in the case. No doubt the services of that gentleman had been of great value to the defendant; yet, even though they had been so, he was prepared to contend that the charges of these services were extravagant, and that the sum which the defendant had paid into court, namely £25, was an ample payment.

A number of medical gentlemen were called to show that the charges were exorbitant, and very different from those which they should have made in a similar case. The majority of these witnesses appeared to think the custom of general practitioners, in respect of their charges, was, that where they charged half a guinea for the visit they did not make any charge for medicine, but that in cases where the medicine was charged, then there was either no item for attendance, or at all events a very much smaller one—5s., or 3s. 6d. even. Where a consultation was held, the general practitioner would charge one guinea, and if the attendances were of long duration, probably more than half a guinea would be charged; but they stated that if the particular case were of a nature to demand a second visit in the course of one day, they would not, as the plaintiff seems to have done, charge for that second visit. The plaintiff's account exhibited 43 visits, and a supply of 40 draughts, 19 bottles of lotion, some box or boxes of ointment, and some lint.

The Lord Chief Baron said that he had been making a calculation of these items: it was this—if 5s. were charged for each visit that item would amount to £10. 15s.; if 1s. were charged for each draught, that would be £2 more; if the 19 bottles of lotion were put at 3s. 6d. per bottle, that would be £3. 6s. 6d.; and then 3s. 6d. for the ointment and lint; so that, taking all these items together at that calculation—for, with respect to the visits,

the witnesses for the defendant said that 5s. was the usual charge where the medicine was made a chargeable item of—at that calculation, therefore, all the items would amount to £16.5s. Now the defendant had paid £25 into court. He did not say that the latter sum was too much or too little; that was a question altogether for the jury to determine.

Mr. McCann, of Parliament street, stated that his charge would be half a guinea a visit in such a case, without charge for medicine; or if the medicine were charged for, he should not charge the visit, if in town.

Cross-examined.—He thought a guinea for a visit was fair and reasonable, if it could be got. (Laughter.)

The Lord Chief Baron.—Or two guineas, perhaps?

Mr. McCann.—No doubt, for they all took as large a fee as they could get. (Renewed laughter.)

Sir F. Thesiger asked one of the witnesses whether he would not make a charge of a larger fee to a duke or a marquis than to a person in a lower condition of life.

The Lord Chief Baron could not think this was a fair question to put in the present case. Rank had nothing to do with it.

Sir F. Thesiger submitted that it was important that he should show that fact. For instance, he himself should not expect to be charged so high a fee as his Lordship. He should expect that his Lordship would be charged more than himself. (Laughter.)

The Lord Chief Baron.—I should hope not Sir Frederick; for I dare say that your income is considerably larger than mine. (Renewed laughter.)

M. Knowles replied, and

The Lord Chief Baron told the jury that he had been endeavoring to discover whether there was any general rule or general custom of charging amongst the medical profession, but he had watched and searched without the least approach to success. The question, therefore remained for them to say whether the £25 which had been paid into court was a sufficient and fair sum as a remuneration for the very valuable services which the plaintiff had rendered to the defendant. He could not avoid saying that it was to be lamented that the defendant, who had retired from the legal profession, should have forced the plaintiff, as well as himself, into all the terrors and expenses of a law-suit in such a matter, especially as he was now enjoying all the benefits arising from the plaintiff's skill. It would have been far better had he called in some mutual friend to arrange the affair.

The jury retired at half past 2 o'clock, and returned into court at 25 minutes to 5 o'clock, with a verdict for the plaintiff—damages £40, including the £25 paid into court.—*London Med. Gas.*

**NIGHT VISITS.**—Within what hours ought physicians and surgeons to consider their visits as "Night Visits," and charge for them accordingly? This question has recently been submitted to, and solved by, a legal tribunal in Belgium. After hearing various witnesses, it was decided, that *all visits made between 9 A. M. and 6 A. M. ought to be regarded as night visits.* This decision seems to be just and reasonable, both to patients and medical men. *Jour. of Med.*, June, 1849.

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**Chloric Ether in Surgery.**—On Saturday, March 2d, several adroitly performed operations took place at the Massachusetts General Hospital, (under Dr. Warren, Sen.) Each patient, successfully brought into the amphitheatre, was subjected to the anæsthetic influence of *chloric ether*, which is preferred by several of the surgeons of the institution, it appears, to chloroform or pure ether. The fearless mode of using it, shows why so much fault is found with these agents in private practice. The mouth, cheek and nose being freely oiled, a large dish sponge is fully saturated with the fluid. Three or four ounces, perhaps, are poured on, and then it is applied over the face. Being soft and yielding, the sponge fits admirably, and should the patient incline to withdraw, or twist himself in the chair, no injury can ensue. If the evaporation is too rapid before sleep is produced, another dash from the bottle usually completes the preparatory process. All the mechanical contrivances heretofore devised for the administration of these sense-destroying medicines, have wholly disappeared before a simple sponge. Enough of the atmospheric air finds its way through the walls of a soft pliable one, to obviate any danger from the want of it. If the lips and nostrils were not protected by oil, they would be severely excoriated by the chloric ether. This is a precaution, consequently, never to be lost sight of, under any circumstances. To us, the odor of this article is delightful, compared with that of ether; and if it takes a little more time to put the patient in circumstances for an operation, the agreeableness of the article is more than a compensation for the delay.—*Bos. Med. and Surg. Jour.*

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**COLLODION IN BURNS.**—M. Vallette, surgeon to the Hotel Dieu in Lyons, uses collodion extensively in the treatment of burns. The first effect produced by its application is refrigeration; it also contracts the infiltrated tissues, and effectually excludes the air. It has been observed, moreover, that the resulting cicatrization is more regular than under other forms of dressing.—*Prov. Med. and Surg. Jour.*, Dec. 26.

**CONTRACTILITY OF THE SPLEEN.**—Some interesting experiments on this subject have been recently performed by the Biological Society, at the request of M. Rayer.

From the researches of M. Kolliker, and, before him, of many other physiologists, we know that muscular tissue is composed of a series of elongated cellules, with an elongated nucleus running parallel to that of the cellule. The same author has also described this arrangement in many organs, or parts of organs, where muscular tissue had not been thought to exist. He has found them, for example, in the nipple and its areola—in the arteries, veins, lymphatics, in the Fallopian tubes, in the spleen, &c. Now, if these cellules were really of a muscular nature, it is evident that they must be contractile. M. Wagner has submitted this to the test of experiment, and found that the spleen contracted evidently under the influence of galvanism. Indeed, M. Defermon had previously directed attention to the singular contortions of this organ produced by strychnine. The experiments performed at the suggestion of M. Rayer, and relative to this interesting question, were made on dogs. One of these animals was poisoned with strychnine, the spleen having been first exposed. The organ was carefully measured, and, when the convulsions appeared, it was measured again. The volume of the organ was very slightly diminished—not more so than might be accounted for by difference of circulation; but the surface of the organ had evidently undergone a remarkable change. It was crisped, and the edges had assumed another form. This experiment was not very conclusive. The spleen of another dog was, therefore, exposed and measured, after which a strong electrical current was directed on it. After a few minutes, the long diameter had diminished by two or three centimetres. The experiment was repeated several times with the same results. On passing the current *across* the organ, its transverse diameter became diminished. The pedicle of the spleen was now cut across, and it was suspended by its larger end from one of the conductors of the machine. On applying the other wire, which was done more than twenty times, the spleen was seen to ascend, and to become twisted in the most evident manner.—*Med. Times*, Dec. 29, 1849.

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**Institution for Imbeciles and Idiots.**—Dr. H. B. WILBUR has established at Barre, Mass., an institution for the management and education of imbeciles and idiots. The system of instruction pursued, is stated to be of a most comprehensive character, and applicable to every variety of subjects.

“It embraces a proper physical education: the education of the senses; the development of functions and aptitudes; the ordinary

mental exercises of childhood; and finally the moral treatment or management, including everything calculated to break up the dominion of perverted instincts and animal appetites, and to substitute an intelligent self-control."

We wish Dr. W. every success in his most laudable enterprise.

## PROFESSIONAL INSULTS.

### ROYAL COURT, GUERNSEY.

SATURDAY, MARCH 9, 1820.

*Ozanne v. De Lisle.*

AN action was brought by Mr. OZANNE against Mr. DE LISLE, surgeon, of Guernsey, for defamation of character, in consequence of the latter having, in the presence of his patient, called Mr. Ozanne, who is a homœopathist, "an imposter, a quack, and no professional man."

The QUEEN'S COMPTROLLER, for the plaintiff, opened the case, and presented an Act of Court, dated March 5, 1840, whereby Mr. Ozanne was authorized to exercise his profession in the island, and produced his diploma from the University of Paris, to prove that he was an accredited practitioner.

The QUEEN'S PROCUREUR (delegate) objected to the document being received, as there was no evidence of its authenticity before the Court.

The COURT admitted the validity of the objection, on the ground that the diploma was not certified by the required authority.

Mr. STEPHEN BARBET, jun., deposed that he had printed cards and circulars for Mr. Ozanne relative to the Guernsey Homœopathic Institution.

DRS. MAGRATA, HOSKINS, COLLENETTE, CORBIN, SMITH, (sixteenth depot,) TRANTER, and MANSELL, were severally examined as to their opinion of homœopathy, and gave it as their firm conviction that the system is nothing but quackery, imposition, and a delusion practiced upon those who submit to it. Regular practitioners, they declared, could not meet the homœopathists in consultation. Allopathy is the very reverse of homœopathy, and therefore it was impossible that they should agree in their modes of treatment. Besides, homœopathy was not considered a legitimate practice, either in England or Ireland; and regular practitioners could not meet homœopathists, seeing they abjured legitimate practice, without damaging their reputation, and for that reason they objected to meet them anywhere in consultation.

The BAILIFF, in summing up, said, that by the Act of Court, Mr. Ozanne was authorised to practise his profession in the island.

The words in the indictment imputed to Mr. De Lisle had been proved by the evidence of witnesses. But it had not been proved that Mr. Ozanne was a quack. Many witnesses had been heard and a heap of books had been produced which did not bear upon the case, although both were unanimous in sentiment that homœopathy is an imposture. But that was not the question for the Court to settle, inasmuch as that would be to decide without the required evidence. If Mr. De Lisle had satisfied himself with attacking homœopathy as a system of imposture, without descending to personalities, he could not have been cited before the Court; but when one individual told another who is practising that system, "you are an impostor," it was necessary that they should prove that he is such. But no such proof had been tendered. Looking at the position of the parties, it was necessary to inquire whether any provocation had been given? The words were uttered in answer to a question from Mr. Ozanne. He did not think there was provocation to justify the words used, inasmuch as they followed in the course of conversation. An opinion prevails among the faculty that homœopathy is a quackery; but when a person takes upon himself to prefer a charge against those who adopt that system, he takes upon himself the responsibility of proving his own words.

The JURATS were unanimous in declaring that the Act of Court sufficiently established the quality of physician taken by Mr. Ozanne in his action. They also considered that Mr. De Lisle's words were not justified, but were used without premeditation; that Mr. Ozanne's conduct had been moderate and forbearing, and concluded by sentencing Mr. De Lisle to pay £5 damages to the plaintiff, an *ecu* (2*s.* 6*d.*) to the Queen, and costs.—*Lon. Lan.*

## PRESSURE IN SPERMATORRHEA.

THE influence of pressure in producing absorption of thickening or diseased parts, as in Aneurisms, the fibers of muscles destroyed by the passage of a ball, wounds in machinery, &c., &c., has arrested the attention of a great number of philosophic minds in the profession. We have been forcibly struck with its powerful curative influence in spermatorrhœa consequent on self-abuse; almost every case will yield to the power of this great natural remedy, if judiciously applied. It is only necessary in most cases, during the hours of sleep.

When combined with Lallemand's practice of cauterizing the seminal ducts, (a measure that should be used with great caution,) and a judicious course of out-door exercise and douche baths, there is no doubt that almost every case may be restored.

The pressure, we would state for the information of our professional friends, may be directed by the application of an ovoid metallic or wooden pad, directly upon the seminal ducts. We are in the habit of applying it by means of a very simple device, consisting of such a pad attached to a silver jugum, encircling and removing all pressure from the private parts, and this is in turn attached to a gum-elastic strap, both before and behind, passing over each shoulder, and buckling in front. This instrument is equally adapted to the cure of piles; no case can resist the influence for more than three months. Of course, for them, the pad must be of a different shape, entering the bowel.

Every surgeon should be able, with the hints above given, and the aid of a turner and silversmith, to make the instruments himself. But caustic is only applicable to the *atonic* or *passive stage* of the disease, where the discharge is constant, though only in extremely small quantity. But even then Tannin is a much safer and equally efficacious application.

We feel bound in this place to caution the profession against the use of caustic by the instrument of Lallemand; however deeply we may be indebted to that distinguished surgeon, his instrument is radically defective; from its construction, it is equally as dangerous in surgical hands, as in those of the physician or patient. To meet this emergency, we devised the instrument described in an essay published in 1847 in 1002 of the Boston Medical and Surgical Journal. This is applicable to the cauterization of the mouth of the ducts with mathematical precision and perfect safety; it is now in general use both here and abroad. It gives us great pleasure to be able to add another instrument for the application of tannin and other milder agents, which may be intrusted to the hands of the physician, and in cases of decided intelligence, to the patient himself. It consists of a small bougie with a ball on its end, just large enough to project over the truncated edge of a common silver catheter, very slightly curved; this is coated with tannin, for about two inches, and then thrust into the curved end of the catheter, butt forward: it is then passed as far as the membranous part of the urethra, where it will always stop from the slight curve of the instrument, and the resistance it experiences. The bougie is now pushed forward, and the tannin left upon the irritable or hyperæmic membrane. Should this simple and safe instrument be made the means of applying caustic, it should only be done by the surgeon, and in very small quantity; we have seen the most disastrous results from its imprudent use.—*N. Y. Scalpel.*

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THE SKELETON NEGRO.—One of the greatest curiosities ever exhibited in human shape, may now be seen at the Hall of the Apprentices' Library, in Meeting street. It is a living skeleton,

in the person of a negro or mestizo, aged about thirty-eight years, and bearing the name of Wade Hampton. To designate him as a living skeleton is no figure of speech, but the literal truth—for he is nothing but skin and bone, from his neck down to his extremities. His arms, hands, legs, and feet are entirely useless to him; and he occupies a sitting or recumbent posture, being wholly incapable of standing erect. Nothing but “ocular demonstration” will suffice to give an adequate conception of the extreme and reed-like slenderness of his limbs. Of course he is utterly helpless, and is entirely dependent on others to be fed, dressed, and otherwise attended. His head, including his face, is the only member of his body, which, in aught but motion, connects him with living humanity.

He possesses a pleasant and agreeable visage; his face being fleshy, if not exactly full, and in striking contrast with the rest of his outward and attenuated man. Although thus deprived of the just portions of humanity, and shrivelled into a perfect *anatomy*, he is intelligent, chatty and cheerful, has an excellent appetite, and actually enjoys existence. He says he is one of the sons of temperance; is a member of the Baptist church, and looks to a compensation in Heaven for his stinted allotment of blessings on earth. Of the value of money he is quite sensible, and received, with his mouth, a proffered coin. In his present skeleton state, he has been ever since he was eight years of age; and he ascribes it to his having taken an overdose of Hippo, or some other medicine, and then drenching himself with cold water. He was born in Columbia county, Georgia, about twenty miles from Augusta, and was, at the time of his birth, and still is, the property of a Mr. Humphrey Evans, who refuses to part with him on any terms, and he is now being exhibited for the first time.—*Char. Courier*.

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TREATMENT OF HOOPING COUGH.—Dr. Paresi has published experiments of his, made during an epidemic of hooping cough, which reigned in the Lommeline. He had in view to ascertain the relative value of the various treatments which had been proposed for that disease. Out of 131 patients, 111 were from three to ten years old, nine from ten to thirty, and two were fifty years old. Forty-eight of these were treated by the ordinary method; twenty-seven took cochineal; nineteen, laurel water; six, vegetable acids; and twenty-two were treated by a mixed method. All those who were treated with cochineal, or the vegetable acids, recovered without exception. The result was almost the same with those who took laurel water; and out of the remaining sixty, who were treated either by the ordinary or mixed method, eighteen died.—*L'Union Medcale*.

**TREATMENT OF HYDROCEPHALUS.**—Every one is acquainted with the difficulty of finding any effectual treatment for this disease, especially for that most dangerous form known as “tubercular meningitis.” M. Hahn, physician to the hospital at Aix, recommends strongly the following method, in cases where the disease has already made some progress before the medical attendant has been called in. Dr. Hahn’s method consists in employing tartar emetic ointment in friction on the scalp, which is previously shaved. The ointment is rubbed in for ten minutes at a time, and a piece of linen besmeared with it is then placed on the head. The frictions are renewed every two hours, until the pustules begin to appear. The effects are, of course, very severe. The whole scalp becomes inflamed, and numerous small ulcers are formed, which heal with difficulty, and generally destroy the points of the scalp in which they were situated. The author affirms that he has employed this severe, but absolutely necessary mode of treatment, with success, for the last twenty years, having thereby saved more than a dozen children, whose lives would have been inevitably sacrificed but for it.—*Med. Times, Dec. 22, 1849.*

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**SANITARY MEASURES IN DISSECTING-ROOMS.**—M. SUCQUET recently addressed to the Academy of Sciences of Paris a letter, with further details, concerning his plan of rendering dissecting-rooms innocuous, by injections of sulphite of soda. The author considers that his method is now brought to the greatest possible perfection, as he is enabled to prevent the action of the sulphite of soda upon the knives used in dissection. This is effected by placing, for forty-eight hours, the solution of the sulphite, previously rendered neutral, into tubes containing zinc filings. A certain proportion of sulphite of zinc is thereby formed, and the solution of sulphite of soda loses the property of acting upon the dissecting instruments.—*Phil. Med. News.*

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**PURE ALMOND OIL A PURE SUBSTITUTE FOR COD-LIVER OIL.**—Messrs. DUNCAN and NURM, of Colchester, state that their experience in 250 cases is highly favorable to the therapeutical virtues of the oleum amygdalæ as a substitute for cod-liver oil. They prescribe it in 3j doses half an hour after every meal, gradually increasing the dose.—*Lond. Med. Gaz., Feb. 1850.*

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THE Gloucester News states that the death of Josiah M. Tuck, of that town, who died recently, was caused by virus absorbed into the system while skinning a fox. The fox had a large ulcer on his body, and two dogs which run him down were similarly affected a few days afterwards.—*Exchange Paper.*

## Part 3.—Editorial.

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### OLD SCHOOL NATIONAL MEDICAL ASSOCIATION.

THIS concentration of the societies of the medical profession assembled in this city on Tuesday, the 7th of May, and adjourned on Friday afternoon the 10th inst. As a body they presented a very respectable aggregate of intelligence and force of character. Yet in respect to scientific liberality, we saw nothing to change our opinion that the association embodies a hopeless mass of stagnating Hunkerism—as hopeless as the present disorganized and lifeless condition of the Ohio Medical College.

Their committee of arrangements took no notice of the question whether they were or were not exclusively an Old School association, nor was the subject brought up in any of their discussions. No notice was taken of the great medical revolutions now in progress, the developments of true science by Eclectic and Homoeopathic physicians. The remarkable success and superiority of a liberal system of practice were not visible to their wilfully closed eyes.

The most venerable and distinguished gentleman present, (Prof. Caldwell,) was not placed in the presidential chair, probably on account of his too liberal sentiments, and when on his motion, the subjects of phrenology and mesmerism were proposed for the investigation of a committee, no committee was appointed, but he was requested to report his own views upon those subjects, as though they felt that the association could not furnish a committee competent or disposed to do those subjects justice.

An interesting paper upon the cerebellum was read by Prof. N. S. Davis, showing by measurements that the cerebellum of the bull was not larger than that of the ox, either in the middle or the lateral lobes, thus confirming the measurements of Lelut upon stallions and geldings.

An important idea was broached by Prof. Davis in reference to

medical education—that it should be free—in other words, that the expense to the student should be reduced as low as possible. This idea we have long entertained, and we hope some time to act upon it—but we perceive it is by no means acceptable to the members of the association, and we doubt not Prof. D. will find himself entirely deprived of their sympathies in his laudable designs.

The proceedings of the association exhibited a full share of spirit and acrimony, with a respectable display of medical learning, but we were struck with the fact that the whole affair exhibited but little real practical utility—but few suggestions of any great importance in the treatment of disease. In this respect, we thought the brief proceedings of the Eclectic Association presented a very favorable contrast.

The subject of elongating the lecture terms and raising higher the standard of medical education, was much discussed. Prof. Lawson (of the Ohio Medical College) proposed to compel the colleges to adopt five months terms, by refusing them a membership in the association if they could not comply. This was not adopted. Prof. Mitchell, of Philadelphia, pronounced such schemes beneath the dignity of the association. They had nothing to do with the time of study, but it *was* their business to improve medical education, by demanding high qualifications, and by imparting instruction in the collateral sciences, as Botany, Geology, Meteorology, &c. Prof. M. has sufficient intelligence to be a liberal, but all liberalism expires in the atmosphere of old school medicine. Our earliest neurological experiments upon the brain were repeated in 1841 by Prof. M. at Philadelphia, who was among the very first to verify the new science. But, alas! a new spirit must be introduced among the schools of medicine, before philosophy, philanthropy, or honest and candid liberality can flourish among them. The natural arrogance, bigotry and selfishness generated by the imperfect moral training and universal devotion to wealth, of the mass of mankind, are not corrected by medical schools; on the contrary, they systematize selfishness, deaden the conscience, and harden all the finer sensibilities to truth, while they darken all our bright conceptions of a future career of improvement.—B.

## AMERICAN ECLECTIC MEDICAL ASSOCIATION.

AN interesting session of our National Association has just terminated. Its proceedings will be fully reported in our next number. The session commenced on Tuesday afternoon, the 21st, and terminated on Thursday, the 23rd, about noon. We regret to observe that the attendance on this occasion was remarkably small, considering the number of those who might have been expected to be present.

A by-law was adopted to which we would call special attention, making it the duty of every member of the association *to report himself, either in person or otherwise, to the President, at the annual meeting.* As it is highly important indeed, to procure the full reports of practice, contemplated by our association, it is hoped that every member who has heretofore attended our meetings will make his report by letter or attend in person. It is also made the duty of every member to pay an annual contribution of one dollar, to defray the expenses of the society in publishing its documents &c. The strict attention of the members to these two by-laws is required, and any one failing for two years to comply with these rules, is considered *no longer a member of the association.*

The next meeting of the association is to be held at PITTSBURGH on the second Tuesday of May, 1851. We hope our eastern friends will not fail to turn out largely to meet at this central location.

We would also invite the special attention of the gentlemen who have been appointed upon the committees, and hope that each member of the committees will feel the responsibility of his position, and give systematic attention to the preparation of a report upon his subject for the next annual meeting. By a special resolution each member of the committees was instructed to act in his individual capacity, and to make a full report himself, in case the committee did not soon hold a meeting and unite a joint report.

COMMITTEES OF THE NATIONAL ECLECTIC  
MEDICAL ASSOCIATION.

ON THEORY AND PRACTICE.—T. V. MORTON, I. G. JONES, T. COOKE, S. M. DAVIS, S. H. POTTER, H. HULCE, C. J. CHILDS, J. P. ANDREW, A. TEEGARDEN, CALEB CARR.

**ON SURGERY.**—S. H. Potter, R. S. Newton, W. F. Smith, J. H. Jordan, Z. Freeman.

**OBSTETRICS.**—J. Beeman, S. Rosa, B. L. Hill, Orrin Davis, Joseph Sites.

**PHYSIOLOGY.**—W. Byrd Powell, H. P. Gatchell, J. T. Walsh.

**MATERIA MEDICA and MEDICAL BOTANY.**—J. R. Paddock, L. E. Jones, G. Lincecum, J. King, J. Kost, W. W. Hadley, H. T. N. Benedict, J. F. Merrill, S. Humphrey.

**PHARMACY.**—I. Wilson, W. Owens, W. S. Merrell, J. R. Johnson, E. S. McClellan.

**CHEMISTRY.**—J. M. Sanders, J. B. Stallo, F. Stewart, A. K. Eaton, A. Essex.

**STATISTICS.**—R. S. Newton, Z. Freeman, W. W. Hadley, J. T. Walsh.

**HYDROPATHY.**—J. Garretson, A. Black, S. S. Ball, with power to add to their number.

**HOMŒOPATHY.**—J. G. Hunt, R. S. Newton, J. Garretson, T. J. Wright, L. K. Rosa, C. Lee.

**UTILITY OF NEUROLOGY.**—H. P. Gatchell, W. Owens, Jephtha Davis, B. W. Richmond, L. Hubbell, J. Stewart, N. L. Vansandt, S. E. Pearre.

**MEDICAL LITERATURE AND MEDICAL TEXT-BOOKS.**—I. G. Jones, W. B. Powell, J. M. Sanders, T. Cooke, L. C. Dolley, S. Oldshue, B. L. Hill, — Leonard, (of North Fairfield, Ohio,) L. H. Baker.

**COMPARATIVE MERITS OF DIFFERENT SYSTEMS OF MEDICINE.** I. J. Avery, F. H. Judd, P. C. Dolley, T. Fisher, J. W. Young, J. C. Batchelor, D. M. Foster, T. J. Wright.

**CHRONO-THERMAL SYSTEM.**—T. Cooke, J. T. Walsh, T. V. Morrow, S. H. Chase, A. Black.—B.

## MEDICAL ASSOCIATIONS.

THE Old School National Association assembled in this city on the 7th of May and adjourned on the 10th, to meet again in Charleston. The Eclectic National Association assembled on the 21st and adjourned on the 23d to meet in Pittsburgh on the second Tuesday of May, 1850. The Association of our friends in Indiana will assemble on the second Monday of June, 1850, at Lo-

gansport. The report of their proceedings last year, which has just been received, is herewith submitted. B.

## THE ECLECTIC MEDICAL CONVENTION OF INDIANA

Met at Logansport on the 11th of June, 1849, pursuant to a call for that purpose, and was fully organized by the election of J. F. Merrell, M. D., President; A. Teegarden, M. D., and Alexander Tolerton, M. D., Vice Presidents, and J. A. Taylor, M. D., Secretary.

The convention being fully organized, on motion, the President appointed a committee of three to present a draft of a constitution for the adoption of this convention. Doctors Loomis, Taylor, and Dodds were appointed said committee, who reported the following, which was read and adopted as the constitution of this convention.

### CONSTITUTION.

ART. I. This Association shall be known by the name of The Eclectic Medical Reform Association of Indiana.

ART. II. The officers of this Association shall be one President, Two Vice Presidents, one Secretary and one Treasurer, who shall severally hold the office for the term of one year, and until their successors are elected and qualified.

ART. III. This Association shall meet annually on the second Monday in June, at such place as the association may determine.

ART. IV. All Eclectic medical men of this State who are willing to subscribe to, and practically sustain the principles of Eclectic Medical Reform as set forth in an address of The National Eclectic Medical Reform Association shall be admitted as members of this Association by subscribing their names to this constitution.

ART. V. This constitution may be amended by a majority of two-thirds of the members present at any annual meeting, and shall be presented before the next annual meeting for its amendment and approval.

ART. VI. The officers of this Association shall be elected at each annual meeting; semi-annual meetings may be authorized by a vote of two-thirds of the members present at any annual meeting, and may be held at any place this association may designate.

The following resolutions were then adopted.

*Resolved*, That all Eclectic practitioners of this State be invited to co-operate with us in sustaining the elevated standard of Eclectic medical education—to think, speak, and act freely on all sub-

jects connected with medicine—to impartially investigate the merits of all systems, and adopt only such as are justly entitled to our confidence.

*Resolved*, That the Eclectic profession of Indiana be requested to report to the next meeting of this association rare and interesting cases of disease with the treatment, remarks &c.; also, any new remedies, with statistics of their application, or new applications or combinations of known remedies.

*Resolved*, That the President appoint a committee of three on each of the following subjects, to report at the next annual meeting of this association.

On Theory and Practice, J. P. Andrew, M. D., A. Teegarden, M. D., J. C. Bowel, M. D.—On Eclectic Surgery, Doctors Tolerton, Holloway and Rice—On Medical Botany, Doctors Merrill, Fisher and Cowdry—On Medical Statistics, Doctors Taylor, Andrew and Loomis.

*Resolved*, That a full expression of the views and sentiments of the Eclectic profession of Indiana is earnestly solicited, and that all Eclectics of this State are cordially invited to be present at the next annual meeting of this association and participate in its proceedings.

*Resolved*, That this association shall be auxiliary to the National Eclectic Medical Association, and that J. F. Merrill and A. Teegarden be appointed delegates to represent this association in the National Eclectic Medical Association at its next annual and semi-annual meetings.

*Resolved*, That this association will use all laudable efforts to sustain the Eclectic Medical Journal of Cincinnati and to extend its circulation.

*Resolved*, That this association do now adjourn to meet at Logansport on the second Monday of June, 1850, at 10 o'clock A. M.

J. F. MERRILL, M. D., President.

J. A. TAYLOR, M. D., Secretary.

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NEUROLOGY.—Dr. S. E. PEARRE of Goshen, mentions in a private letter the following valuable illustration of Neurology. The irritating plaster appears in this instance to have acted as a derivative. It was applied not over the exact seat of the disease in the brain, (upon the angle of the lower jaw and extending toward the mastoid process,) but upon the nearest convenient point. The organs upon which it was applied became strongly excited, thus proving the derivation. B.

“I will take the liberty to detail a case of Melancholia, which has been so far successfully cured. The case was that of a young

lady, who was laboring under melancholy almost to desperation. I was told that it seemed to arise from *emansio mensium*, together with hepatic torpor, scrofulous habits, and a natural disposition to melancholy.

"After, however, restoring and maintaining a healthy hepatic action and energetic use of the emmenagogues—after, in fact, every symptom of disease had been removed from the system, except emaciation, the melancholy still remained, amounting almost to desperation.

"In this condition the nervines were resorted to, with little or no benefit.

"An irritating plaster was applied to the nape of the neck and on the arms alternately, and the patient put upon restorative bitters strongly saturated with *leonurus cardiaca*. This, however, resulted as before.

"Being forced to the conclusion, when I saw her, (about this time for the first,) that it was a primary disease, I determined to treat her according to the principles of Neurology. Accordingly, selecting the point most convenient to the supposed morbid excitement, without in any way disfiguring the patient, I placed a small crescent-shaped irritating plaster behind and above the ear. [This is the region of Destructiveness and Combaticiveness.—B.] These were allowed to remain on some two weeks, during which time *her disposition changed from that of continued melancholy to an exceedingly turbulent one.* They were then allowed to heal, and she *entirely recovered her serenity and vivacity in two days.* Her appetite became regular and good. The liver performed its office without medicine, and she rapidly regained her flesh, and has remained entirely well six weeks."

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JOURNAL OF MAN.—We regret to perceive that many Eclectic physicians appear indifferent to supporting works devoted to the science of man, in which, after all, we must seek the true basis of medical philosophy. Such physicians take a very limited view of the nature and profundity of medical science—nor have they a just idea of the great movement of reform, who do not appreciate the importance of diffusing true phrenological science—the science of the brain, which is doing so much to liberalize the public mind. The *Journal of Man* needs the support of the friends of Eclecticism, to perform its mission of usefulness. We appeal to them with confidence, and we send herewith a prospectus to each of our subscribers. Can you not make up a club for the *Journal of Man* at the low price now offered? Please examine the prospectus carefully.—B.

**DEMONSTRATIVE MIDWIFERY.**—Quite an excitement has been raised in Buffalo, by the course of Dr. White, the Professor of Obstetrics, in teaching midwifery to his class by a clinical example. Seventeen physicians have made a remonstrance against this measure, but the medical journals are disposed to sustain the Professor. We think the medical profession generally is not troubled with quite as much fastidiousness as the Buffalonian seventeen have manifested. This appealing to popular prejudices against dissections, clinical examinations and other means of studying human diseases, would have been irresistible a few centuries ago, but at the present time it is rather out of date. In Paris, such a remonstrance would draw down no little ridicule upon its unfortunate signers.—B.

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**CAZEAUX'S MIDWIFERY.**—"A Theoretical and Practical Treatise on Midwifery, including the diseases of pregnancy and parturition, by P. Cazeaux, Adjunct Professor in the Faculty of Medicine of Paris, &c., &c. (Adopted by the Royal Council of public instruction.) Translated from the second French edition, with occasional notes and a copious index, by Robert P. Thomas, M. D., member of the Philadelphia County Medical Society, late demonstrator of anatomy, in the Franklin Medical College, &c. With one hundred and seventeen illustrations. Philadelphia: Lindsay & Blackiston, 1850—8vo., pp. 765." Cincinnati, for sale by W. Phillips & Co.

This is one of the best works on midwifery now in print—clear, judicious and satisfactory.—B.

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**"DISEASES OF INFANTS AND CHILDREN.**—By Fleetwood Churchill, M. D., M. R. I. A., pp. 636. Philadelphia: Lea & Blanchard. Cincinnati, for sale by W. Phillips & Co."

This is a work of much learning and accuracy, and may be recommended with confidence. Of course we do not look for much assistance in the way of prescriptions or remedial resources, from the writings of authors unacquainted with our American improvements, but in the study of disease, its history, pathological anatomy, &c., much is to be learned from writers who have had ample opportunities of observation.—B.

It becomes our melancholy duty to announce the death of Col. James Kilbourne, of Worthington, Ohio, who departed this life on the 24th of April last, aged nearly 80 years. Col. Kilbourne was a distinguished pioneer of the West, having emigrated to Ohio as early as 1802, and connected his name with many of the most interesting events and enterprises of the State, and served his country with honor and fidelity in a great variety of public capacities. His mind was vigorous, active and energetic throughout the whole of his long and eventful life. The cause of Medical Reform is largely indebted to the distinguished subject of the present notice, for its advanced position. He, as President of the Board of Trustees of Worthington College in conjunction with his colleagues of that Board, came forward and contributed their valuable aid at an early period of the history of the enterprize in this State, when it stood most in need of assistance, and continued to manifest a lively and active interest in the welfare of the cause, even up to the day of his death.

It would be no disparagement to any of the numerous and highly valuable friends of this cause, to say that no man disconnected with the medical profession, in this or any other country, has done more to advance its true and highest interests. M.

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TRUSTEES OF THE INSTITUTE.—As an omission occurred accidentally in our last published list of Trustees, we now re-publish the list correctly.

Calvin Fletcher, Esq.,  
Henry Roedter, Esq.,  
James D. Taylor, Esq.,  
Israel Wilson, M. D.,  
L. E. Jones, M. D.,  
Rev. H. Jewell,  
James Bindley,

T. V. Morrow, M. D.  
J. R. Buchanan, M. D.,  
I. J. Avery, M. D.,  
Alphonso Taft, Esq.,  
Rev. D. S. Burnett,  
Rev. B. F. Barrett,  
J. L. Conkling.

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STYLLINGIA SYLVATICA.—Our friends are earnestly recommended to avail themselves of the present opportunity of obtaining this invaluable alterative. Dr. A. M. Black, (late of Mississippi,) has on hand a large supply at his office, (north-east corner of Vine and Columbia,) which may be obtained by *wholesale* at fifty cents per pound. B.

THE

# ECLECTIC MEDICAL JOURNAL.

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## Part 1.---Original Communications.

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### NATIONAL MEDICAL ASSOCIATION.

THE American National Eclectic Medical Association convened in the Hall of the Eclectic Medical Institute of Cincinnati, on Tuesday afternoon, May 21st, 1850. The session was opened with prayer, by the Rev. Dr. Dalbey, after which the President, Dr. Morrow, delivered an address on the origin and progress of Medical Reform.

The Society then formed a temporary organization by electing Dr. I. J. Avery, President pro tem., and Dr. O. E. Newton, Secretary.

On motion of Dr. Morrow,

*Resolved*, That a committee of five be appointed by the Chair to nominate officers for the Society during the ensuing year.

Whereupon the following gentlemen were appointed:—Drs. T. V. Morrow, J. Dalbey, S. H. Chase, S. Ball and H. T. N. Benedict.

The Committee reported for

PRESIDENT, DR. J. R. BUCHANAN.

VICE PRESIDENTS, DR. H. T. N. BENEDICT, and DR. T. J. WRIGHT.

SECRETARIES, DR. J. G. HUNT, and DR. O. E. NEWTON.

CORRESPONDING SECRETARIES, DR. S. H. CHASE, and DR. B. L. HILL.

TREASURER, DR. I. J. AVERY.

On motion of Dr. Morrow, the rule requiring officers to be elected by ballot was suspended, and the persons nominated were elected.

The reports of the committees on Theory and Practice, Obstetrics, Chemistry, Materia Medica, Physiology and Surgery were deferred, with the exception of a verbal report from Dr. B. L. Hill of the committee on Surgery, who stated that as the ordinary method of treating stricture of the urethra, enlargement of the prostate gland and gonorrheal ophthalmia, were very unsatisfactory, he had been led to treat them by getting up an artificial gonorrhoea—using for this purpose, injections into the urethra of a solution of the vegetable caustic, or a dilution of the Tr. San. Can., first filling the bladder with some mucilaginous fluid. The Tr. San. Can. was the more severe application. The result of this course of treatment had been very favorable.

The committee on Publication and Finance reported that all moneys received had been expended for the publication of the proceedings of the last convention.

Committee on Medical Statistics stated that but few reports of the results of Eclectic practice had been received, but so far as they had, they showed clearly that the average mortality would not exceed two per cent., while the Allopathic mortality in hospitals was nine or ten per cent. in Europe, and seventeen per cent. in the Commercial Hospital of Cincinnati. Granting that their private practice was but one-half or one-third as fatal as their hospital practice; it would show a vast superiority on the side of Eclecticism. That in this city the mortality in cholera, of the Allopaths was 26 per cent. in May 1849, while the Eclectics were scarcely losing one per cent.

Dr. Benedict reported the results of the practice of himself and partner, Dr. Young, which presented a mortality of less than one per cent., and also, made very interesting remarks on several cases of morbid adhesion of the placenta.

Dr. Morrow stated that he had attended about 2000 obstetrical cases without the loss of one. Much of his success he attributed to good fortune, but considerable to his having given mild and active cathartics (such as the Hydragogue powder) occasionally, for several weeks previous to parturition, although the patient might have had daily and pretty free operations from the bowels. He also highly recommended the administration of active cathartics two or three days after parturition. Formerly he used the Hydragogue powder—latterly, the podophyllin gr. ss. every three or four hours till free catharsis.

The podophyllin gr. ss. every two or three hours, he had used with success in puerperal fever.

Dr. Brown made a few remarks, corroborating the testimony of Dr. Morrow as to the salutary effects of cathartics previous to parturition.

Dr. Benedict recommended to prevent abortion the following preparation:

R. Carb. Ferri,  
Aletris Farinosa,  
Bayberry, aa., one part,  
Cayenne, one-fourth part

made into pills, S. 2 or 3—twice or thrice a day.

On motion of Dr. Chase, adjourned till to-morrow morning at 9½ o'clock.

WEDNESDAY, May 22d, 1850, 9½ o'clock, A. M.

The minutes were read and accepted.

On motion of Dr. Chase, the Constitution of the Association was read by the Secretary.

On motion of Dr. Morrow, a committee of three was appointed by the chair to draft By-Laws for the government of the Association.

Dr. Morrow, chairman of committee on Theory and Practice, then delivered an address, showing

1st. The great importance of Diagnosis to the reputation of the practitioner.

2d. Correct Diagnosis indispensably necessary to the success of the physician, especially in difficult cases, and that failures in this respect were always very injurious to his reputation. The Doctor then referred to errors frequently made in Diagnosis. He particularized masked agues, contending that the paroxysmal character and periodicity of diseased manifestations were their only essential attributes. That the interval between the paroxysms and the phase of their appearance a matter of no importance, and that they could all be cured by anti-periodics—gave cases illustrating his position—mentioned several blunders in diagnosing fistula and hip disease. A case of fistula was examined by Dr. Baker, professor of surgery in a school at Indianapolis, who called it a *boil*! In a case of hip disease (a boy) where the principal symptoms noticed were at the knee, Dr. Mussey had said that the leg must be taken off above the knee. The father declined having his son undergo the operation, and came to Dr. Morrow, who, upon examination found that the seat of the difficulty was in the hip and not at the knee. Consequently, it appeared that Dr. Mussey, though generally correct in diagnosis, would have deprived the boy of his leg and left the disease untouched.

The Doctor recommended the use of an infusion of *Stylingia Sylvatica*, and the chewing of the same for chronic sore throat. For scrofulous diseases and secondary Syphilis he recommended Dr. Chase's Syrup of *Corydalis Formosa* and *Stylingia Sylvatica*—also, spoke highly of podophyllin gr. ss. and neutralizing powder gr. 2 every three hours till catharsis in dysentery and diarrhoea, (and in cholera infantum much smaller doses,) followed by equal portions of leptandrin and the diaphoretic powder.

Dr. R. S. Newton, one of the committee on Surgery made a few remarks on the use of chloroform, and some of the advantages over the letheon or sulphuric ether. Dr. Newton has fully tested them both, having used the latter extensively until the discovery of the former, since which time he has given the decided preference to chloroform, and has used it in many cases without producing any injurious consequences in any instance. He referred to some of the improvements made and practised by Eclectic physicians, among which was the advantage of healing wounds resulting from surgical operations, by suppuration in place of the commonly practiced method, by first intention. He then presented to the convention several morbid specimens, which had been removed with the knife while the patient was under the effects of chloroform, and treated on the above plan, among which were several encephaloid tumors—one measuring twenty-four inches in circumference and weighing seven pounds.

His method of administering chloroform is to put a small quantity on a napkin or handkerchief and let the patient inhale it as it becomes mixed with the atmosphere, and continue until the anæsthetic effect is produced.

He recommended the use of sulphate of zinc to be applied locally in the treatment of mortification. For his full views upon this subject he referred the association to a communication upon that subject recently published in the Eclectic Medical Journal.

Dr. Hill remarked that he first used ether, and if the patient did not come speedily under its influence, the chloroform might then be used.

Dr. Morrow disapproved of the use of chloroform, because he was opposed to the use of any article which under its ordinary use was liable to produce bad effects, and chloroform certainly had.

Adjourned till 2 o'clock, P. M.

#### AFTERNOON SESSION.

Dr. Buchanan remarked, that Dr. Hayward, of Boston, who had much experience, states that sulphuric ether was always successful and never injurious. Spoke also of the suggestion of Professor Sanders, to use the decomposed elements of water as an anæsthetic agent—recommended it for trial—also, the nitrous oxide gas.

The committee on By-Laws, through their chairman, Dr. Morrow, reported the following resolutions.

Article I. All graduates of the Eclectic and Reformed Medical Colleges, as well as all practitioners who have been in respectable practice for the term of three years, and who may adopt the principles set forth in the address in the American Medical Association in Cincinnati, Ohio, commencing on the 25th day of May, 1848, may become members of this association.

Article II. Each member shall contribute one dollar per annum, which shall be appropriated to defray the expenses attending the meeting of the association, and for the publication of such documents as may be thought proper to be published—a copy of each of which shall be sent gratuitously to each member.

Article III. Any member who may be charged and found guilty of any unprofessional conduct, or any other act unbecoming a gentleman and member of this association, may be expelled by a vote of two-thirds of its members present at any regular session.

Article IV. It shall be the duty of all members of this association to report themselves to the President of the same at each regular annual meeting, either in person or otherwise.

Article V. Any member who shall fail to observe articles *second* and *fourth*, for the term of two years, shall be considered as withdrawn from the association.

Article VI. It shall be the duty of all committees and officers of this association to be faithful and prompt in the discharge of their several duties.

On motion of Dr. Owens

*Resolved*, That a committee consisting of not less than six members be appointed to prepare and present a report upon Medical Literature and Medical Text-Books, embracing a concise review of the most celebrated and valuable works upon the various departments of medical science, and a critical estimate of the value of the various Text-Books which ought or ought not to be recommended to the Eclectic medical profession.

Dr. Hunt then offered the three following resolutions, which were adopted.

*Resolved*, That a committee of three be appointed to report to the next annual meeting of this association, upon the subject of the practical value of Homœopathy, and the best methods of investigating and testing its value, and how it can be rendered available to Eclectic practitioners.

*Resolved*, That a committee of three, with power to add to their number, be appointed for the purpose of reporting to the next meeting of this association, upon the value of the Water-cure treatment, the most judicious modes of its application, and the extent to which it may be judiciously and conveniently carried out by Eclectic physicians in private practice.

*Resolved*, That a committee of three be appointed to report upon the practical and remedial application of the principles of neurological science, and upon the forms of disease in which mesmeric processes have proved most servicable.

On motion of Dr. R. S. Newton, the following resolution was adopted:

Whereas, the city of Cincinnati is rapidly becoming a great American emporium of literary publication and of medical instruc-

tion, as well as of commerce and manufactures, it is at this time highly important that a publishing house and book store devoted especially to the publication and sale of works upon liberal medicine and liberal scientific progress in general, should be established in this city.

*Resolved*, That in case such a house shall be established, we, as Eclectic physicians, pledge ourselves to exert our influence in its support, and give it our patronage as well as urge its support upon our friends.

This resolution was supported by Dr. Newton and Dr. Buchanan in an earnest manner, showing the importance of such an enterprise.

Dr. R. S. Newton offered the following resolution.

*Resolved*, That we reconsider the resolution appointing a committee upon the subject of Homœopathy, which was carried.

The motion then being on the passage of the original resolution, after considerable spirited discussion it was passed.

Mr. Merrell, Pharmaceutist, then made a report upon new concentrated remedies.

The meeting then adjourned till Thursday morning, 9½ o'clock, A. M.

THURSDAY, at 9½ o'clock, A. M.

Minutes of the meeting read and accepted.

On motion of Dr. Chase

*Resolved*, That a committee of three be appointed to report upon the subject of chrono-thermalism at the next annual meeting.

Dr. Benedict expressed his great gratification, his devotion to medical reform, and his regret at leaving the association, which his age would probably prevent his meeting again.

Dr. Morrow offered the following resolutions, which were adopted:

*Resolved*, That as the sense of this association, that it is the imperative duty of the medical reformers of the several states of the American Union to continue to protest against the existence of any unequal and oppressive laws whatever, touching the practice of medicine and surgery, or the admission of the faculties and students of the different medical schools to participation in the privileges of any of the several hospitals in the different states; and that it is their duty to continue to petition the legislative authorities of their states for the repeal of all such arbitrary, unjust and oppressive enactments.

*Resolved*, That the friends of progression and reform, be requested to urge on the attention of the several legislatures of the different states, the necessity of passing laws which will make it the duty of the physicians of all the different schools to keep an accurate statistical account of the names, places of residence, the number of cases of disease treated, the number of deaths and

cures, the character and stage of disease when called, the duration of treatment and the number benefitted but not cured in their entire practice, and to deposit a certified copy of the same in the office of the clerk of the court of common pleas in their several counties; and which will make it their duty to cause an accurate report of the aggregate number of cases treated by each physician, with the number of deaths that occurred in their practice, the names of the fatal cases as well as names of the attending physicians, to be published at least once annually in one or more of the most extensively circulating papers in the country.

*Resolved*, That the President of this Association be authorized and requested to add to the regular committees the names of such additional members as may be deemed desirable to further the objects of the association.

*Resolved*, That each individual member of the reporting committees be requested to give special attention to the subject allotted to the committee, and in case the committee shall not at an early period unite in the preparation of a joint report, each member is hereby specially requested to report as fully as possible in his individual capacity.

*Resolved*, That a special committee be appointed to consist of five members, whose duty it shall be to institute a careful examination into the comparative merits of the different systems of medical practice now prevalent, and report to the next annual meeting of this association.

Dr. Buchanan remarked that the courtesies of the Mercantile Library Association of Cincinnati had been tendered to the members of this association, and he should be pleased to introduce the members to the rooms of that institution.

On motion of Dr. Morrow

*Resolved*, That committees of correspondence, located at Cincinnati, Pittsburgh, Philadelphia, Memphis and Rochester, be appointed by the association.

Adopted with an amendment of Dr. B. L. Hill, that the city of New York be added to the number of places.

*Resolved*, That the following gentlemen be and are hereby appointed to act as such committees.

In Cincinnati.—Drs. James G. Hunt, O. E. Newton, I. Wilson, and I. J. Avery.

Pittsburgh.—Drs. S. Oldshue, Henderson, J. Stewart, Brown, F. H. Judd, and Bender.

Philadelphia.—Drs. T. Cooke, J. Sites, J. T. Walsh, W. Smith.

Memphis.—Professors J. King, H. Hulce, W. B. Powell, and Z. Freeman.

Rochester.—Drs. S. H. Potter, W. W. Hadley, S. M. Davis, and O. Davis.

New York city.—Drs. W. Beach, Hassell, and Smith.

*Resolved*, That the members of these committees be earnestly requested to publish in such journal as they may deem judicious, ample notice of the next meeting of this association, and to correspond extensively with their friends to induce and urge a general attendance of Eclectic physicians at the next annual meeting.

*Resolved*, That the next annual meeting of this association shall be held at the city of Pittsburgh, on the second Tuesday of May, 1851, at ten o'clock A. M.

*Resolved*, That Drs. Oldshue, Henderson, Stewart, Brown, Judd, and Bender be appointed a committee of arrangements, to make appropriate arrangements for the meeting of the association at Pittsburgh.

The different committees were then filled by the President, as follows:

*On Theory and Practice*.—T. V. Morrow, I. G. Jones, T. Cooke, S. M. Davis, S. H. Potter, H. Hulce, C. J. Childs, J. P. Andrew. A. Teegarden, Caleb Carr.

*On Surgery*.—S. H. Potter, R. S. Newton, W. F. Smith, J. H. Jordan, Z. Freeman.

*Obstetrics*.—J. Beeman, S. Rosa, B. L. Hill, Orrin Davis, Joseph Sites.

*Physiology*.—W. Byrd Powell, H. P. Gatchell, J. T. Walsh.

*Materia Medica and Medical Botany*.—J. R. Paddock, L. E. Jones, G. Lincecum, J. King, J. Kost, W. W. Hadley, H. T. N. Benedict, J. F. Merrill, S. Humphrey.

*Pharmacy*.—I. Wilson, W. Owens, W. S. Merrell, J. R. Johnson, E. S. McClellan.

*Chemistry*.—J. M. Sanders, J. B. Stallo, F. Stewart, A. K. Eaton, A. Essex.

*Statistics*.—R. S. Newton, Z. Freeman, W. W. Hadley, J. T. Walsh.

*Hydropathy*.—J. Garretson, A. Black, S. S. Ball, with power to add to their number.

*Homæopathy*.—J. G. Hunt, R. S. Newton, J. Garretson, T. J. Wright, L. K. Rosa, C. Lee.

*Utility of Neurology*.—H. P. Gatchell, W. Owens, Jephtha Davis, B. W. Richmond, L. Hubbell, J. Stewart, N. L. Vansandt, S. E. Pearre.

*Medical Literature and Medical Text-books*.—I. G. Jones, W. B. Powell, J. M. Sanders, T. Cooke, L. C. Dolley, S. Oldshue, B. L. Hill, — Leonard, of North Fairfield, Ohio, L. H. Baker.

*Comparative Merits of Different Systems of Medicine*.—I. J. Avery, F. H. Judd, P. C. Dolley, T. Fisher, J. W. Young, J. C. Batchelor, D. M. Foster, T. J. Wright.

*Chrono-thermal System*.—T. Cooke, J. T. Walsh, T. V. Morrow, S. H. Chase, A. Black.

On motion of Dr. Morrow

*Resolved*, That a special committee on Pharmacy be appointed.

☞ See list of committees.

Dr. Hunt then offered the following resolution :

*Resolved*, That a committee of five or more be appointed to report on the following inquiry :

Are the infinitesimal doses of arsenic, the mercurial preparations, tartarized antimony, or other powerful poisons liable to produce permanent injurious effects upon the constitution as used by Homœopathic physicians?

Dr. Hill moved to amend by making it the duty of the committee on Homœopathy, which substitute was accepted and adopted, instead of a special committee.

On motion of Dr. Hunt

*Resolved*, That Eclectic physicians be requested to inform the committee on Homœopathy of all such facts as will tend to answer the above inquiry.

On motion of Dr. Chase

*Resolved*, That the committee on Physiology be excused from addressing the convention, and requested to report through the Eclectic Medical Journal.

On motion of Dr. Morrow,

Adjourned.

JAS. G. HUNT, M. D.,	}	Secretaries.
ORRIN E. NEWTON, M. D.		

## ECLECTIC PHARMACY.

BY W. S. MERRELL, A. M.

*Read by request before the Eclectic Medical Convention.*

CONSTANT inquiries are addressed to me, and to the Professors of the Eclectic Medical Institute, relative to the new and concentrated preparations, which I have been the means of introducing to the notice of the medical profession. I avail myself of the present opportunity to answer these inquiries, and at the same time give a general view of my various preparations.

It is often asked with respect to Podophyllin, Leptandrin, and other analogous preparations, am I the discoverer of these? I answer, I am so in the same sense that Fulton invented the steam-boat and Morse the electric telegraph. The power of steam and its application to machinery was known before the time of Fulton, and it had even been applied to the propelling of a boat; but he carried these inventions *one step further* and *first* made them of practical utility in navigation.

The properties of Electro-magnetism, and even its power to produce mechanical motion, was known before the inventions of

Morse. He only advanced a step on these discoveries and made them subservient to the important uses they now perform.

So of these medicines. Other pharmacutists had partially examined the *Podophyllum*, the *Macrotys*, and several other of our indigenous medical plants, and had discovered that among other proximate principles, they contained one of a resinous character, and Mr. Lewis, of the Philadelphia College of Pharmacy, (whose analysis was probably previous to mine, although not published till afterwards,) announced that the resin of *Podophyllum* was a drastic cathartic in doses of six or eight grains. But these discoveries lay as dead facts in the records of science until, without a knowledge of any of them, I obtained these principles in a purer form, and by a more eligible process, and immediately tested their operation, and with the efficient co-operation of the professors, and other physicians of the Eclectic school by whom I am surrounded, established their character as among the most important agents of the *materia medica*. Justice requires me to state that Dr. Jno. King, now Professor in the Eclectic Medical Institute at Memphis, had previously obtained several of these medicinal principles in a form somewhat less refined, and had successfully employed them in his practice, and had published some notices of them in the *Medical Reformer*. But these facts had attracted but little notice, and were wholly unknown to me till after several of my articles had acquired a considerable notoriety.

The most important class of these new agents is the Resinoids. We call them Resinoids, that is, as the word imports, "resembling resins." Like the pure resins they are neutral in their chemical character, i. e., neither alkaline nor acid, so that they are not disposed to combine directly either with acids or alkalies, except with the latter in the same manner as oils do, forming saponaceous compounds. They are like resins softened by heat, and when cold and dry, (unless combined with an oil as many are,) break with a vitreous fracture. Still they are not properly resins, for they are not perfectly liquified by heat alone, nor are they fully soluble in essential oils as the pure resins are.

The process for procuring these is in theory very simple. It is in general to obtain a saturated alcoholic tincture of the root. To this add a large quantity of water, and distil off the alcohol. The watery menstruum holds in solution the gum, mucilage, extractive and most of the coloring matter, while the resinoid substance subsides, and is collected, washed and dried. Still the process requires in many points no little skill, and pharmaceutical experience for its success.

The yield of these resinoids, from different roots, varies considerably as might be expected, but the average of these principles is from two to four per cent, or from a half oz. to one oz. from the pound of powdered root.

In the manufacture of these medicines the price of the root is but a moiety of the actual cost. The grinding, the waste of alcohol, even with the most perfect apparatus, and the labor and time employed, constitute the larger portion of the expense of production, so that the physician or even the druggist will seldom find it good economy to prepare for themselves.

The names by which I have designated these resinoids is found fault with. Some contend that they should be denominated the Resin of *Podophyllum*, of *Macrotys*, of *Iris*, &c., while others claim for them no higher appellation than that of extracts, but both denying their right to the termination of *in* or *ine*. Well, what is a name but an abbreviation to avoid the prolixity of a description of that which we wish to designate?

In records of abstract science it may be well enough to designate a thing by a description of its character, but when that thing becomes one of commerce and daily use, convenience requires that it be indicated by a single word, or at least, by the fewest practicable. Now I claim to have as good a right to give names to things as any one else, especially if they are my own offspring. But I have not acted without authority. Professor Wood, the author of the U. S. Dispensatory, who is no mean authority, speaking of the bitter substance obtained from the root of the *Podophyllum* by Wm. Hodgson, jun., says: "should this be found to be the purgative principle of the plant," (for this was not then ascertained, and indeed as obtained by Mr. H. its purgative property was nearly destroyed,) "it would be entitled to the name of *Podophyllin*." Turner in his elements of chemistry, mentions many articles perfectly analogous to these which he designates by the termination *ine*, added to the generic names of the articles from which they are obtained, as *Hæmatoxyline*, *Gentianine*, *Populine*, *Liriodendrine*, &c.\* For the sake of perspicuity, I propose this as the mode, in part, of naming the proximate principles of vegetables, viz: that the names of the alkaloids uniformly terminate in *a*, after the analogy of the alkalies and alkaline earths, soda, potassa, magnesia, &c. Thus we should have *Quinia*, *Morphia*, *Strichnia*, *Veratria*, &c. But that the names of the resinous principles or resinoids, should be made to terminate in *in*, after the analogy of the generic substance resin or rosin, and accordingly we should write *Podophyllin*, *Macrotin*, *Jalapin*, &c. This rule I have adopted in naming the new medicinal principles which had not before received a settled designation.

Of these new resinoids, the *Podophyllin* was the first brought into notice, and is still regarded as first in importance. It is a powerful cholagogue cathartic, substituting, and for all useful purposes,

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\* With respect to the final *e* in these names, good authorities differ, some adding and others omitting it.

more than substituting the long celebrated "Sub-murias Hydrargyri" of the Old School. The mixture of one part Podophyllin, rubbed well with ten parts by weight dry refined sugar, is full as efficacious in its action on all the secretions, as an equal quantity of that formidable medicine, without danger of any of those permanent lesions, for which that has acquired such an unenviable notoriety. As an alternative and hepatic, it is best administered in small doses of one-eighth to one-half a grain, and repeated not oftener than from six to twelve hours. It should generally be mixed with sugar, syrup, or some soluble extract, to render it more readily diffused in the stomach, and thus guard against its local action.

When used as a hydragogue or evacuent, it should be combined with Cremor Tartar, Compound powder of Senna, or some other quick cathartic.

The *Macrotin* is the resinoid medicinal principle of the *Macrotys* or *Cimicifuga Racemosa*. It is not a cathartic or emetic, nor properly a narcotic, although it often acts powerfully on the brain. It is the great alterative and tonic of the nervous and sexual systems. Hence, in Leucorrhœa, and other derangements of the uterine organs, it has, like the root from which it is obtained, proved almost a specific, and has been used with marked advantage in the analogous diseases of Gleet and Gonorrhœa, also, in those forms of Rheumatism and Dyspepsia which depend on or are accompanied by a derangement of the nervous system, it is used with much success. The dose varies much, according to the state of the system, and the idiosyncrasy of the patient. Some females will easily take six grains a day in divided doses, while others can scarcely bear one. It is generally administered in pills, made up with Castile soap or Ext. Cypripedium, and given morning, noon and night.

*Leptandrin* is the name I give to the resin of the *Leptandra Virginica* or Black-root. I find no account of it in any work, and so far as I know, it had not been discovered till I prepared it about two years ago. It is a jet black substance, resembling in appearance pure asphaltum. Its peculiar chemical reactions, time will not permit me here to describe. Its medicinal action is that of a cholagogue and hepatic, with but feeble cathartic powers, and acting in small doses rather as a tonic on the primæ viæ. It hence, fills a previously existing blank in the *Materia Medica*—a medicine that efficiently stimulates and corrects the hepatic secretions without the debilitating effect of copious alvine evacuations. It consequently becomes a desideratum in the treatment of summer complaint of children, and all chronic diarrhœas, and in all typhoid fevers. The dose is about double that of Podophyllin, and as it produces but little manifest disturbance of the system, it may be given with less caution. It combines very advantageously with that article when it is desirable to increase a little the action of the

bowels—say one grain of Podophyllin to three or four of Leptandrin. Various other useful combinations of these articles will suggest themselves to the judgment of the physician.

The *Sanguinaria Canadensis* contains two medicinal principles, an alkaloid and a resinoid, which we name *Sanguinarina* and *Sanguinarin*. The former is described in works on pharmacy—of the latter I find no account. They are both soluble in alcohol and precipitated from it by water, and consequently by this mode of preparation, both principles are obtained in combination, and it is probably best for practical use that they should be, as the action of the medicine so obtained will be more identical with that of the root itself. It is a deep red powder, of much the same appearance as the finely powdered root. It has yet been very little used, and its peculiar properties and doses not well defined.

*Iridin*. The *Iris Versicolor* affords an oleo-resinous substance, in which its medical virtues evidently reside. Dr. John King obtained it as early as 1846, and speaks very highly of it in some articles in "The Reformer" of that year, and thinks it the "very mercury of the botanic practice." He called it *Irin*, but without having heard of his article, I named it *Iridin*, forming the name from the genitive instead of the nominative case of the noun, which I still think more proper, proximate medicinal.

It seems to consist of two, principles in combination—a *resin* and an *oil*, which may, altho' with difficulty, be separated, and which together form a soft waxy substance not soluble in water, and which cannot be dried down to a pulverizable state. On account of its ineligious form it has been but little used, and the anticipations of its great medical powers, but partially confirmed!

*Cypripedin*, is the name I give to the resinoid principle of the *Cypripedium*, or Ladies' slipper. It is in form of a dark extract of a pilular consistence, possessing a smell much analogous to good Russian Castor, and I anticipate that as an *antispasmodic* and *nerve* it may be found more than a substitute for that costly drug. It appears to exist only in the *cortical* portion of the root. The woody centre affords a beautiful honey-like extractive, of considerable medical virtue, but precipitates no resin. The Hydro-alcoholic extract of the whole root, will probably found its most eligible form, as this will embrace all its medical properties in a tolerable degree of concentration. It needs further investigation and experiment.

The *Hydrastis Canadensis* yields a beautiful yellow pulverulent *resinoid* which is named *Hydrastin*. It contains in a high degree of concentration the medical properties of that valuable root. It is a sub-astringent tonic and aperient, possessing considerable hepatic powers, and will be found valuable, I apprehend, in the treatment of diarrhoea, and dyspepsia, and all atonic conditions of the mu-

cous surfaces. Its dose will be about one tenth that of the powdered root. It has yet been but little used.

I have obtained an oleo resinous principle from the *Xanthoxylum Frax.* which I name *Xanthoxylin*, which evidently possesses the stimulant and carminative properties of the bark. Also from the *Asclepias Tuberosa* a tough unpulverizable resinoid which I name *Asclepidin*, but neither of them have been sufficiently used to enable us to speak advisedly of their doses, or medical powers.

Dr. J. King obtained the resin of the *Aletris Farinosa*, which he named *Aletrin*, of which he speaks highly, but in consequence of the scarcity and high price of the root, I have never prepared the article.

Many other of our indigenous roots—probably, indeed, all vegetable medicines, have some peculiar proximate principle on which their therapeutic properties depend. Many of these have been separated, and noticed in works of chemical and pharmaceutical science, but they have never been prepared in quantity or their therapeutic properties tested. A wide field for useful investigation is opened here; one in which it would be my delight to labour, but into which I have yet but just entered.

Before leaving this subject, I would remark that these *resinoids* and medicinal principles of plants, must be carefully distinguished from the *alcoholic extracts* of such substances, dried and powdered, of which large quantities are now being made. These may prove very valuable and convenient preparations, but they contain not the medicinal principles in their isolated state, but in combination with them all, if not more than all, the other elements of the plants which alcohol will dissolve. They are consequently much feebler in medical power, and may be afforded at a much lower price.

The cost of obtaining the pure resinoid principles from our different indigenous plants, varies considerably according to the price of the material and the amount of yield, but for the sake of convenience we have fixed on one dollar per ounce as the uniform price of them all, at present, with the usual commercial discount to those who buy in quantity to resell.

Nearly allied to the resinoids are those medicinal principles which are extracted from certain vegetables by *sulphuric ether*, and are presented in the form of fixed oils. Of these I have prepared only those of *Lobelia*, *Capsicum* and male fern. The first probably holds in solution the alkaloid *Lobelina*, and the second the resinoid *Capsicin*, but I have never made an analysis of them. These are powerful agents. The Oil of *Lobelia* is valuable in Tetanus and some other extreme cases, as it is easy to introduce enough upon the tongue to relax the whole system speedily, but it should not be used pure as a common emetic, as there is too much danger of producing local inflammation of the stomach, by the

action of so concentrated a medicine. In case of emergency however, a few drops may be rubbed with sugar, and then diffused in Boneset or other herb tea, and thus administered without objection. I anticipate it may prove a valuable local application, either alone or in combination, where a particular nerve is to be quieted or a muscle to be relaxed. The *oil of Felix Mas* has obtained considerable celebrity in France, in the treatment of tape worm. Of the Capsicin, or oil of Capsicum, I know nothing only that they must be some ten times more stimulant and powerful than the hottest Cayenne. There are several other medicines of which this will prove the most eligible form of presenting their active principles, but I have not tried them.

Analogous to the above are the preparations termed *Fluid Extracts*. The standard degree of concentration of these is, that each fluid ounce of the extract shall contain the unimpaired virtue of one ounce, by weight, of the crude medicine. This form of exhibition is applicable to those medicines, of which the active principles are so delicate in their constitution, that they cannot be evaporated to dryness, or even to a pillular consistence, especially at the temperature of boiling water, without undergoing destructive decomposition. This is the case with *Senna*, *Uva Ursi*, *Buchu*, and many other of our most valuable medicines.

The successful preparation of the fluid extracts requires much care, and some pharmaceutic skill. In general the powdered article should be first exhausted with alcohol, then (if we want all the properties of the original medicine) with water. These solutions are separately evaporated at as *low a temperature* as practicable, till (after allowing for a requisite quantity of sugar to preserve them) they shall together equal in measured ounces, the weight of the original ingredients. Then mix.

This mode of exhibiting medicines is now the hobby of the Philadelphia College of Pharmacy, and is one well deserving our attention. I have made but one new and important preparation of this class, in its full degree of concentration. This is my *Fluid Extract of Senna Compound*, or extract of Beach's Anti-bilious physic. Of this, one fluid drachm or a large teaspoonful is a quick cathartic dose for an adult, and it may be administered to children and fastidious patients, when the bulky powder will not be taken. The only objection to which I am aware that it is liable (except perhaps its necessarily high price) is, that owing to its whole active principles being already in a state of solution, its action may be too sudden, and it may be more likely in consequence to produce nausea or spasm. I will suggest that this may be obviated by giving it in divided doses, or by immediately following its administration by a full draught of some bland liquid, which will dilute and diffuse it, and shield the stomach from its instantaneous action.

My *Fluid Extract of Stillingia*, is made from the root of the *Stillingia Sylvatica*, on the same principle as the above fluid extracts, but owing to the uncommon potency of that article it is not expedient to carry its concentration so far as the above named standard.

In its present strength, from ten to thirty drops is as much as can usually be borne by adults.

The *Stillingia* is doubtless the most powerful alterative and anti-syphilitic medicine yet discovered. Its power has recently been developed in a new class of diseases to which it was not before known to be applicable, viz.: those of the throat and bronchia. I have lately known several cases which were pronounced confirmed Bronchitis, and one, of a most aggravated affection of the throat and tonsils, entirely relieved with almost miraculous facility by this fluid extract, taken in doses of from ten drops to a teaspoonful three times a day. Not exceeding one ounce of the medicine was required in either case. As a general alterative, however, in Scrofula, Syphilis and hepatic diseases, it is probably better not to use it alone, in consequence of the sickening and prostrating effects of large doses, but to combine it with other alterative preparations—in such proportions as it can be borne. For this purpose, I prepare the Compound Syrup *Stillingia*, which will be noticed under the next head, viz.:

*Medicinal Syrups.* These are generally compounds of a large number of medical agents. Indeed, some of them seem to be made upon the principle of taking all the articles which are supposed to be good for the diseases for which the syrup is to be recommended, and combining them into one heterogeneous compound. Some of them, however, are not unscientific combinations, and experience, which is truer than theory, has proved them to be valuable remedial preparations.

It is usual to prepare them by boiling the whole mixture in a considerable quantity of water, pressing out the decoction, boiling this down to the prescribed quantity, and adding sugar to form a syrup. But it always happens that in such compounds, some of the articles, (as the sassafras,) contain volatile oils, which are wholly driven off by the long continued boiling, others, and perhaps, most of them, contain medicinal principles of a resinous character, (as the Lig. Guaiac,) which are very partially soluble in water, and therefore, but a small proportion is extracted by that menstruum; while of others again, as the Sarsaparilla and Indian Turnip, the medicinal principles undergo destructive decomposition by long contact with water at a boiling heat; so that on the whole but a moiety of the true medicinal properties of the ingredients are extracted and preserved. I make these syrups by an entirely different process. The ingredients are first moistened with spirits, and left to stand several hours, say over night. They are then put

into "Smiths patent vapor displacement apparatus," and so much alcohol is first driven into them in form of vapor, as it is allowable to have retained in the Syrup. This is followed by the steam of water, till the amount of liquid condensed below, is nearly that required to make the given quantity of Syrup. This will of course contain most of the alcohol employed, by which it has dissolved and brought out the resinous, and other medicinal principles, together with all the volatile oils. This will contain three-fourths of all the strength of the ingredients, and is set aside and never boiled. The process is then continued with water or spirits till all the strength is extracted—these weaker solutions boiled down to nearly an extract, and added to the first obtained liquid, and the whole, simply brought to a scald, with the required quantity of sugar to form a Syrup.

In this way I prepare the *Alterative*, and *Scrofulous Syrups*; the *Compound Syrup of Stillingia*; *Beach's Pulmonary Syrup*; my *Neutralizing Extract*, or concentrated neutralizing cordial; and nearly all other compound preparations.

These are not secret or patent nostrums. The uses and the merits of most of them, have long been known and appreciated. The formulas of some are new and original—of others, essentially improved; but of all, are freely open to the inspection of every purchaser. But as the amount of ingredients used to the gallon, is much greater than that usually prescribed, and all the active principles so perfectly extracted and preserved, it is confidently believed that these preparations are from three to four times the strength and efficacy of those bearing the same names, made in the usual way.

The price of most of these, to physicians, is fixed at three dollars per gallon, or six dollars per dozen pint bottles; which is intended to be as low as they, under ordinary circumstances, can buy the ingredients, and obtain from them the same amount of medical virtue; and, considering the extra strength, is as cheap as the ordinary preparations at one dollar per gallon.

I find I have omitted in passing, the notice I proposed to take of the *Inspissated Juices*, and the pillular *Alcoholic* and *Hydro-alcoholic Extracts*. These constitute an important class of medical agents; much superior, for the reasons already assigned, to the common *Aqueous Extracts*. I have made several, and intend to have them prepared from most of our indigenous plants, but time forbids a further notice of them now.

There are several other improvements in the Eclectic Pharmacy that well deserve a notice here. But I have already trespassed too far on your time, and must defer my comments on them till another opportunity.

## Part 2.---Miscellaneous Selections.

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### MALARIA AND ITS RELATIONS TO THE EXISTENCE AND CHARACTER OF DISEASE.

*A Paper read before the Æsculapian Society.*

BY SAMUEL THOMPSON, M. D., OF ALBION, ILL.

THAT vicissitudes of heat and moisture are quite inadequate to account for a certain class of diseases is manifest. For as Dr. Torry remarks that, "as the regions of New England, New Brunswick, and Nova Scotia are exempt from Intermittent, while in the regions of the great Lakes, both on the British and American sides, it is very prevalent; and as the coast of the former exhibits climatic features similar to the other, as far as regards temperature and humidity, it follows that a solution of the question, must be sought in the admixture of terrestrial emanations dissolved or suspended in atmospheric moisture." That vicissitudes of heat and moisture are therefore quite inadequate to account for a certain class of diseases is manifest. Whether we can as clearly show any other causes, is another question. It is, however, evident that there is some cause connected with locality. We all know, that in a great majority of cases, moisture is essential to the production of this cause, and yet, that excess of moisture is uncongenial to it also, as no one ever suspected pure and deep water of developing malaria, while few doubt the dangers of lands that have been submerged, but which are in a drying state; and who is there whose olfactory nerves have not told him, in a night ride in summer or autumn, that the air contained different elements in different spots?

But it is objected that Chemistry, that inspector of nature, can detect no change in the atmosphere in those spots said to be loaded with miasm. But I would ask, can Chemistry detect the particles exhaled by a grain of musk, and perfuming a whole room? Can Chemistry isolate the contagious exhalation from a small pox patient? Or, can she or the microscope detect the myriad germs of the Fungi? Yet we know these must exist and in their larger varieties we can see them, and who doubts that Musk or the blossom of the rose perfume the air, or that such perfume is indeed matter—part and parcel of that from which emanates.

For years past it has been known that the copper sheathing of ships traversing certain waters, decayed with unusual quickness. To ascertain the cause of this great commercial evil, the Lords of the Admiralty of Great Britain, directed that some of the water from the mouth of the Gambia on the Coast of Africa, one of the spots where copper was so affected, should be carefully secured in glass bottles and sealed up, brought to England and submitted to the examination of that able chemist, Professor Daniell. In it he detected Sulphureted Hydrogen in large proportions. We all know that the coast of Africa is one of the most fatal places in the world to human life. A single night ashore often being supposed to destroy life, by developing a fever nearly akin to yellow fever or to our malignant congestives. Previous, however, to this, Dr. Malcolmson had suggested that the presence of this gas, which he had detected in the waters of the Saline lakes of different parts of the world, must arise from the decomposition of the Sulphates in the water, by the carbonaceous matter of the vegetables floating in them. Acting upon this idea, Professor D., on the 2nd Nov., 1840, instituted the following experiments. He placed a quantity of newly fallen leaves in three glass jars, capable of holding a gallon and a half of water each:

Upon the first he poured a gallon of river water.

Upon the second, the same quantity of water with one ounce of common salt.

Upon the third, the same quantity of water with one ounce of Sulph. Sodæ.

The three jars were then placed in a warm room, the temperature of which varied from 70 to 110, and the water was filled up from time to time and well stirred. Upon examining them on the 15th Feb., 1841, (three months,) the following was found to be the state of the jars. No. 1 had a very disagreeable odor, but produced no change whatever upon paper soaked in acetate of lead. No. 2 was perfectly sweet, and possessed indeed a rather agreeable odor. It produced an effect, of course, upon the test paper. No. 3 had a most insupportably sickening odor, much worse than that of pure sulphureted Hydrogen, and instantly blackened paper soaked in acetate of lead, throwing down sulphuret of lead with a metallic lustre.

Two gentlemen (Saerd and Oldfield) entrusted with conducting an expedition up the Niger, remarked upon the deadly effect of breathing the air of "Those accursed swamps, where one is oppressed, not only bodily but mentally, with an indescribable feeling of heaviness, languor, nausea and disgust;" and such is the united evidence in relation to all spots where sea water comes in contact with vegetable matters.

Now, it has been experimentally proved by Thenard and Dugaytren, that so small a quantity as 1-1500th part of sulphureted

Hydrogen, dispersed in atmospheric air, kills small animals which breathe it, and the effect produced upon human beings inhaling it, are those very sensations of langour, heaviness and nausea, described above. But is this all that can be adduced in favor of the opinion that the nature of Malaria is gaseous, and that gas is probably, sulphureted Hydrogen? No indeed! I think it was in 1846 that Dr. Gardner, Professor of Chemistry in Hampden Sidney College, in a paper, published in the American Journal of Medical Sciences, assuming that sulphureted Hydrogen was the active agent in the production of Malarious diseases on the coast, undertook the following experiments, with a view to ascertain whether the same agent could be detected in those island spots where periodic fevers also prevailed, and where Malaria was generally supposed to exist. Finding it impossible to procure a sufficient quantity of atmospheric air to test its presence, he determined to apply pure silver (one of the most delicate tests for sulphur) as the means of trying the question. The purity of the silver he used, and the delicacy of the test was shown, by putting one drop of hydro-sulphate of Ammonia into 120,000 grains of water: a five cent piece placed in it was discolored in a few minutes, proving that pure silver, is able to detect sulphur, in a solution containing one part in 3,000,000 parts of water. With silver thus prepared, he examined the air over various streams and marshes, and while in some of these it took weeks to produce any tangible effect, in others, 22 hours were sufficient to render the presence of sulphur evident, upon passing a stream of Hydrogen gas over the pieces of coin when enclosed in a green glass tube and made red hot. Having thus proved that sulphur existed in such localities, his next object was to examine the source of it. In the foregoing experiments, the immediate source was a marsh containing much decaying vegetable matter; a rich alluvial soil saturated with spring water, or that which had percolated through the soil, and heated by the temperature of midsummer. Alluvial deposits contain much vegetable matter; their blackness greatly depends on it, and this vegetable matter is in a constant state of decay, the rapidity of which is proportioned to the access of oxygen and the warmth of the season. The second element of the sites in which Sulphureted Hydrogen was detected by Dr. Gardner, was decaying vegetation; in its decay, carbon is left in excess and exerts all its powerful affinities to assume the gaseous form. But vegetables contain also certain inorganic constituents, which are of great interest in the present question. Of these, the sulphates of Lime, Soda, Potassa and Magnesia, have been selected; in the decay of a plant containing any of these salts, the result will depend upon the presence or absence of water. If dry, they will be unchanged, but if water and heat be present, the Sulphuric Acid will be decomposed. The leaf contains a large portion of the salts existing in a plant; but

of all agents, spring water is the most important—it is usually impure. It contains the soluble salts of the land through which it has percolated. These must, from the nature of the case, differ; Murates, Sulphates, Phosphates and carbonates have been found by different analysis. Spring water is seldom free from sulphate of lime or magnesia; the former imparts to it the quality called hardness. When these ingredients are present in any quantity, and the water is kept in contact with decaying vegetable matter, they are decomposed; Oxygen is abstracted, and sulphurets are produced; the latter in their turn yield Sulphureted Hydrogen, with the first nascent hydrogen they encounter. So says Dr. Gardner; and when we compare these views and experiments with those of Professor Daniell, I conceive it will require powerful arguments and well collected facts to invalidate them. Sulphureted Hydrogen is a narcotic poison, prostrating the nervous system, and destroying muscular energy; in small quantities it produces colic and internal congestions. Well, still it will be objected perhaps, that so far, all that we have said only proves that sulphur exists in the water, in the soil and in vegetation, and that Hydrogen gas coming in contact with it gives rise to Sulphureted Hydrogen; but that we have not proved that the existence of this gas is the cause of disease. To this, I reply—we have proved its existence in those places, especially where malarious diseases are most rife, and we have shown that its effects, especially in minute quantities, are in many points similar to those we find as *symptoms of disease* peculiar to such regions. That, therefore, we are justified in coming to the conclusion, that like effects result from *like* causes, even should it turn out that they are not *identical* ones.

But while I thus think it more probable that Sulphureted Hydrogen plays a most important part in the ætiology of many of our diseases, I by no means intend to assume that it is absolutely and *alone* such cause. My arguments and quotations, have had one general aim,—viz: to prove the existence and agency of malaria, define it to be what you may; and to show that, not only can we prove its existence from theory reasoning, but that *it is*, and in one of its shapes, at least, *is tangible*.

I consider Malaria to be a depressant poison; the peculiar effect of which is to obtund or crush, (in proportion to its concentration, and the constitutional resisting power of each individual,) the nervous system of those exposed sufficiently long to its action; as we see manifested in the oppression and Malaise, so generally experienced by persons for days or weeks previous to the attack of sickness, and as shown in the prostration, and insensibility to the stimulus of medicines, &c., in many bad cases of fever; and as we see in its more exaggerated form, in those fearful cases, where, as in a person asphyxiated, they sink beneath the cause, without nature appearing even to make a struggle.

Let us see what Dr. Bell, the great contemner of Malaria, says in reference to the production of local effects from general causes. In showing the one sided reasoning of the followers of Broussais, he has the following:—"In the first place let us inquire whether any cause acting on the whole economy, is capable of producing local disease. Now, I believe it is quite certain that such is the fact, and that we may have first a morbid condition of the whole system, and consequent on this, nervous local lesions. Several continental pathologists, but in particular, M. M. Gaspard and Majendie, have shown by repeated experiments, that we can produce all the phenomena of Typhus in the lower animals, by introducing putrid substances into the system. These gentlemen injected putrid substances into the veins of animals and applied them to the surface of wounds; and in every case where these experiments were performed, they observed that the animals became ill; had languor; loss of appetite; thirst; prostration; in fact all the symptoms of bad typhus, and in case of death, they exhibited local lesions, corresponding with those we meet with in the human subject in fever." Here, then, is admitted the capability of agents acting on the general organism to produce local effects; the accompanying symptoms too, of which, closely correspond with those we have sketched as resulting from Malaria. But surely I have said enough. That certain agents of a gaseous form, can, when inhaled, produce all these effects, is well shown in the following extract from Christison's work on Poisons:—"In March, 1817, a number of miners at Lead hills, were violently affected and some killed, in consequence, as was supposed, of the smoke of one of the steam engines having escaped into the way gates, and contaminated the air. The gas present was supposed to have been sulphurous acid gas with carbonic, both in a diluted state; some who attempted to pass through, died immediately, some made their escape after some hours, but some remained till the air was so far purified, that their companions could descend to their aid. When Mr. Braid first saw them, they were running about frantic and furious, and striking all who came in their way; some ran off terrified, when any one approached them; some were singing; some praying, and others lay listless and insensible; many retired and vomited. In some the pulse was quick, in others, slow; in many, irregular, and in all, feeble; all who could describe their complaints had violent headache; some Tenesmus, and a few Diarrhœa; many recovered in a few days."—*N. W. Med. and Sur. Jour.*

(Dr. T. overlooks the properties of simple carburated hydrogen, an efficient and much more common cause of malarious diseases.—B.)

## PUERPERAL ANÆMIA.

BY DR. B. CARPENTER.

**Symptoms.** Anæmia makes its appearance with different degrees of severity; the symptoms sometimes following each other in rapid succession, while in other cases their development is slow and obscure. The first appearance which strikes the practitioner, on entering the sick room, is the peculiar cadaverous *countenance* of his patient. This peculiar waxy, death-like appearance, can never be mistaken, after having once been seen. It is entirely unlike anything else seen in disease. The skin is usually hot and dry, resembling to the eye more nearly a recent corpse than a living person. If the disease progresses to a fatal termination, night sweats ensue, with great prostration of the vital powers, and death closes the scene. If, on the other hand, the disease tends to convalescence, the skin has at times a gentle and healthy glow of perspiration; but during the whole time as white as alabaster, and without the least appearance of blood in the smaller vessels. Nor is it possible, in bad cases, to produce the least sanguinous appearance. Neither frictions, nor stimulating applications, although the cuticle should be abraded, will develop the least appearance of blood. The pulse frequent, from 100 to 150 in a minute, quick, tense, wiry, and, to a casual observer, may appear full, but will not bear pressure, and indicates debility. The heart acts with great intensity. The tongue is usually clean, until towards the termination of the disease, fatally, when it takes on an aphthous appearance. But in all cases, the tongue, together with the lips and mouth, are perfectly bleached and colorless. The tongue and mouth may, or may not, in the earlier stages of the disease, have a peculiar aphthous appearance. Respiration usually hurried, short, and labored; much dyspnoea after the slightest exertion; constant disposition to faint on rising; sometimes evidence of effusion in the chest, in other cases none. Œdema, general, partial, or none at all. Throbbing in the head, with vision dim or blurred. This symptom is peculiar, and deserves a passing notice. The patient will not admit that the head aches, as ordinarily, but has a *beating* or *throbbing* in it, and will invariably compare it to the sound produced by a smith's hammer upon the anvil, or to that of a trip hammer. It is a source of greater annoyance to the patient than any other connected with the disease, and I have never known it wanting in a single case. The eyes are glassy, with a bluish-white tinge; little sleep, and that disturbed with much dreaming. Anxiety of mind great, with much tossing and rolling in the bed. Spirits greatly depressed and desponding, with a premonition that death is inevitable. Constant sighing, or efforts to fill the lungs with air, as if to supply the want of the natural stim-

ulus, by increasing the oxygen. Stomach irritable, with nausea, often rejecting its contents, with loathing of food, and towards a fatal termination will retain nothing. Bowels loose, with dark-green stools; may, or may not, be pain, usually none; lassitude great, and sometimes bleeding from the nose or other organs. Urine scanty and high colored; secretion of milk usually small, and in no instance (so far as I know) is there an excessive lochial discharge.

Such are the symptoms of puerperal anæmia.

*Fifth, Prognosis.* The favorable or unfavorable prognosis in this disease, will depend very much upon the length of time it has existed previous to being seen. If the disease be of recent origin, the constitution vigorous, and neither effusion nor hemorrhage exist, there is a fair chance of recovery, under a judicious treatment. But if the disease has been of long standing, and evidences of effusion in the chest exist, respiration short and labored, constant disposition to syncope, with a pale bloody fluid oozing from the nose, the prognosis should be unfavorable. Yet, even with this array of bad symptoms, the disease is not necessarily fatal. If by a judicious and vigorous treatment the vital energies of the system can be aroused, the absorbents will again act, the formative vessels may rally anew, and the patient may recover. But if, in addition to the bad symptoms above described, the bowels become loose, discharging a dark green offensive fluid, and the stomach persists in rejecting everything which it receives, both medicinal and nutritious, the prognosis must be fatal. Recovery is out of the question. In fine, we never would pronounce a case of anæmia entirely beyond the hope of recovery, until the stomach had become so irritable that nothing could be retained. When this state of things exists, all hope of recovery is at an end, the whole array of symptoms grow worse, the patient sinks rapidly, and death closes the scene.

*Sixth, Treatment.* In entering upon the treatment, our first care should be, not to mistake the *nature* of the disease. The intense action of the heart, with the quick tense, wiry pulse, and the severe beating in the head, might lead a novice to suppose anæmia was a disease of excess instead of debility; and cases have, more than once, been treated on this assumption. Nothing, however, can be farther from the truth. The tense, wiry feel of the pulse, is the result of the extreme nervous irritability of the system; and the peculiar throbbing in the brain, is because that organ does not receive its proper amount of stimulus from the blood. In other words, there is not blood enough thrown to the brain. Anæmia is emphatically then, a disease of debility; and one whose every appearance (at first sight) indicates the chalybeate treatment.

The appearance of the disease, as before observed, approximates more nearly to a bad case of chlorosis, than to any other,

in all its varied forms. And hence, the practitioner is led to believe (at first thought) that, as the chalybeate treatment is successful in the one case, so it ought to be in the other. The chalybeates are so strongly indicated (analogically) in this disease, that it may be questioned whether a physician ever failed of giving them a trial in his first cases. So strong were my convictions that the chalybeates were the proper remedies, that I did not abandon them, until convinced that they not only did no good, but that they were productive of positive evil. In every case where they were fully persevered with, the stomach soon became irritable and nauseated, rejecting everything it received. The bowels became loose, with frequent discharges of green, fœtid stools. Languor and debility rapidly increased; no nourishment could be taken, and the patient would sink and die. The chalybeate treatment was therefore abandoned, as worse than useless. But, what was to follow?

It is evident that the whole system, but especially the digestive, formative, and capillary systems, must be rallied and sustained; and also the nervous irritability, particularly of the stomach, quieted, and the bowels sustained. To accomplish the first indication, alcoholic stimulants were resorted to, either in the form of brandy, or wine, as best suited the stomach of the patient. The quantity was also measured by the ability of the stomach to take care of it, and the effect upon the system. Quinine, as being a powerful tonic, and at the same time stimulant, was indicated to sustain the system. This was also used (*ad libitum*), if the stomach would bear it, usually commencing with a half gr. to one gr., every two or three hours, and increasing as the stomach would endure.

To allay that peculiar irritability of the system, which is never absent in this disease, and to quiet the stomach and bowels, morphine was used in such doses as the case required, and always with good effect.

The sick room should be large, airy, and well ventilated; bed and body linen often changed; friction upon the surface with some stimulating application, or flesh brush. Diet, the most nutritious the stomach will bear. Eggs, in some form; beef steaks, beef tea, animal broths, and new milk, are among the best, if the stomach will bear them. If not, resort to less stimulating food. The child if living, should be taken from the breast at once. Might not blood be injected from a healthy person into the arteries of the diseased, with advantage?

By referring to the cases above reported, it will be seen that every case of recovery was under the above described treatment, and that but one or two cases were lost where it was persevered in vigorously; and it is more than probable that those might have

been saved, had the treatment been commenced at an earlier period in the disease

*Reflections.*—The first important inquiry which presents itself, in relation to this disease, is, as to its novelty. Were it a common and well known disease, we should not search authors, both ancient and modern, for, and search in vain. After close research, I have failed entirely in finding any treatise on this *particular* disease, except an able article by Dr. Channing, of Boston, published in the New England Medical Journal, in 1842; and that, so far as the treatment was concerned, is entirely unsatisfactory. Some twelve or fifteen cases were reported, some of which came under his own observation, others were reported to him by other physicians, nearly every one of which proved fatal. They were not all connected with the puerperal state, a part of them being males, and in a part of the females, the disease had its origin in other causes than gestation or lactation. If a disease of so grave a nature, and so important and momentous in its consequences, always involving the lives of individuals, had been preying upon the human family for any considerable length of time, it must long since have attracted the attention of medical men. But so far is this from being true, that the most recent works on Theory and Practice of Medicine, as also on Midwifery and Diseases of Women, do not give it even a passing notice.

Neither do the professors in the medical schools introduce it into their catalogue of diseases upon which instruction is needed. We are therefore induced to believe that it is one of those diseases dependent upon, and induced by, more recent atmospherical, meteorological and physiological causes, not yet well known to the profession. But again, why is this disease connected with the puerperal state? True, a portion of the nutriment of the parent goes to sustain the foetus, and is therefore abstracted from the mother. But this is a process perfectly natural, and does not of necessity affect the health or strength of the mother. This, therefore, cannot be a producing cause of the disease; if it were so, why should a part suffer while others are exempt? Besides, it is evident that the child suffers in the direct ratio with the mother, being always *weak*, (where the disease appears before parturition,) and in bad cases *dead* at birth. The cases above given were all good livers, and could not have been affected by bad diet. They also contain all varieties of temperament, health, strength and vigor of constitution. Another remarkable fact is, that most of them were young women, vigorous and athletic, and at the very age of life when there is a redundancy of the sanguineous fluid, of vivacity and the vital powers; most of them being pregnant with their first children.—*Bos. Med. Surg. Jour.*

ON ANÆSTHESIA BY THE INHALATION OF ETHER  
OR CHLOROFORM.

M. VELPEAU read, at the annual meeting of the Academy of Sciences, a paper on the inhalation of ether or chloroform, in which he embodies the history of anæsthetic agents, their introduction into practice, the results obtained, and his own opinions on the subject. In the historical sketch we find the following passages. The so-called Memphis-stone, dissolved in vinegar, after having been reduced to powder, was used as an anæsthetic agent amongst the Greeks and Romans, and mandragora was extensively known as possessing anæsthetic properties. Dodonæus says, in his history of plants, that the vinous decoction of mandragora causes sleep, and allays pain; and that it was therefore administered to those who were to have part of their body burnt or sawn off. The surgeons of the middle ages were well acquainted with the employment of certain anæsthetic agents. Hugh, of Lucca, a celebrated practitioner of the thirteenth century, speaks very distinctly on the subject. A sponge dipped in the juice of morel, or nightshade, hyoscyamus, cicuta, lactuca, mandragora, or opium, was put under the nose of patients, and made them sleep during operations; they were then roused by being presented another sponge soaked with vinegar, or by putting the juice of rue into their ears. From M. Julien's communication to the Academy of Sciences, it may be seen that the Chinese, some centuries ago, were aware of means for rendering patients insensible during operations. Boccaccio mentions, in the Decamerone, 39th tale, that Mazet de la Montagne used to operate on his patients after having put them to sleep with a water of his composition. Formulæ have been transmitted from father to son among malefactors, by which their intended victims might be plunged into sleep. Prisoners, towards the revival of letters, knew how to procure certain drugs with which they could bear torture without feeling the pain. Is it not likewise said that the Turks possess the means of plunging into anæsthesia those upon whom circumcision is to be performed? In our times we find Sir Humphrey Davy stating, after having used the nitrous oxide gas upon himself to allay toothache, that this gas might probably be of use in surgical operations. Mr. Wells, of Hartford, used this gas in 1842, for extracting teeth without pain. Mr. Hickman announced in Paris, in 1821, that he was able to render patients insensible to pain by making them breathe a gaseous substance, the name of which he did not make public. Messrs. Orfila and Christison had found that animals might be rendered insensible by being given ether internally. M. Merat used ether inhalations for allaying pain, and Mr. Faraday observes (*Quarterly Journal of Sciences*, 1818) that ether acts

upon man like the nitrous oxide gas, and that the action of the former, at first exhilarating, soon becomes stupefying.

M. VELPEAU, after refuting the objections of those who represent the inhalations of ether or chloroform as dangerous, says:—The use of these agents does not seem prudent in operations to be performed on the mouth or throat, in the nasal fossæ, the larynx, or trachea, on account of the necessity for patients to expel, by coughing, the blood which tends to invade the bronchi. Without proscribing chloroform, I however, do not advise it when operations are to be performed on the eyes, lids, or lips, when in aneurism an artery is sought for, or in operation upon individuals much enfeebled, either by disease or old age. It is a mistake to believe that chloroform facilitates the surgeon's task, for it would be often advantageous to make the patient change his position, answer questions, &c.; and the operator is likely to get nervous and flushed when the chloroform is kept on for a long time, as fears of ultimate unpleasant results will disturb his mind. Yet painless operations by means of chloroform must be reckoned among the most brilliant discoveries of the nineteenth century; and so great is the desire to take advantage of it among the public, that the surgeon is more frequently obliged to refuse giving the chloroform than to induce the patients to inhale it. Many people who would have gone to their grave without even disclosing the nature of their affection, for their horror of operations, will now have a chance of a prolonged life. Finally, M. Velpeau thinks that the administration of anæsthetic agents ought to be regulated more by the nervousness and fear of the patient than by the importance of the operation. Terror and dread are very detrimental, and though the cases be slight, anæsthetics should be had recourse to when the patient's mind is disturbed by lively apprehensions of pain.—*Lancet*.

## NEW METHOD OF REMEDYING THE ACCIDENTS CAUSED BY CHLOROFORM.

BY M. RICORD.

(Translated for the *Lancet*, by J. L. Milton, Esq., M.R.C.S. Lond.)

THE following letter, by M. Ricord, has been copied into the *Journal de Chimie*, Jan., 1850, from which I took it, having vainly attempted to get at the original. The subject of which it treats is important enough to merit attention; for few accidents can be more appalling to a surgeon, than the death of a patient from the use of a remedy which that surgeon has administered, perhaps much against the wishes of the other.

"M. Ricord," says this journal, "has just published a very interesting letter, on a method by which he has twice succeeded in

rescuing from death, two persons, whom he brought to the verge of it by the exhibition of chloroform. This method is insufflation by the mouth, without any intermedium;—but we will let him speak for himself.

“In my practice, I have met with two cases, in which the employment of chloroform had nearly been fatal: in both, its action was very rapid, and had not occasioned any previous excitement. It had been administered by means of a sponge, with large pores, which permitted, at least in appearance, the inhalation of a sufficient quantity of air.

“CASE 1. The patient who furnishes the subject of my first case, was a woman of about twenty-six, from whom I was about to remove some growth of no great size. She was previously chloroformed, to which she only submitted after repeated entreaties, for she appeared to be excessively timid.

“The anæsthetic effect of the chloroform was very rapid, for after a few respirations she appeared asleep; the sponge was removed, and I commenced excising the growths, but had scarcely given two or three cuts, when one of my assistant surgeons told me that the pulse appeared to be failing. I now saw, in fact, that the beating of the heart was suspended, that all respiratory movements had ceased, and that the lips were livid, and hung down. The limbs were completely relaxed, and the paleness of the face showed that the patient was in that state of syncope which is the herald of death. All the remedies indicated in such a case were forthwith employed, as cold currents of air, sprinkling cold water on the face, tickling the nostrils, &c. Artificial respiration, by pressure on the walls of the chest, was tried.

“The syncope continued, and death seemed close at hand. I began to be uneasy, and determined to try direct insufflation. I applied my mouth to that of the patient. After some inspiration, the dying woman gave a sigh, her chest heaved, the face resumed its normal color, the heart and pulse commenced beating in an appreciable manner, and the eyes opened; respiration had again brought into play all the functions of life, and the return of sensation was evidenced by a smile. The patient was saved, and we escaped with the fright.

“CASE 2. The second time that I experienced the dangers of chloroform, was with a patient under my care in the Southern Hospital, (Hospital du Midi.) He was a young man whose case required circumcision. As this operation is generally painful enough, he asked me to send him to sleep with the chloroform. A sponge impregnated with it was given him to respire from; the action was very rapid, without any appearance of preceding excitement, and the patient was soon plunged into total insensibility. I performed the operation, but when it was concluded, the patient did not recover his consciousness, and remained in a state of alarm.

ing stillness. The pulse gradually sank; the heart ceased to beat; all the sphincters were relaxed, and his cadaverous face seemed to testify that death was near.

"All the means I have indicated in the preceding case were tried, but without avail, and it became necessary to have recourse to direct insufflation, which had already so well succeeded in one case. Success crowned my efforts, and the patient recovered.

"Now, my dear colleague,\* may we not conclude from these two instances, that in cases of impending death from the use of chloroform, direct insufflation from mouth to mouth, from the surgeon to the patient, is a more sure and efficacious remedy than any thing else ever recommended in such cases; more certain and quicker than all the other methods of artificial respiration with tubes or catheters. Do you not, with me, think that the surgeon who should neglect having recourse to it, would take upon himself a very serious responsibility?

"I know well it will be objected that such a plan is disgusting and repulsive: but this is of but very little importance to men whose life is professedly one great act of devotion."†—*Lon. Lan.*

## ALARMING RESULTS OF CHLOROFORM.

BY CHARLES BEEK.

SIR,—After reading the case of death from chloroform, published in *THE LANCET*, a short time since, by Mr. Solly, I made up my mind to send you the following. On July 3d of last year, I removed a large scirrhus breast from a strong stout woman, Mrs. K—, aged forty-two, the wife of a plumber, of this town. It was her wish that she should be put under the influence of chloroform, which was accordingly done. For several minutes her system resisted the influence of the remedy, and it was not till three drachms were used, and the vapor concentrated by placing a fold of lint over the back of the inhaler, that she was rendered unconscious.

The removal of the breast occupied about four minutes, during which she showed not the slightest consciousness of pain, or of what was going on; just as the last incision was completed, she slipped from the chair in which she was sitting, and from the grasp of an athletic woman who was holding her, and fell apparently dead upon the floor; her face was of a deadly pallid and livid color, and her lips, lobes of the ears, and finger-nails, of a

\* This letter seems to have been addressed to M. Escalier.

† M. Escalier recommended, instead of insufflation, the introduction of one or two fingers into the mouth, as far back as the entry of larynx and oesophagus. This method has succeeded in his hands.

deep purple hue; her eyes were fixed, pupils rather dilated; irides motionless; her limbs relaxed and perfectly still; no pulse to be felt at the wrist or carotids; and on placing my ear upon her chest not the slightest sound of the heart's action or respiratory murmur was audible. The window was thrown open, and cold water, ammonia, &c., called for. I immediately perceived that all these would avail nothing, when it occurred to me that artificial respiration, by direct insufflation—in the way, indeed, in which I have always used it for resuscitating still-born children, and which I learned from my midwifery preceptor, the late Dr. Hugh Ley,—might possibly save her. Intervening a single fold of my pocket-handkerchief, I placed my lips within hers, and breathed strongly into her mouth, at the same time closing her nostrils with the thumb and forefinger of my left hand, and pressing her larynx towards the spinal columns with my right finger and thumb, so as, in some degree, to close the œsophagus. At the fourth inspiration she gave a slight convulsive gasp, and this was soon followed by other and more regular respiratory efforts, her pulse returned, and her countenance soon resumed its natural color, and I had the delightful relief to see her revive. After a few minutes, I proceeded to remove a diseased gland from the axilla; at this she cried out a little: though it was evident that the anæsthetic influence of the chloroform was still to a degree kept up, yet she was quite conscious of what was being done. There had been but little hæmorrhage during the operation, and only one vessel required to be tied. She complained much of headache during the rest of the day, but went on favorably, and the wound soon healed. She has not shown any symptoms as yet of a return of the disease. I was assisted in this operation by my friends, Mr. Frederic Seagram, of this town, Mr. E. B. Thring, of the Bengal Medical service, and my own assistant. We all looked on the woman as irrecoverably dead, and were as much surprised as gratified to see her restored.

—*Lon. Lan.*

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## A FACT FOR MEDICAL MEN.

BY J. PETIT.

The influence of the mind of the mother on the unborn child, is a question yet undetermined. Though many cases have been cited which strongly tend to establish the fact that the physical conformation of the child is liable to be affected by the mental emotions of the mother; philosophers, unable to trace the successive links of cause and effect, have pronounced them to be mere cases of coincidence. Nevertheless, the question is not settled; and whatever may be the conclusion established by subsequent observations, at present it is safe for mothers, during gestation, to

avoid all such circumstances as are liable to make a positive impression on the feeling or imagination. A case in point has recently occurred in Anderson county, which is certainly worthy the attention of medical men. From a letter from the attending physician, we make the following extract :

"On the 2d ult., I was in attendance on a lady who gave birth, after a labor presenting difficulties which required my interference, to an anomalous product, of which the following is a tolerably correct description.

"It was without a head, and had but a small portion of neck; and presented an appearance as though the head had been cut off from the neck. From the small of the back, and extending up, and projecting some two or three inches over the stump of the neck in the form somewhat of a scoop-bonnet, was a mass which I at first regarded as conglutated blood, but on close examination it proved to be flesh. In front and below the neck were two noses, inclining towards each other, so as to approach very near at their points. Between the noses were two eyes, in every respect as natural as any new born babes, but on the outside of the noses were two other eyes, having more resemblance to the eyes of an owl, than to anything else with which I can compare them. It had but one mouth; but the cavity from the mouth to the swallow was divided by a thin gristle, with two chambers, and each chamber following the direction of the corresponding nose above, leading to separate swallows. The same or a like gristle also split the lower lip, forming distinctly a lip above, two lips and corresponding chins below; a like gristly substance took the place and presented the appearance of teeth, numbering some four or five. It had no tongue. The right ear seemed to be a compound, something like a cat's ear and something like a human's, but the left ear was readily distinguished in its resemblance, being precisely like a cat's ear with the tip of the end hanging down. The body was rather short, and somewhat thicker than is common, with all its members complete. The entire length was ten inches. The product was born alive, and lived some ten minutes.

"The mother was in good health; and nothing could be designated by her or her acquaintances as the producing cause of such an unfortunate birth, except an impression made upon her by cutting off the head of a cat—an operation which she performed herself during the gestation which was terminated by the birth of the above described monster."—*Knox. Reg.*

(Cases somewhat similar to the above, have doubtless occurred in every part of our country, and we would be much gratified by receiving from our correspondents narratives of any such cases.—B.

## THE KIDNEY DISEASE OF SWINE.

I notice in the columns of the *Cultivator* that some stray opinions are entertained in regard to this disease of swine. One correspondent says the disease is occasioned by gravel in the bladder or urethra, and is confined to the male sex in the swinish species for the same reason as with the human. I do not pretend to be intimately acquainted with the anatomy of grunTERS, but you must have a different race of them in Ohio, from ours in Kentucky, if sows do not have the kidney disease. I have been managing a farm for forty-five years, and during that period have had a good deal to do with hogs, having carried on (in blindness) a moderate distillery during much of the time; and I do not recollect ever to have had one male affected with the disease, but have lost many females thereby. I do not say that males never have it, only that I never recollect seeing one affected by it.

As to cure, I have tried many things, arsenic not excepted, without any material benefit; until some three years ago, when I had put a sow by herself, expecting her to have pigs in a few days, and she was found down with the kidney disease, so bad that she could not drag her hind parts along. I had no hopes of her recovery, and knew that it would be impossible for her to raise her pigs in that situation, if she lived to have them. While looking at her, a black man belonging to a neighbor came up and said that he had cured many by *putting red pepper in their backs*. I concluded to try, though without much hope. We made an incision over the kidneys, near the spine, about four inches long and something over an inch deep, filled the hole with pods of red pepper and then sewed it up. The next day she was walking about, but still exhibited some weakness. In a day or two she had eight pigs, two of them she drowned by making her bed in a hole, the other six she raised well, and the fall after, she fatted well and made good pork.

The next fall I had two fatting sows that took the complaint—hind parts entirely paralysed. I pursued the same course with these, and they got up in a few hours—fattened well afterwards, and made good bacon. These are the only instances I have known of the use of this remedy.

J. M. J.

*Lexington, Kentucky.*

REMARKS.—The *rationale* of the foregoing remedy, is doubtless the same as that given in our paper of March 15, 1848, namely, cutting a gash over the kidneys and filling it with salt. In both cases, it is doubtless the principle of *counter irritation*—(well known to physicians)—that effects the cure.—*Ohio Cultivator*.

## SANGUINEOUS PERSPIRATION.

THE fact that sweating of blood ever takes place, is very much doubted. Dr. SCHNEIDER, a German physician, states, however, that he has witnessed this phenomenon several times. In a man, fifty years of age, who had walked for twelve consecutive hours, he found the feet covered up to the instep with a sanguineous perspiration, which had moistened the stockings; and in another case, that of a young man, the perspiration of the axillæ had, after violent exercise, assumed a fine red color. Dr. Schneider adds the following fact, on the authority of Paulini: The latter being on board ship during a tremendous gale, saw a sailor of about thirty fall down on the deck in a swooning fit; he drew near him, and perceived on his face large drops of fine red; thinking, however, that this blood might be coming from the nose, he wiped them off; but he was greatly astonished when he saw them immediately exuding again. There was a similar moisture on various parts of the forehead, cheeks, and chin, as well as on the neck and chest. These drops of blood could actually be seen oozing from the orifices of the sudoriferous channals. If this fact of Paulini is thoroughly exact, it would settle the question, but as to the cases mentioned by Dr. Schneider, there might have easily been an abrasion which escaped his attention.—*Lon. Lancet.*

## OBSERVATIONS

*On the Treatment of lacerated and contused wounds in parts likely to be followed by Tetanus, illustrated by cases.* By JOHN O'REILLY, M. D., Licentiate and Fellow of the Royal College of Surgeons, Ireland; late Medical Officer to the Old-castle Workhouse and Fever Hospital, in Ireland.

THE most celebrated surgeons who have written essays on the subject of Tetanus, have particularized the treatment consonant with their ideas of its nature, after it has seized on the patient. The fatal results of traumatic Tetanus, prove that up to the present period, there is no specific or certain plan of averting its evil consequences. Now, it must be most desirable to anticipate and ward off this fearful and dreadful malady, by adopting such a system of local and constitutional treatment as will be calculated to guarantee such a fortunate consummation. The late eminent and justly distinguished surgeon, Mr. Colles, who was for upwards of thirty years, lecturer on Surgery, at the Royal College of Surgeons, in Ireland, used to say in his lectures, "that there was no application for wounds, in which he placed so much confidence, as spirits of turpentine, when Tetanus was to be apprehended." I am not

aware that this valuable suggestion has been acted upon by any one up to the present time but myself, and am, therefore, actuated to give the cases where I tested the efficacy of the hint thrown out by the learned professor, whose idea on the matter was original, as it has reference to the disease with the regard to its prevention, which is a different thing to its applicability after the occurrence of the disease. I must observe, that I have made what I deem an improvement on Mr. Colles's advice, by putting the patient under the influence of mercury combined with opium, as soon as possible after the injury.

The reason for giving the mercury is to prevent, or arrest, morbid action, whilst the administration of opium is required to tranquillize the system. How the turpentine acts is a subject which may admit of controversy. It appears to exercise a specific influence on the nerves, and by its action destroys or prevents nervous irritability. That it has a sedative influence, cannot be doubted, from the fact of the patients expressing themselves relieved, a pungent sensation being only complained of. The wounds become clear under its influence, and resemble muscle after being slightly macerated. In fact it seems to keep the neighboring parts in the same state, as if no injury was inflicted, there being very little inflammatory action, no signs of gangrene, erysipelas, or hemorrhage. I will now submit the cases.

CASE 1st. Rev. William Fannelly, aged twenty-four years, residing at Clondiliver, county Westmeath, whilst amusing himself firing at a target in company with two other gentlemen, on the 20th of August, 1848, the gun exploded, fearfully wounding his left hand. On examination about three hours after the occurrence, the following appearances presented themselves: a lacerated and contused wound, of an elliptical form, on the palmar aspect of the hand—the superior cornu corresponded to the radiocarpal articulation, about half an inch to the ulnar side of the styloid process of the radius—the inferior terminated midway in the interosseous space, between the second and third metacarpal bones, the convexity looked towards the internal side of the carpus. The soft parts, to use a familiar phrase, were literally ploughed up, whilst the os magnum was found to project about the eighth of an inch on the dorsum of the carpus. Another wound, of a similar kind, was found to extend about a half an inch above the pisiform bone, towards the metacarpo-phalangeal articulation of the little finger—half of the first, and the entire of the middle and last phalanges of the little finger, were completely denuded of the soft parts, the bones only remaining—a transverse wound on the ring finger corresponded to the sulcus which separates it from the palm of the hand. The case appeared to be one which demanded amputation, but on reflection I deemed it would not be necessary until mortification set in, and, therefore, determined to watch such an event.

Again I conceived if hemorrhage took place, I could take up the arteries in the fore-arm and secure them. Having come to these conclusions, I at once proceeded to amputate the little finger at the metacarpo-phalangeal articulation. Being very apprehensive that Tetanus would supervene, I acted on the recommendation of Mr. Colles, and poured spirits of turpentine into the wounds, and afterwards applied lint saturated with it to the same. After the wounds were treated in this manner, the patient felt comfortable, and had merely a pungent sensation in the hand. I directed him to be put on a low diet, to have an anodyne draught, and to take two grains of calomel with one of opium night and morning. The wounds were dressed with the turpentine up to the 25th, when equal parts of turpentine and olive oil were substituted for it. The patient at this date being under the influence of mercury, it was discontinued, and a saline aperient exhibited. On the 29th, emollient poultices were ordered to be applied. The wounds, I should remark at this period, presented a clean appearance, and looked like muscle slightly macerated. After few days had elapsed, healthy granulations sprung up, pus of a good character was freely secreted, and on the 15th September, the poultices were changed for simple dressing, viz.: caustic wash, dry lint, and oiled silk, and the parts were all cicatrized on the 2d of October. Mr. Farrelly, on his return to Maynooth College, was inspected by Mr. Ellis, professor of surgery at Dublin, who declared, that if such a case came under his care, he would at once amputate the fore-arm, and expressed his astonishment at his having escaped lock-jaw. It is quite clear, the branches of the median nerve, which are distributed to the thumb, as well as the branches to the index and middle fingers, must have been greatly injured—that the branches of the ulnar nerve, which goes to supply the little finger, as well as the ulnar side of the ring finger, suffered lesion, is indisputable.

CASE 2d. Mr. Richard Govden, aged sixty years, residing at Deamor, county Meath, whilst employed removing one of the cogs in the wheel of his mill, on the 30th November, 1848, had his right hand crushed between the wheels, in consequence of the machinery being put in motion by some water falling on the wheel, which was accidentally allowed to flow from the dam. On examination of the injuries, a few hours after the accident, there were observed a transverse wound, about one inch in length, on the palmar aspect of the hand, corresponding to the carpo-metacarpal articulation of the second and third metacarpal bones; a semilunar wound on the palmar aspect of the index finger—the convexity looking towards the palm of the hand, the concavity towards the articulation, between the first and second phalanx—a transverse wound on the middle finger, opposite to the first phalanx. On the dorsal aspect of the hand, a large flap wound, of a crescentic form,

the convexity towards the wrist joint, one extremity pointing to the index, the other to the little finger.

The same local application, as well as constitutional treatment, were had recourse to, and the case terminated equally fortunate.

CASE 3d. Michael Reilly, aged 30 years, whilst employed at Mr. Dally's Blachwater mills, in February, 1849, in attempting to remove some straw which had got in between the wheels, had the top of his thumb, including the nail, of the right hand ground off, as well as the last phalanx of the index finger, and the half of the second phalanx. The palmar aspect of the tip of the middle finger was also lacerated. In this case, the thumb was amputated at the articulation, between the first and last phalanx, the index finger, between the first and second phalanx. The incisions were brought together by adhesive plasters and pledgets of lint, soaked in spirits of turpentine, placed over them, as well as over the wounds in the middle finger. He was directed calomel and opium, on the principle already advanced. The wounds healed kindly, and no bad consequences resulted.

CASE 4th. Mr. Smith, pipe fitter, aged 26 years, residing at 110, Orange street, New York, on the 2d of July, 1849, on coming down stairs, went into his private room, holding in his left hand, the brass key of the hall door, to examine an old pistol, which his nephew had requested the use of for the fourth of July. Not supposing it was charged with powder, he pulled the trigger; the charge went off. The key, which he held between the thumb and fore-finger, was placed over the muzzle of the barrel, was propelled with great force, wounding the thumb and striking against the stove, from which it rebounded, touching his ear in its transit, and breaking a pane of glass in the window. He soon experienced excruciating pains in the thumb, and fainted two or three times. On examination, a V-shaped wound presented itself on the palmar aspect of the thumb of the left hand, the apex corresponded to the metacarpo-phalangeal articulation, the extremities terminated at the articulation, between the first and last phalanx, the wound opened the joint, and the last phalanx was fractured at a point opposite the root of the nail. The slightest movements of the parts caused the most intense agony. Having adjusted the flap without washing away the blood, pledgets of lint, saturated with turpentine, were applied to the wound, a splint of pasteboard was placed on the dorsal aspect of the thumb, extending along the metacarpal bone to the top of the thumb, and secured by a roller round the wrist and thumb. Directions were given to keep the lint continually soaked with turpentine, which was easily accomplished by sponging it with the liquid in question. An anodyne draught was now given, and the strictest quietude enjoined. Two grains of calomel, combined with one of opium, were ordered to be taken night and morning. The patient was much relieved after the ad-

justment of the wound, and matters went on well until the 5th of July, when he complained of darting pains running up the fore-arm and arm from the wound, along the course of the median nerve. On visiting him the 6th of July, he said he had some difficulty in opening his mouth the evening before, and that he had pain in the left side of his neck. The mercurial fœtor, at this period, announced he was under the influence of mercury, which was discontinued; a purgative draught was administered, and an anodyne ordered at bed time. The dressing, for the first time since the accident, was on this day removed. The wound was clean, and free from coagulated blood; there was no attempt at union. A dressing, composed of equal parts of turpentine and olive oil, was now applied, and the parts done up as before. The patient continued to take an anodyne every night, up to the 11th of July, and the wound was treated as above described. The warm dressing was now discontinued, and emollient poultices ordered. One of the tendons of the flexor muscles protruded through the wounds, which caused some delay in the reparative process, as it took some days to slough off. However, healthy granulations next followed, when the poultices were discontinued, and the parts touched daily with a caustic wash, covered with dry lint and oiled silk. The wounded parts soon cicatrized. Mr. Smith has now the full use of his thumb.

The foregoing case is one of immense value. It is quite evident the nerves were greatly torn and contused, as well as the muscular and tendinous structures. The complication, caused by the opening of the articulation, as well as the fracture, rendered the case exceedingly perilous. I adopted the principle of Sir Astley Cooper, as nearly as I could, in rendering the case as simple as possible. It must be confessed, the premonitory symptoms of Tetanus had actually set in, and abated synchronously with the action of the mercury. I am fully convinced, had the case been treated on different principles to those relied on by me, that Mr. Smith would now be numbered among the dead. I am fully borne out in this declaration by the records of hospitals, as well as the experience of the most enlightened surgeons. I shall make no further remarks on the case, but leave every practitioner to arrive at his own conclusions. In conclusion, I believe every medical man is bound, as far as in him lies, to contribute to the general stock of knowledge, and no subject merits greater attention than the one under consideration, particularly in this city, where all kinds of machinery are so largely manufactured, as well as so extensively employed, both on land and water, and where wounds of the nature under discussion must inevitably occur. No greater boon, therefore, can be conferred on society, than to guard against the deadly invasion of the frightful disease commonly called lock-jaw.—*N. Y. Jour. of Med.*

## MEAT BISCUIT—A NEW ARTICLE OF FOOD.

[Some account was given, a few weeks since, of a new preparation of wheat as an article of diet, lately brought into notice in London. The article was more particularly intended for invalids, for the use of whom it would seem, in some cases, well adapted. The following letter from Dr. Ashbel Smith, of Texas, well known in the political as well as medical world, relates to a preparation which promises to be of more general use; and, partaking of the nature of both the two general classes of daily food, and in a form concentrated and portable, would appear, from the description now given, to be a most important addition to our not very numerous preparations of food that will really *keep*. The letter is taken, much abridged, from a pamphlet just received from Galveston, in which Mr. Gail Borden, Jr., the inventor of the preparation, also describes it in a letter to Dr. Smith. Dr. S.'s letter is addressed to the American Association for the Advancement of Science, which holds a semi annual meeting in Charleston, S. C., this month. A patent has been taken out.]—*Bos. Med. Surg. Jour.*

Mr. Borden claims, as you will see, to have discovered a process for combining in a cheap, convenient and portable form, all the nutritive portions of animal and farinaceous food. His invention has the further advantages that all refuse, excrementitious and superfluous matters are rejected; and that the meat biscuit, for so Mr. Borden denominates his prepared article, can be preserved *fresh*, without condiments or preservatives of any kind, for years, and in all climates—care only being taken that it be kept dry. From several satisfactory trials, it is proved that Mr. Borden's process is equally adapted for combining any farina, any flour or meal, with any of the meats of the animal kingdom used by man for food; but he has hitherto confined himself to combining wheat flour with the flesh of neat cattle.

I have examined with careful attention, and have several times eaten of the soup made of the meat biscuit—but, before speaking further of its uses, I will briefly allude to the manner of preparing the biscuit in question. The nutritive portions of the beef, or other meat, immediately on its being slaughtered, are, by long boiling, separated from the bones and fibrous and cartilaginous matters; the water holding the nutritious matters in solution, is evaporated to a considerable degree of spissitude—this is then made into a dough with firm wheaten flour, the dough rolled and cut into the form of biscuits, and then desiccated or baked in an oven at a moderate heat. The cooking, both of the flour and the animal food, is thus complete. The meat biscuits thus prepared have the appearance and firmness of the nicest crackers or navy bread, being as dry, and breaking or pulverizing as readily as the

most carefully made table crackers. It is preserved in the form of biscuit, or reduced to a coarse flour or meal. It is best kept in tin cases hermetically soldered up; the exclusion of air is not important, humidity alone is to be guarded against. I have seen some of the biscuit perfectly fresh and sound that have been hanging in sacks since last July in Mr. Borden's kitchen; and it is to be borne in mind, that in this climate articles contract moisture and moulder promptly, unless kept dry by artificial heat.

For making soup of the meat biscuit, a batter is first made of the pulverized biscuit and cold water—this is stirred into boiling water—the boiling is continued some ten or twenty minutes—salt, pepper, and other condiments, are added to suit the taste, and the soup is ready for the table. I have eaten the soup several times—it has the fresh, *lively, clean*, and thoroughly done or cooked flavor that used to form the charm of the soups of the Rocher de Cancale. It is perfectly free from that vapid unctuous stale taste which characterizes all prepared soups I have hitherto tried at sea and elsewhere. These chemical changes in food which, in common language, we denominate *cooking*, have been perfectly effected in Mr. Borden's biscuit by the long-continued boiling at first, and the subsequent baking or roasting. The soup prepared of it is thus ready to be absorbed into the system without loss, and without tedious digestion in the alimentary canal, and is in the highest degree nutritious and invigorating. It is to be noted moreover, that the meat biscuit is manufactured without salt, pepper, or any condiment or chemical antiseptic whatever; thus the *freshness* or peculiar properties inherent to recently slaughtered meat, are preserved, and a simple and perfect guarantee furnished of the goodness of any particular parcel. To the soup made of Mr. Borden's biscuit, as already intimated, salt and the various condiments used in soups may be added to suit the taste; also, toasted bread, vegetables, &c., and circumstances permit and fancy suggests, until the varied catalogue of the *potages* of the restaurateurs may be rivalled.

The different portable soups and prepared meats for long voyages, which I have seen, only answer imperfectly the ends for which they have been designed. Being prepared more or less with condiments, these meats differ from freshly slaughtered animal food; they contain fibrous and indigestible portions, being more or less liquid in form, they are inconvenient to carry, and besides, thus necessitate the transportation of useless bulk. The meats put up for long voyages, in the manner just alluded to, are not wholly freed from fatty matters; these undergoing slight chemical changes in time, impair both the taste and quality of the food, into which they enter; nor are these meats so completely cooked as by Mr. Borden's double process of boiling and baking.

I might here insist on the very great conveniences of Mr. B.'s meat biscuit arising from its dryness. For long voyages it is best

preserved in soldered tin cases or tight casks: but it may be carried in sacks, suspended from one's saddle-bow, for weeks or months over the prairies, or through the desert, without risk of spoiling, using care to keep it dry; and when a case or cask is opened, it may be economized for days or weeks, according to circumstances; whereas the liquid portable soups and prepared meats must be at once eaten, or they soon spoil, especially in damp or hot weather.

As no condiments nor chemical preservatives enter into the meat biscuit, it retains, unchanged and unimpaired, all its qualities of freshly slaughtered meat; and, as already intimated, furnishes its own evidence and guarantee of soundness at the time of using.

As the meat biscuit requires only ten to twenty minutes to be made into a hot delicious soup, with the aid of fire and water only, its advantages for family use, for hospitals, at sea, and on long journeys over land, and wherever it is desirable to prepare food promptly, must be obvious.

We have thus, in the meat biscuit, an article of food, partly farinaceous, and partly animal, such as the system requires for long-continued use; it is easily preserved in all climates, seasons and circumstances—it is in a form the most concentrated and convenient for carriage—it is prepared with a little trouble, and speedily; by its cheapness it is accommodated to universal use.

The advantages of the meat biscuit, for hospitals, are obvious; a nice, cheap, fresh, invigorating and easily-digestible soup, can be prepared in a few minutes, at the moment, almost, when the taste and condition of the patient require it.

For private families, and especially small ones, and in the warm season, it is convenient by dispensing with the long hours of boiling required to prepare ordinary soups.

On long sea voyages, it furnishes at a cheap rate that indispensable requisite of health and preventive of scurvy, an occasional ration of fresh meat. But it is not for long voyages alone, to which it is adapted. Every one who has been at sea, knows the sparing use of fire on board ships. What could be more grateful, invigorating and healthful for the sailor, dripping with water and shivering with cold, than a bowl of hot soup, well seasoned with pepper,, or other warming condiments; and how vastly more salutary than the ration of grog.

It has appeared to me that an invention, promising so much practical convenience and utility, deserves the examination and judgment of your learned association. I shall accordingly forward to Charleston, in time for your semi-annual meeting, next month, in that city, some of the parcels of meat biscuit placed at my disposition by Mr. Borden. It is also my intention to transmit others of the parcels to the American Medical Association, which will meet in Cincinnati in June next, for their examination and judgment.

## FEMALE PHYSICIANS.

BY PAULINA WRIGHT DAVIS.

[THE following is an extract from a letter to the editor, written by a lady who has for several years been favorably known among us as a public lecturer to women on medical subjects. Whatever may be thought of the proposed plan of educating females for medical practitioners, and of having both sexes instructed in the same schools, the reader cannot fail to admire the honest enthusiasm of the writer in advocating it.]—*Bost. Med. Surg. Jour.*

Women throughout the country, such I mean as *think*, and have presumed that they had the right to do so, for themselves, are resolved to have those who are to be admitted into the sanctums of their sick rooms in the hour of their deepest trials, those of their own sex. And can they be blamed for a feeling so natural and pure in itself as this? No one who reasons for his own most delicate feelings will dispute the point. Man requires man's aid in his sick room, even when the gentler offices are performed by woman. Why, then, should not woman, who from her organization intuitively understands the throes of agony that her sister endures, not be the one to administer to her the healing draught? She knows also the moan of the sick nursling, and her heart dictates before the head has time to act.

I am prepared to speak confidently, from the experience that over four years' lecturing to women has given me, together with having given advice to over three hundred women, many of whom would have gone down to an early grave, such was the shrinking delicacy of their feelings, ere they could have spoken to a man of the nature of their sufferings.

Women *will be* physicians. The time has come for it, and neither art nor power will prevent it. Woman has never yet been foiled, when her heart was set upon a great object. If our eyes are put out, and our hands cut off, we are educating our sons and daughters, and we will teach our daughters to pray for eyes as soon as they can lisp. We do not ask or wish separate colleges, and there needs no argument to prove that in other sciences separate institutions are not needed; then why should the holiest, purest study taught to man be sexualized?

Our sons and brothers need the restraining, the purifying and elevating influence of women, when they go from home influences to the corrupting ones of the city. And it may be, that the lecturers themselves would find it salutary to have women present. A professor once said to me that he could not possibly give certain lectures if I were present. This gentleman was in no way remarkable for his delicacy. Of another professor, in the same city, I asked the privilege of attending his lectures. He assured

me it was impossible; that such was the state of morals among the students, that I would not be safe from insult, and that I would need the police to protect me. Not being fond of riots or conspicuousness, I pressed the matter no farther. But I was deeply pained, for in a few months these young men would have their diplomas, and go away to their future work, and lives would be in the trust of those who were too unprincipled to see and treat a lady with civility in the class-room. Two days after, another professor in the same city invited me to attend his lectures, and I accepted his invitation to some of his lectures, and was treated with all deference—not a look or action to offend the most delicately fastidious, if I except the loathsome one of tobacco chewing. In another college where I was invited by the president to attend some lectures, I found this last named practice carried to a very great extent; so much so, that I must needs pick my way through the aisle, and when seated, carefully raise my dress from the floor to prevent its utter ruin. The next day I found the silent admonition had taken effect; there was an improvement, and the students themselves expressed disgust at a practice so offensive to a lady.

I think that it is but just in me to remark, that, as an individual I have no complaints against the medical faculty. I have ever been treated by them with a generous courtesy, that has made me feel them my friends. The museums of colleges have been opened to me, private libraries and private instruction in dissection, aid and information freely given, for which in the past I have been deeply grateful, and of which, now in my retired life, I retain a most delightful recollection. I do not, and never have wished to practice medicine; but others do, and as a woman I enter into their sympathies, and speak earnestly for them. Yours truly.

Providence, January, 1840.

**TREATMENT OF CHOREA.**—M. Faivre d'Esnans mentions in the *Journal de Medecine et de Chirurgie Pratiques*, that he has obtained the happiest results from the prussiate of iron, in chorea and epilepsy, and he gives several cases where the cure was obtained in between four and eight days. He uses the following formula: Prussiate of iron, fifteen grs., extract of valerian, forty-five grs., make twenty-four pills. One pill to be taken three times a day, at six hours' interval, each pill to be followed by a wine-glass of infusion of valerian. The author was induced to try the prussiate of iron, from having seen M. Jourdes use it, at the Military Hospital of Strasburg, for intermittent fever. As he considers that both diseases (chorea and ague) have their seat in the medulla spinalis, he thought that the same remedies would prove efficacious in both complaints, in which supposition, according to his statements, he was not deceived.—*Lon. Lancet*.

## Part 3.--Editorial.

### PREVENTION OF TETANUS—OLD SCHOOL DARKNESS.

THE essay of Dr. O'Reilly, quoted in this no. of our Journal, furnishes a striking illustration of the general contrast between European Old School and American Eclectic practice. Dr. O'Reilly, in speaking of the prevention of Tetanus by the use of turpentine, says, "*The fatal results of Traumatic Tetanus prove, that up to the present period, there is no specific or certain plan of averting its evil consequences.*" Speaking of the suggestion of applying turpentine, he says, "*I am not aware that this valuable suggestion has been acted upon by any one up to the present time but myself.*" If it be true then, as this "Fellow of the Royal College of Surgeons" affirms, (and his essay has been published without comment or contradiction,) that the members of the Old School medical profession are confessedly unacquainted with this mode of preventing Tetanus, up to the present time, should not a righteous indignation be aroused against an influence—an organization, thus traitorously negligent of the lives and welfare entrusted in their hands? We do not condemn, indiscriminately, all Old School physicians, but we do affirm, that the unholy combinations of the medical profession, and their unprincipled schemes, for the suppression of free investigation—their overbearing arrogance in defence of stupid error, and their malicious persecution of bold and liberal minded men, do constitute, not only an offence, but a crime against mankind, and that, just in proportion as each individual physician, by act, word, or consociation, contributes to maintain this organized tyranny over science and benevolence—just to the extent he is guilty of offence, and responsible for the deaths of those unfortunate human beings whom a more rational practice would have saved. In the present instance, for example, somebody must be responsible for the numerous deaths and amputations in consequence of traumatic tetanus, which have occurred since the requisite knowledge for the prevention of such results has been in existence. Who is responsible? Most unequivocally those who have closed their eyes to the light, and refused to deviate from a death dealing practice, notwithstanding its sad results.

Among American Medical Reformers, the prevention of Tetanus by turpentine applications, has been the regular course of practice, familiarly taught in our colleges, and carried out in our practice, for fifteen or twenty years past, and for aught we know, for a much longer period. This new idea of Surgeon O'Reilly is emphatically an *old story* with us, and is beginning to yield to more recent improvements. The application of a strong solution of table salt and tincture of camphor to lacerated wounds, has produced results in the hands of our surgeons, at which Old School practitioners look on with amazement. The wounds heal with scarcely any constitutional disturbance or suppuration, almost as if by first intention. A terrible lacerated wound of the hand has just been relieved, by Prof. Hill, in this manner. Another favorite and successful application, is the sudorific tincture, (prepared without opium,) composed of Camphor, Cypripedium, Ipecac, Saffron and Serpentaria. Under this application, a terrible crushing wound of the foot, produced by a weight falling from a great height, was cured by Prof. Morrow, a few years since. Dr. Mussey was about to amputate the unfortunate member, when the professor of *the true healing art* was called in, and not only dispensed with the use of the knife, but restored the limb to a sound and useful condition.

Not only is the Old School profession thus lamentably ignorant as to the *prevention* of Tetanus, according to surgeon O'Reilly, but we know from all their writings, a lamentable ignorance prevails in reference to its cure. Governed by the most puerile prejudices, they still continue ignorant of the properties and value of the *great American antispasmodic*—LOBELIA, and several other remedies and agencies, without which the treatment of Tetanus, Hydrophobia, and similar diseases must continue to be a sad history of failures, blunders and pompously learned ignorance. B.

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## MEDICAL SCHOOLS.

OUR colleges are undergoing changes in different quarters. The Ohio Medical College is still in a dormant state. Several of the most distinguished American physicians are withdrawn from active service, reposing upon their laurels. Dr. CALDWELL, of Louisville, and Dr. DRAKE, of Cincinnati, are no longer professors.

Dr. DUDLEY, of Lexington, has resigned, and been appointed an emeritus professor. Dr. CHAPMAN, of Philadelphia, has also resigned, and been made an emeritus professor. Dr. DICKSON, of New York, has resigned, and returned to Charleston, South Carolina, on account of his health. A slight change will also take place in the arrangement of the chairs of the Eclectic Medical Institute, which will be announced in our next number, and which, we hope, will tend to increase the general efficacy of the school.

The faculty of the Lexington school have removed to Louisville, and are trying to share the benefits of the hospital with the Louisville school—a hot contest is springing up between them.

The Reformed school of Louisville is organized, and has announced professors for all departments but chemistry. The faculty are as follows:—Dr. J. BREMAN, (practice of Medicine)—Dr. J. H. JORDAN, (Surgery)—Dr. A. H. BALDRIDGE, (Obstetrics)—Dr. GILMAN, (Anatomy)—Dr. C. J. CHILDES, (Materia Medica)—Dr. WALTERS, of Covington, Kentucky, (Legal Medicine and Natural History.) These gentlemen are well known as Medical Reformers and good practitioners. Dr. Gilman is a Homœopathic practitioner, formerly of Ohio. Dr. Baldrige is well known as a teacher, having been professor of obstetrics several years in the Eclectic Medical Institute of Cincinnati. The other members of the faculty have not heretofore tried their abilities as teachers. They have able and veteran teachers in the Old Schools to compete with, and we hope they will hew their way to distinction. It was suggested in Kentucky, as an argument against the establishment of a reformed school at Louisville, that as the Eclectics had ruined the Ohio Medical College, an influx of Medical Reform into Louisville, might prove equally fatal to the great Kentucky school. And why not? If the unflinching presentation and demonstration of medical truths, which is made in the Eclectic medical colleges, does not in time overthrow all the resistance of Hunkerism, it can fail only because the public intelligence is too slow in its operations to appreciate truth. We bid our friends God-speed, and we feel assured that they will not falter in the noble task which they have undertaken.

The Homœopathic College of Cleveland, has announced its faculty, consisting of Drs. C. D. Williams, L. Briggs, L. Dodge, A. H. Burritt, E. C. Witherill and Hamilton Smith, A. M.

## CHOLERA IN CINCINNATI.

WE have had a remarkably healthy season upon the whole, but for a few days prior to the 25th of June, some mysterious atmospheric change came over us, and produced a sudden development of malignant cholera. During these days, we learn that electric machines were unable to operate, and the telegraphic were sensibly impeded in the performance of their usual business. On the 25th, the disease subsided—the wires performed with their usual facility, and the machine gathered electricity with facility. The number of deaths is not known—probably as many as thirty or forty altogether. Among those whose loss we have to regret, we cannot omit to mention with sad emotions the death of our friend, Dr. T. M. LARG, a graduate of the Institute—a gentleman of fine literary attainments, and of philosophical mind. Dr. L. led a life of scholastic simplicity and disinterestedness. Having but little ambition or decision of character, he had never fairly put forth his powers, and his worth was known to few.

His death was partly owing to the same causes which retarded his progress in life. For want of decision of character in reference to himself, he neglected to attend to his case in a prompt and efficient manner, and failed to carry out, with sufficient energy, the necessary remedial measures, until his feeble vitality was overpowered beyond all hope. How often, indeed, do we find feeble constitutions overpowered in this manner, by this sudden and insidious disease? We presume the disease will not become an epidemic of any importance, at least—it seems to have abated, but cases are still occurring.—B.

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PROF. HILL'S SYSTEM OF SURGERY.

WE have now the pleasure of announcing that this valuable work is published, and will very soon be placed in the hands of subscribers. It makes a large volume, (of 670 pages and 140 engravings,) admirably executed in point of typography and binding, (in which respect, we believe it is not surpassed by any similar work that has ever been published in our country,) and is altogether as a rich repository of professional knowledge—a book which the Eclectic Medical Reformer may place upon his shelves with a feeling of gratification and pride. All we should say is to recommend each of our readers to procure it as speedily as possi-

ble, and if they have any Old School friends who are are capable of being enlighteneded, to induce them to purchase a copy. There are many independent practitioners in our country who are not formally known as Eclectics, but who are possessed of a spirit of reform. If our friends would take pains to bring this work before them, they would render a valuable service to the great cause.—B.

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NOTICE AND EXPLANATION.—In the prospectus of Hill's Surgery, that appeared in the last two numbers of the Journal, it was stated that this work would probably contain about 500 pages, with 100 illustrations, and be through the press early in June. In explanation of the delay that has occurred, Prof. H. wishes to announce that he has found it desirable, during the progress of the work through the press, to have nearly half as many more engravings executed, than he promised, and to enlarge the work, (probably to 670 pages). He hopes that *this* will be received as a really good excuse—particularly as he does not design, (for the present, at least,) to increase the price. He expects to be able to prove that original works can be published for less than is now charged for some mere reprints of a smaller size, and less expensive character. L.

June 15, 1860.

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TO SUBSCRIBERS.—It was also promised in the preceding notices, that the work should be sent by express, *mail*, or as directed by the subscriber; and several subscribers have expressed their anxiety to have it sent immediately "by mail." Unfortunately, however, it now appears that books are chargeable with *letter*-postage. This, at ten or twenty cents to the ounce, would amount to from three to six or eight dollars according to the distance. So the post-office has decided, unjustly, it is believed. There is no good reason why printed books should not be carried cheaply by the public conveyance as well as newspapers and pamphlets—and literature be thus promoted as well as trade and politics. Surely, the knowledge that large or "bound" books diffuse is at least as important! Not presuming, therefore, that many subscribers will be willing to pay triple or quadruple the author's price, no copies will be sent by mail, unless *again* expressly so ordered, (regardless of expense). All will be sent by express, to places near the subscribers' residences—due notice being sent them individually.—H.

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T H E

# ECLECTIC MEDICAL JOURNAL.

Vol. II.]

AUGUST, 1850.

[No. 8.

## Part 1.---Original Communications.

### TREATMENT OF FISTULA, &c.

#### *Editors of the Eclectic Medical Journal :*

If you consider the following case worthy of insertion in your Journal, it is at your disposal.

On the 25th of August, 1848, in company with Dr. Evans, I was called to visit Mr. John Hogan, of this county, who, as he informed us, had been laboring under an attack of Hæmorrhoids and Fistula for several years. Upon examination, a large pile tumor, more than an inch in diameter, was seen, filling up almost the entire anus, and preventing, in a great measure, the passage of fauces. No signs of Fistula were discovered at this examination, except a small teat-like projection about a inch from the verge of the anus. No orifice could be discovered after the most diligent search with the probe. The patient, however, stated that this had once been pretty sore and swollen, and that matter was discharged; and also, that matter was occasionally discharged from the rectum, though unattended with any painful sensation. From the symptoms, I was induced to believe that if the Fistula existed at all, it was an internal one, and not in an active condition. Subsequent examination, connected with treatment for the Hæmorrhoidal tumor, completely removed any doubts I may have had upon the subject, and developed both an internal and external Fistula; or in other words, opened both ends of the pipe.

But to return to the tumor. This commenced at the anterior edge of the anus, resting upon the perineum, and extending more than an inch up the rectum, though not so high as to be embraced

by the sphincter muscle. The inferior portion was of a livid color and rather soft, occasionally discharging blood. The superior was very hard, resembling cartilage to the touch. Constitutional symptoms were great hepatic torpor, costiveness and a harsh, dry skin. Dyspepsia was a constant attendant. There was no cough, or any indication of pulmonary disease. His age was sixty-three; of rather full plethoric habit, tending somewhat to apoplexy, previous habits rather intemperate. He had been treated by several physicians in the progress of his complaint, and had concluded before he saw us, to go to Louisville to consult an M. D., who resides there part of his time, distinguished in such cases, but wanting the magnanimity of soul to acknowledge his medical paternity.

However, he agreed to put himself under our care, upon the assurance that we could relieve him, and as the weather was very warm, the treatment was postponed for awhile, to accommodate his feelings in this subject. Three modes of treatment presented themselves: the knife, ligature and caustic. Their merits and demerits were attentively considered and explained to the patient, who, against the advice of some of his Old School friends, chose a combination of the two last as offering the surest method of relief.

The local treatment was as follows;—Caustic potash was applied daily to the tumor, while the neighboring parts were preserved from injury by sponges or pieces of cloth. This was followed in each case, by a poultice of *ulmus fulva*, secured to the part by a T. bandage. Under this treatment, there was soon a separation of sloughs, and the tumor evidently began to diminish, even in parts unaffected by the caustic. In the application of caustic we had to use a great deal of caution, lest his brain should become affected, as it certainly produced evident symptoms of cerebral disturbance, caused, no doubt, by the intense pain; hence, but a small quantity could be used at a time. After this application had been kept up for sometime, and the tumor was almost destroyed, another phenomenon presented itself. The little teat-like projection that I have mentioned, began to look red and swell, and become very painful; matter formed and was discharged, and now the *Fistula* was manifest. As soon as the pain and swelling had subsided under the application of poultices, new remedies were applied to the tumor and pipe. Lint filled with vegetable caustic, was applied to the tumor, and the orifice of the pipe was widened and deepened, with tents of the same material, charged with the caustic. Injections soon began to pass entirely through the pipe, and the internal orifice was found to be at the superior edge of the base of the pile tumor, in such a position as rendered its detection almost impossible, during the other's existence. The sympathetic effect produced upon its internal orifice, no doubt,

caused pain, swelling, the formation of matter, and its ultimate discharge by the external orifice. The treatment now adopted was vigorously pursued. Larger tents were introduced, armed with caustic, until the pipe became sufficiently large to admit the ligature, which was passed through and confined by a smooth piece of poplar, which placed longitudinally, was easily kept in its proper position, and a few turns made upon it each day, so as gradually to lighten the ligature. The patient jocularly remarked "that the ligature was his fifty-six swung to him to keep him trim." In a few days it had cut through. Lint and caustic were now applied, and the whole covered by the black salve, secured by a compress and T. bandage. The caustic rapidly destroyed the callous formation, and in about three weeks after the introduction of the ligature, the parts were entirely healed.

During the entire course, the bowels were kept open by mild cathartics, and the hepatic and intestinal secretions corrected by pills of Hydrastis, alternated with the alterative syrup. The surface was occasionally sponged with the alkaline bath. No other constitutional measures were used. The patient has been entirely well for fourteen months, and says that he enjoys better health than at any time for the last fifteen years.

The treatment commenced in September and ended the last of the following March. Part of the time, I was in attendance upon the winter lectures, during which period, very little was done by either patient or physician towards a cure, nor was the proper attention paid to the dressings in the interval between our visits, else, I am certain, the cure could have been performed in a much shorter time. As it is, it is a triumph of medical reform, and adds another evidence to the inutility of the knife in most surgical diseases.

Yours sincerely,

GEO. H. HUTCHINGS, M. D.

LOGAN, Co., Ky., June 26, 1850.

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## THE CUBAN EXPEDITION.

DR. J. C. BATES—a recent graduate of the Institute, having accompanied the recent unfortunate Cuban expedition, the following account of the affair, received in a letter from him, will prove interesting to his friends and former fellow students.

"We left the Georgiana about the 16th or 17th, bound for Cuba. Every heart leaping for an opportunity to crack a musket. The morning of the 19th, we arrived in the Bay of Cardenas. Creeping along silently and imperceptibly, we were at the wharf about 2 o'clock, A. M. Not having met with as fine a landing as we expected, in consequence of low tide, we were perceived by a spy, who immediately gave the Governor the intelligence of our

arrival, and he immediately expressed to Matanzas. Landing, we took possession of the cars, detaching a company of men to take possession of the rail-road depot, about two miles from Cardenas. We slowly marched up the main street, and arriving opposite the prison, we were hailed in Spanish, ("who comes"); not being answered, we were saluted more forcibly, by a volley of musketry from the grates of the prison, which was returned with warmth. I must here state, that I had attached myself to a company, in order to experience the odoriferousness of burnt powder, and try my nerve, until I should be called to the wounded. I was in the company that was marching up town, that received the first volley, which caused me to sing out, "well this beats the Devil boys—this is the elephant all over,"—one of our own men shooting my eye-brows and burning my eye-lashes at about this time. I then began to feel some fear from being shot by some of our own men, and I dodged, by way of stooping, that they might shoot over me.

Succeeding in opening the doors of the prison, we took it; during which time, an active engagement ensued at the Governor's house, where the Spanish troops were shooting from off the square built roofs of the houses. Finally, firing the house, we routed them, taking the Governor, Lieutenant Governor and some thirty prisoners. Shortly after, the town was in our entire possession—and here let me remark, that a braver and nobler set of men could not be found, than those engaged in the morning battle—but the sequel is yet to come. During the day, after things had become quiet, the regiments, called the Mississippi and Louisiana, were strolling about town, in any other form than became military men on such an occasion. They seemed to rest with entire confidence. The Kentucky regiment being the only one that maintained its place. When at about 11 o'clock they were permitted to take some refreshment. During this time, several things transpired, such as liberating the prisoners in chains—taking the iron chest, with some eighty doubloons in it—the Spanish soldiers leaving off their uniforms, and putting on the "*red shirt*," cockade &c., and falling in ranks. About 3 o'clock, P. M., active preparations were being made for us to go down on Matanzas, by the cars, all the munitions, &c., being put on the cars—companies being drawn up in line, that is, those that were yet on shore, (the Mississippi and Louisiana regiments, having in the mean time retired for security in the boat, from which no appeal seemed sufficient to call them on shore). About this time, news came that a force of some eight thousand were marching down on us, in order to crush us at once, having learned our force, which was only six hundred. Time passed—all the munitions were ordered on board, that being done by negroes, citizens, and such of the Louisiana and Mississippi regiments as saw proper. The Kentucky regiment was drawn up in line to retire to the boat, when we were fired on from several points at the same time—from behind houses, &c. Repelling these

we discovered a charge of lancers. We fled with some precipitancy, to prevent another corps from cutting us off from the boat and those who felt so secure in her hold. Col. Bunch, as I am informed, being their gallant commander. We received the lancers in fine style, pitching rider from horse, most beautifully—then came the second charge, which we welcomed in the same manner, leaving but one to relate the fate of his comrades. In the rear of these charges, we discovered a body of infantry, apparently ready to follow the daring lancers, expecting which, we formed to receive them, and after waiting for their approach some two hours, without the pleasure of greeting them, we silently embarked, for the purpose of landing at another point of the island. By this time, the gallant spirits, (so I am informed,) raised quite a row, and swore the boat should not land but at Key West. This order prevailing by the majority, we accordingly sailed for this place. But before striking the port, General Lopez begged the men to let him land on Cuba, and as many Americans as chose to follow, with his staff and Spanish soldiers, who came over to his standard in Cardenas; but his entreaties were in vain; his opposers became the more earnest in their demand, and by force we were brought to this port. Before getting in, however, we came in sight of the man of war, Pizarro, who gave us chase for some twelve miles, not being able to overhaul us. I should have stated, that soon after we left the wharf of Cardenas—three hours after—the steamer Pizarro arrived there: finding us gone, she set out for Key West, and we having ran on a sand-bar, she passed us going in and coming out—ran ahead of us to Key West, and was returning when we met her. The Florida Reefs being between us, which, together with the movements of the pilot, to keep her from us, proved our temporal salvation. On our arrival at this place, all was excitement, confusion and bustle. The Spaniard lay here in the harbor a day and night, with great apprehension, for fear we would bring down the cannon from the barracks and give him a burst. Receiving a dispatch, by a smack, from Havana, he raised steam, took the smack in tow, and set out. The main officers that were left here, and those the authorities could get, were arrested. The Creole was seized, &c. This ends the affair. We had in killed, 8 or 10—wounded, about 12 or 15—missing, 6. I have concluded to remain on Key West for some months. I have under my charge seven of the worst wounds. I took them after gangrene had commenced—the tibia and fibula being entirely comminuted, in two cases—the humerus in another—the os calcis being entirely shot away in another—the others are flesh wounds, they are doing well—recovering finely. I have some practice, since my arrival here, among the citizens—have some eight or ten cases very flattering, considering all things. I will remain here, until I see how this “ball” will terminate, as I feel that I could swing a cotillion in it yet.”

## PHARMACEUTIC CONTROVERSY.

[In publishing the following communication, we merely follow the usual rule among editors, of giving fair play to the parties in any controversy, and giving a place to those who have been refused a hearing where they have been assailed.]

CINCINNATI, July 1, 1850.

*Professors Buchanan and Morrow:*

DEAR SIRS:—In the July number of the Physo-medical Journal, appears an article from the pen of Professor J. Brown, of the firm of "Drs. Hill, Crutcher & Co.," entitled "New Features in our Pharmacy," in which I feel that myself and others are unjustly and unnecessarily assailed, and have deemed it a duty I owed, to myself at least, to notice the article, with the view to counteract, as far as possible, any undue influence it might possibly exert on the minds of its readers. I prepared the accompanying communication, and requested Professor Stockwell, the editor of the Physo-medical Journal, to give it a place in the August number.

He refused to publish it, which, if not a "new feature in Pharmacy," is at least, a "new feature" in a reform journal and a reform editor.

Will you do me the kindness to insert it in your journal, and you will greatly oblige

Yours very respectfully,

H. J. CANNIFF.

*Professor Stockwell:*

THROUGH you I ask the privilege of calling the attention of the readers of your journal to an article entitled, "New Features in Pharmacy," in the July number, from the pen of Dr. J. Brown, Professor of Botany, Materia Medica, &c., &c., in the college with which you are connected, and to an article from your own pen, bearing on the same subject, in the June number. From the tenor of your article, many would draw the inference, that to Professor Brown, belongs the credit of originating, the idea and process of reducing the articles of the Botanic Materia Medica to their present concentrated form. That such an impression was intended by you, to be made upon the minds of your readers, you have disavowed, but that the intention of the writer of "New Features in our Pharmacy," was to make that impression, no sane man will dispute; it is too plain, too manifest to be mistaken.

As the preparation and use of these "concentrated medicines," is a matter of the deepest interest, not only to the physician, but to every son and daughter of suffering humanity, and as the writer

is also engaged in the manufacture of this class of medicines, and considers the article of Dr. Brown, of a character too personally abusive, and calculated to mislead the public, in order to state the facts, and for self-protection, he is reluctantly compelled to notice it, premising however, that he believes it would have an influence, but for the borrowed weight its appearance in your paper clothes it with.

Both in and out of the Physio-Medical College of Ohio, I have been taught to believe that the principles of Pharmacy, in their adaptation to articles, as well of the botanic as the mineral kingdom, had an existence long prior to the days of any of its present teachers, and such being the fact, Prof. Brown is robbed of the credit of being styled the father of Pharmacy. I most emphatically deny, that to Prof. Brown belongs the credit of the first discoveries of the concentration of any of the leading articles of our (the Botanic) *Materia Medica*. I have been informed that a few of these articles were prepared on a small scale, merely, however, by way of experiment, many years since, in the East. It is a well known fact, that Wm. S Merrell, Druggist, corner of Plum and Court streets, of this city, manufactured Podophyllin, Macrotin, &c., two or three years ago, and that these articles have been used to a greater or less extent by physicians of the Eclectic school since that time.

In the Fall of 1849, Messrs. E. S. McClellan & Co., constructed a laboratory for the preparation of "concentrated medicines," and introduced Podophyllin early in December: their medicine met with the favor of all who tried it, and was pronounced good, very good. They sold out their establishment to "Drs. Hill, Crutcher & Co," alias, Dr. J. Brown, and Dr. McClellan and the undersigned have got up a new laboratory, and are manufacturing medicines which cannot be surpassed. We understand sufficient of the "first principles of Chemistry and Pharmacy" to enable us to do this. When our own knowledge fails us, we can command the knowledge and advice of as good chemists and pharmacutists *as some pretend to be*. I will state that I was not one of the old firm of E. S. McClellan & Co.

Among the many useful formulas given by Dr. Brown, during the course of his lectures on *Pharmacy* last Winter, although, by the way, he wandered from his own sphere, to give us those formulas, he gave us no instructions relative to the mode—so far as my notes show—in which these "concentrated medicines" are obtained, but he did say that "Podophyllin is a *deadly poison*, and should never be exhibited under any circumstances, as a remedial agent." This was said before he engaged in the manufacture and sale of Podophyllin, but forsooth, it has lost its deadly poisonous character, in virtue of his manipulations, and the new name he has given it.

I will say to the profession, that E. S. McClellan & Co.—the

firm being composed of Dr. E. S. McClellan and the writer, who has a diploma, received from the hands of Prof. Brown, one of the faculty of the Physio-Medical College of Ohio—are engaged in the manufacture of “concentrated medicines,” to which we solicit the attention of all, and very respectfully say, that we count a comparison of our articles with those of Dr. Brown, sold by “Drs. Hill, Crutcher & Co.,” and we fearlessly assert, that our articles are as good, if not better, in efficiency of action, and much more beautiful in appearance. There are but three concerns so far as I know, engaged in the manufacture of these medicines, and the following language cannot apply to Mr. Merrell, for he has long been “embarked in the business;” it can apply in all its sublimity only to us.

“In the meantime, let practitioners beware of impositions, for it would seem that every *fellow*, who can raise three dimes, is embarking in the business of concentrating medicines, not so much with the view of improving the character of medicines as to get the dimes.” Some there are, who have engaged in the business, who are ignorant of the first principles of Chemistry and Pharmacy.

I copy the paragraph, to show how mean and hateful the spirit of monopoly, or the desire to monopolize, appears, and more strikingly, when it is manifested by a professor and teacher in a medical college.

Gentlemen of the profession, like many of yourselves in the beginning, we are poor, we solicit your patronage; encourage us, and you shall have good and pure medicines, unadulterated with even “coloring matter.” In the language of Scripture, try all things, hold fast that which is good. Try our medicines; judge for yourselves, and if they fail you, pronounce them impositions and ourselves impostors, but don’t take the ipse-dixit of Professor Brown or any other man, that our medicines are “impositions,” in advance.

H. J. CANNIFF, M. D.

Please send your orders to E. S. McClellan & Co., North side Longworth, West of Park street, Cincinnati, Ohio.

*Messrs. Editors:*

In connection with the drug mills and laboratory of E. S. McClellan & Co., purchased by Drs. Hill, Crutcher & Co., as referred to in the preceding article, (by Dr. Canniff,) there were also about one hundred ounces of Podophyllin, which, as we are informed, was put up and sold by them under the new name—Ext. Podophylli!

Query: Did the new name “expel” all of its “deadly fumes,” and cause it to retain “the chemical relations existing between the proximate principles of the plant?”

E. S. McCLELLAN.

## Part 2.---Miscellaneous Selections.

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### NEW PREPARATIONS OF VALERIAN.

BY A. K. GARDNER, M. D.

IN regard to no part of the science of medicine, are the opinions of practitioners so diverse, as on the value which they assign to the various agents employed in the cure of the diseases of mankind. Much unjust opprobrium has fallen upon the profession on this account; and the oft-quoted remark, that "doctors differ," comes from those who, because different remedial agents are employed by different persons, erroneously suppose that the two have a different view of the disease. They cannot see that to arrive at the same place, one traveler may choose a horse and another a mule, and yet each follow the same route. Sometimes, indeed, a different theory may cause different treatment. One may consider erysipelas as a disease of plethora, and may use the lancet, and depletions; another, considering a disease produced by debility, will give quinine and stimulants.

But the object of this paper is to say a few words in regard to the *Radix Valerianæ*. This plant is indigenous in Europe, where it is found growing abundantly in the damp woods and meadows, as well as upon the dry and more elevated grounds. But though it is found growing naturally all over the continent, it does not seem to arrive to such perfection as in England. And it is from thence that our supply is principally obtained. Holland produces a little, which is occasionally seen in our market. There is, however, a very marked difference in the appearance of the roots of these two varieties. The Dutch is much smaller, shrivelled and stunted in its appearance; of a much darker color, and possessing far less of the peculiar smell which characterizes this plant. It has always been considered as possessing less virtues than the English.

Within a very short time—possibly three years—a very limited supply of still a third variety, has been offered in our markets. This may be called the American. Valerian is not a native of this country, as has been stated. Its presence, therefore, deserves some explanation. Some years since, Messrs. Brinley & Co., of Boston, imported some of the living root from England, and placed it in the hands of the Shakers, at Enfield, New Hampshire. It is from this germ that the American Valerian of our market is pro-

duced. Whether from the favorable character of the soil and the climate of this country, or from the care bestowed upon it, by the skilful farmers and agriculturists of this fraternity, I know not, but from either or both, has sprung up valerian far superior in its appearance to the best produced in England. Perhaps the *Valeriana Officinalis* is not cultivated in England, and that the difference in its appearance may have arisen solely from the care which has been bestowed upon it. The most careless glance at the two varieties, shows a marked difference, and in favor of the American. The root is clearer, of a more yellow or brown color; the cylindrical fibres are longer, larger in circumference, and freer from knots, and presents none of the knobby gnarled appearance which characterizes the Dutch, and is more or less observable in the English specimens. In addition to this, the aroma is far more fresh, freer from any musty additions, and in strength is allowed to be certainly as strong, if not superior to the English. So much for the sensible qualities of the American article.

In regard to the medical properties, the superiority which it is shown to possess over the English, is not more apparent than will be seen on comparing their intrinsic virtues.

Valerian is characterized as a mild stimulant, with especial direction to the nervous system, but without narcotic effect. Various diseases have been supposed to have been benefited by this root, but its use has lately been limited to spasmodic and nervous complaints. It has been administered in powder, but used in that form, it has irritated the alimentary canal. Given in infusion, a large portion of its virtues, which consist in a volatile oil, escape. The most common form is the tincture. This preparation has been found of most uncertain value, partly from the depreciation of the root while drying—from the injury it receives in exportation, but more from the fact that the alcohol extracts other qualities, which not only render the extract less efficient, but also produces nausea and gastric derangement. To obviate all the objections, the Messrs. Brinley have made a fluid extract from the green root, before any part of its virtues have been evaporated, and have thus been enabled to present to the profession a most valuable medicine, possessing all the virtues of all heretofore made preparations, in an increased degree, without the qualities which detract from the value of the powder and the tincture. Having used the preparation quite extensively for hysteria, nervousness resulting from masturbation, delirium tremens, &c., (were it necessary I could give numerous cases,) I am prepared to express my firm belief in its superiority to any form of valerian which has been before presented to the community. In this opinion I am supported by the profession generally, in New England, where this preparation is in daily use, and by some of the most eminent of the physicians of this city.

The following is from A. A. Hayes, the State Assayer, which give the analysis of its ingredients. Some recommendations follow, from various distinguished professors in New England.

*"Oil of Valerian as furnished by Elder Parker. May 6, 1849. Lowell.*—This oil, of a light yellow color, contains valerianic acid, a neutral body, besides a volatile oil of a valerian. After exposure to air and moisture, an interchange of the elements takes place, a crystalline body appears, while the quantity of valerianic acid is increased.

*"The crystalline body appears, by the analysis of Adolph Schliesser, Esq., to be new. In its general character it resembles Camphor, but differs from Borneol and Valerol, in chemical properties. Purified by solution in alcohol, and precipitated by water, it presents delicate, prismatic crystals of a snowy whiteness. While cold they are nearly odorless, with a slight aromatic, very bitter taste. This substance is volatile, and when heated has the odor of valerian oil. It melts into a perfect fluid, which becomes a crystalized mass on cooling.*

*"The specific gravity of well-formed prismatic crystals is at 60 F. 1033 to 1055, while the solid crystalline masses are suspended in a fluid of Sp. Gr. 1076. Slowly heated, fusion takes place at one hundred and ninety-eight and four tenths degrees F., to one hundred and ninety-seven and seven-tenths degrees F.; the transparent fluid remains, when cooled, to 195 degrees F., but as it passes to the solid form, the thermometer marks 196 to 197 F. Below 180 degrees the vapor rises rapidly, and condenses in frost-like, delicate, needle prisms of extreme purity. It is probable that the neutral body referred to above, is connected with the production of this new Camphor, but as yet experiments are wanting. Mr. Schliesser prefers to get more complete determinations, before he gives the results of the ultimate analysis he has made.*

*"The oil as obtained, contains all the medical constituents of the root, and in practice has been found to be identical with some fine samples of French manufacture. Indeed, the use of the natural fresh root for its production, insures a very perfect product, while the process is the result of the labors of all the eminent chemists who have studied the product of valerian to the present time."*

Prof. Phelps, of Dartmouth College, speaking very highly of its efficacy, says:—"In your method of preparation, the active principle is detached from the nauseating constituents of the root, and obtained in solution. We may look upon the Fluid Extract, as a solution of valerianic acid." Prof. Cleaveland, of Brunswick College, says:—"It contains the active, medicinal principle of Valerian in a *purier*, more simple and concentrated state than any other preparation of the root with which I am acquainted." Dr. Stedman, of the City Institution, Boston, says:—"In many cases

where opium is inadmissible as a narcotic, anodyne, or antispasmodic, this Extract of Valerian seems to answer the indication quite perfectly." Professors Mott and Parker, of this city, have also expressed their good opinion of this preparation. It is confessedly a simple extract, made by boiling the fresh root in pure water, with the addition of a little alcohol as a preservative. From the trial which I have given it, I am convinced that it will be found to supercede the use of assafœtida, musk, camphor, castor. &c., in a great degree. In the majority of cases, I have found that from twenty drops to a teaspoonful, is an ordinary dose. repeated as often as every half hour if necessary. In delirium tremens, much more can be advantageously administered.—N. F. *Jour. of Med.*

### MEDICAL EXPERIENCE

*With Indigenous and Naturalized Plants, Official and Unofficial, by the United States Pharmacopœia.* By R. P. STEVENS, M. D., of Ceres, Pa.

*Artimesia absinthium.* (Wormwood.) A useful tonic, of considerable power, in the cure of ague and fever of miasmatic districts. It has, in a number of cases, and once in my own, succeeded, where sulph. quinine failed.

*Cochlearia armoracia.* (Horseradish.) A grateful stimulant in atonic dyspepsia. In this disease, I have used it with the most pleasing effects. I have also used it as tonic, in the cure of intermittent fever. In my own person, I prefer it to cinchona, or its alkaloid quinia.

*Calamus aromaticus.* (Sweet Flag.) After many years' experience with this highly useful stimulant, I give it the preference over all other carminatives. I use it in catarrhal coughs, after the following formula:—℞ Fresh calamus sliced, 3j; sugar-house molasses, Oj; boil sufficiently to candy; then pour into shallow moulds. This medicated candy, is far superior to Pease's, Jarvis and all "other cough candies" that I have used.

*Cimicifuga racemosa.* (Black Cohosh.) I make great use of this plant, in the treatment of articular rheumatism. I consider it especially useful where the joints are swollen. My preference is for the saturated tincture. Its powers are much increased by the combined use of iodide of potassium. I have known cases to yield to this combination, which had resisted all other treatment, and where calomel and opium, with guaiacum, had been pushed to the repeated constitutional effect of the mercury. In neuralgia of the uterus, after repeated experiments, I give it a high rank, fully equal to the tincture of guaiacum of the Dewees formula.

*Eupatorium perfoliatum.* (Boneset.) I should not speak too highly of this plant, if I should say that I hold it in greater esteem than any other of our indigenous plants. In the commencement of common colds, it rarely fails, when given in full doses of the decoction, to break up the complaint; and the half-frozen, trembling, coughing, sneezing patient, finds himself happily relieved, from one night's dosing, and the next day ready for his accustomed business.

In epidemic influenza, when combined with Pulvis Doveri, I hardly use any other remedy. This present season, during the prevalence of an influenza, I have prescribed it in over one hundred cases, with the most happy effect.

In the influenza of 1841, '42, (Tyler Gripes, as it was facetiously termed,) I used it with the same happy effect. I consider it especially useful in removing the deep-seated pains and internal soreness, and pain in the bones, which the patient so loudly complains of. In this disease, its diaphoretic and sudorific powers are preferred to its emetic power.

In the first stages of miasmatic fever, I frequently exhibited it, to full emesis, using the decoction, and adding ipecac, if its emetic powers are not speedily enough developed.

In that slight congestion of the hepatic system, which will precede for days, oftentimes, an attack of miasmatic fever, a congestion, frequently attended with acid eructations, and a sense of fullness in the epigastrium, and tenderness on pressure in the right hypochondrium, full emesis will often restore the function of the liver, to a healthy state. During ten years' residence in a malarious district, where at first I trusted to calomel and blue mass to relieve myself of these hepatic congestions, I afterwards learned to trust to the virtues of this plant, and almost to consider it, for myself, a specific.

A cold infusion of it is a useful tonic, and corroborant to the stomach in its debilitated state, during convalescence from remittent and intermittent fevers. A prolonged use of the infusion, has, in a number of instances, succeeded in the cure of Ptyriasis.

To my regard for this plant, full justice would require an *article*, and that is not my present intention.

*Frasera Walleri.* (Columbo.) In the summer and fall of 1838, emphatically "*the sickly season*" of the Valley of the St. Joseph's of Michigan, owing to the depreciation of western funds, *inchona* and quinia were not to be obtained, and many practitioners were driven to the forests for their tonics and febrifuges. In the powdered root of the *frasera*, combined with capsicum, I found a highly useful combination, in the treatment of the fevers of that season. Owing to its bulk, I neglected it in after years, and have not since made trial of it. A cold infusion of it is a grateful tonic in dyspepsia, and debility of the stomach after fevers.

*Geranium maculatum.* (Cranesbill.) In the treatment of salivation, this is one of the best astringents. From its affording so immediate and decided relief to the severe pain and high irritation attending mercurial ptyalism, I am inclined to consider it as having a sedative action. In chronic diarrhœa, where a vegetable astringent is demanded, it rarely disappoints my expectations. In compounding pulvis cretæ, compos. I always use the root of this plant.

*Inula Helenium.* (Elecampane.) In some cases of profuse catarrhal expectoration from the lungs, I have used a decoction of this plant with benefit.

*Juglans Cinerea.* (Butternut.) The watery extract of the inner bark of the root, has proved to be a valuable article in the treatment of chronic constipation of the bowels.

*Magnolia glauca.* (Cucumber tree.) The fruit of this noble tree, chewed, and the juice thus expressed, I have known to cure the summer complaint; and the dried fruit pulverized, I frequently give to children with diarrhœa, with benefit.

*Podophyllum peltatum.* (Mandrake.) The root of this plant in powder, combined with calomel, I have long used as a powerful cathartic, in cases of cerebral apoplexy or paralysis, arising from, or attendant with, congestion of the liver. My formula is 40 grs. of the finely powdered root, with 10 grains of calomel. I have known a full bounding pulse, 120 beats in the minute, and demanding, in the opinion of three physicians attending as counsel, immediate and efficient venesection—I say I have known such a pulse, from one dose of this combination, reduced to 80 strokes in the minute, and to be soft, easily compressed, and gradually go down to the usual standard, much to the surprise of the intelligent counsel.

*Sanguinaria canadensis.* (Bloodroot.) I have derived more benefit from this medicine, in the treatment of scarlatina maligna, than any other disease; and I have used it in phthisis pulmonalis, pertussis, pneumonia, bronchitis, hæmoptysis, and rheumatism.

In scarlatina, I exhibit it in full emetic doses, preferring for this purpose, a strong decoction. It acts more promptly than ipecac. and is not so depressing as antimony.

It removes the morbid secretions of the mucous membrane, not only of the stomach, but also of the œsophagus and fauces. By its action in this particular, it prepares the system for the exhibition of other remedies, and goes far towards breaking up the morbid impressions of the virus, which causes this fatal malady. In hæmoptysis, I have received some marked benefit from it. In phthisis, I have never seen any good effects. In bronchitis, where the secretions are opaque and viscid, it promotes the secretion of mucus; renders it thinner, less opaque, and easier to expectorate.

In catarrh of the mucous membrane of the nares of the frontal sinus, in combination with cloves and gum camphor, it is a useful

errhine. I promotes the discharge of the highly offensive mucus, imparts a pleasing sense of warmth to the whole head, and gives strength to the weak and watery eyes attending this truly distressing malady. It does not possess sternutatory powers in so great degree as hellebore, and is therefore more pleasant to use.

In all diseases of the chest, where I think best to exhibit this plant, I give preference to the tincture, after the formula of Prof. Tully.

#### UNOFFICIAL PLANTS.

*Baptisia tinctoria.* (Wild Indigo.) The action of this plant in full doses, is that of an emeto-cathartic, producing slight vertigo. In small doses, it is laxative and sedative, leaving, after its operation, a soothing influence upon the bowels. In epidemic dysentery, I have used it in small doses, with a happy effect. Yet, from its being so disagreeable to the taste of patients, I have not made any very extended trials with it.

In the treatment of Epidemics, most practitioners have found some one medicine on which they place more reliance than others; and they have also found, that in treating the same epidemic diseases, but in different seasons, they have had to change their favorite remedies. Old ones failing and new ones succeeding. Agreeably to this experience, I found that in an epidemic dysentery of the summer of 1839, arising from miasmatic causes, a decoction of the root of the baptisia succeeded when all other remedies failed: since then I have used it in the same epidemic disease, and evidently having a malarious origin too, but without the same pleasing effect.

*Cucumis melo.* (Muskmelon.) I have to record one case of that body-distressing, spirit-depressing, and ennui-engendering disease—dyspepsia, as cured by the eating of this delicious summer fruit. It was the patient's only diet—the only diet his stomach would retain for many weeks.

*Cypripedium parviflorum.* (Yellow ladies' slipper.) This is the "nervine" of the Botanic and Thompsonian Physicians. There are two other varieties of the cypripedium, *C. ancele* and *C. spectabile*. I do not consider them equal to the parviflorum in useful medicinal qualities; certainly they are not equally safe. I have found them, especially when growing in dark swamps, to possess a narcotic quality, which has deterred me from their use, and which has alarmed some of my patients. But the parviflorum, when growing upon a light sandy soil—the oak openings of Michigan for instance—has never exhibited this quality.

In full doses, it is a gentle stimulant, with a decided tendency to the nervous system, and harmonizing its disordered action.

In hysteria it is a valuable remedy. In pains of the joints following scarlatina, it has proved itself a valuable remedy; I consider it fully equal to the valeriana officinalis.

## ANTIDOTES TO ARSENIC.

*On the discovery of two Antidotes to Poisoning by the Arsenic of Commerce. By Thomas Cattell, M. D., M. R. C. S., &c.*

DURING the past year, while experimentalizing on the means of constituting the arsenic of commerce self-detective, my attention was in part directed to the discovery of an antidote, or antidotes, which could be more conveniently—if not more effectually—applied in cases of poisoning, than the only one which has hitherto been discovered—the hydrated peroxide.

I have not had an opportunity of fully completing these experiments; but the vital importance of the subject leads me to direct immediate attention to two agents, which it is anticipated will be found to supply the desideratum sought to be attained—the one is ferrate of potassa, or the ferric acid compound—the other the dry peroxide of iron.

It is found by experiment:—

1. That when one ounce of the ferric acid compound, forty-five grains of arsenic, and one ounce of water, are intermixed and well agitated, the supernatant fluid gives no evidence of the presence of arsenic by the usual liquid tests. After the lapse of a few minutes, the formation of crystals takes place at the bottom of the fluid, and indicates that the whole or a portion of the arsenic is neutralized.

These crystals possess a slightly acid taste, are insoluble in cold water, are not deliquescent, or subject to change on exposure to the air for several months.

2. That when one ounce of the ferric acid compound and forty grains of arsenic, in an alkaline solution, are treated in a similar manner, the supernatant liquid shows no evidence of the presence of arsenic by the same tests.

3. That when half an ounce of the dry peroxide of iron, five grains of arsenic, and one ounce of water, are agitated together, the supernatant fluid is without any evidence of the poison.

In the administration of the ferric acid compound for the purposes in question, it is unnecessary to observe that no precise amount can be adhered to on merely theoretical grounds; the quantity of the poison taken, or administered, is always uncertain; and it is better in this instance to err on the side of excess.

As to the chemical reaction of this compound on arsenic, I have nothing to observe really bearing upon the subject—further than to state, that it is my anxious wish it may prove as valuable practically as it appears to do theoretically.

The compound should be reduced to pulverization immediately prior to administration.

I cannot conclude these brief remarks without expressing my

feelings on the subject to which they have reference—it is not antidotes we require, how valuable soever they may be—it is a legislative enactment prohibiting the sale of so deadly a poison, without the adoption of some precautionary measure—i. e., without rendering it self-detective.

It is therefore my opinion, that if the question is taken up by the able and worthy editor of *THE LANCET*, and warmly agitated by the profession, the legislature cannot fail to carry out the views which I have expressed relative to this subject.—*Lon. Lancet*.

ON THE INJECTION OF VARIOUS SUBSTANCES INTO THE VEINS.—By Drs. MANZOLINI and QUAGLINO, of Milan.—The municipality of Milan having placed at the authors' disposal a large number of stray dogs, they took the opportunity of injecting various substances into the veins, as pus of various descriptions, blood abstracted for different diseases, and a variety of putrefying substances. They then experimented with a variety of poisonous and medicinal agents, as arsenic, corrosive sublimate, iodine, digitalis, quinine, &c. The following are the principal conclusions:

1. Pus, whether syphilitic, variolous, or tubercular, does not induce corresponding specific affections in the organism of brutes, but constantly determines a gastro-enteritis and enlargement of the mesenteric glands.
2. Recent blood, though abstracted from patients with fever, small-pox, &c., exerts no effect on the health of animals.
3. The inorganic irritating poisons exert their action on the alimentary canal, inducing generally a gastro-enteritis.
4. This predilection for the intestinal tube seems to be due to the facility with which it becomes an eliminatory organ by reason of its vast superficies and its easy communication with the exterior.
5. The action excited by pus transported into the circulation explains the colliquative diarrhoea, and other gastro-enteric disturbances which individuals, suffering from large and old suppurating wounds, open cancer, phthisis, empyema, phlebitis, and gangrenous typhus are liable to.
6. Putrefying substances exert the same effects upon the canal as the irritant poisons.
7. Gastro-enteritis is not met with in those animals which die soon after the injection of these bodies.
8. All poisonous substances, organic and inorganic, whether introduced into the circulation by the veins, or by the digestive apparatus, constantly effect an alteration in the crasis of the blood.
9. That these poisons may exert their action upon the nervous system, it is requisite they should be transported into the circulatory current, the affection of the nervous centres being only secondary; in fact, when the stomach has been deprived of the influence of the par vagum by section, the same results are obtained as when this is uninterfered with.
10. *Vegetable poisonous substances* and their alkaloids, however, attack the nervous

system in preference to the digestive tube. Some especially affect the brain, as opium; others, the cerebellum and medulla spinalis, as the ethers; and others, the medulla spinalis alone, as strychnia, quinine, *lolium tomentum*, &c. 11. Two substances acting upon the same portion of the nervous system, but producing phenomena peculiar to each, when they are given simultaneously, do not confound their actions, but simultaneously manifest their proper phenomena. Thus, by giving strychnia to a dog, laboring under the tremors produced by *lolium tomentum*, we engraft upon these the tetanic spasms peculiar to the alkaloid. 12. The venous and arterial tree is always found normal, whatever be the substance injected by the veins or administered by the mouth. 13. The remedies known as the narcotics and narcotic-acrids of authors (as aconite, belladonna) never induce gastro-enteritis, however introduced. 14. Dilatation of the pupil may be induced by remedies which act on the encephalon, as well as by those which act on the medulla spinalis. In the first case, it is due to the torpor which the narcotic substances produce in the nerves of the third pair destined for the motion of the circular fibres of the iris, by which these antagonize the radiated fibres, receiving their motor power from the cervical nerves. In the second case, the midriasis depends upon the spasm or excess of excitement of these last nerves.—*Brit. and For. Med. Chir. Rev. from Gaz. Medica di Milano.*

**CASE OF HYDROPHOBIA SPONTANEA.**—By Dr. MOMBERT.—Such is the appellation bestowed by Dr. Mombert upon a case recently published by him, of a most interesting character in its details, though unfortunately imperfect, from the absence of a post mortem examination.

Dr. Mombert was sent for early on the morning of the 24th July to see a lad, (æt. 12,) who had been indisposed for a day or two before, apparently from having become chilled while hot. He found him with a slow and feeble pulse, pain in the head, contracted pupils, and difficulty of deglutition; his secretions, tongue and skin being in a normal condition. While quietly talking, he suddenly started from the arms of his parents, struck his head with the rapidity of lightning, screamed aloud, and distorted his eyes and limbs in the strangest manner. In a few minutes all was calm, and he continued his narration. This paroxysm produced little effect upon his pulse, and was repeated with the same vehemence every few minutes; the attacks differing from epilepsy, in the retention of complete consciousness. Sinapisms to the feet, warm clysters, and calomel, were ordered.

Two hours after, the author found the parents vainly engaged in trying to administer a powder in water, the child declaring he

could not swallow, and raging frightfully when they attempted to make him do so. He crushed the spoon between his teeth, and the fluid flowed out at the angles of the mouth. The same occurred when water or camomile tea was offered. He ate an apple, however, thick potato soup, and the like, with appetite. He declared his willingness to take anything, but that he could not get fluids down, and shuddered at their mere sight. No affection of the throat existed. The paroxysms of convulsions, screams, and raging continued, so that several strong men could scarce restrain him. As the carotids beat strongly, the pulse had become hard and quick, and the pain in the head was very great, cold was ordered to the head, and a venesection at the foot. But when the patient attempted to place his foot in water, the hydrophobic symptoms redoubled in intensity; and when, by the exertions of four men, he was made to do so, the ghastliness of his features evinced the anguish he endured. His respiration became short; he could neither swallow nor spit out his saliva; and now commenced biting those about him. For a while after the V. S., the paroxysm seemed less intense, but towards the afternoon they returned as badly as ever; his propensity to bite those about him, or even himself, increasing. When those who held him slackened their hold, he, in full possession of consciousness, entreated his friends to keep at a distance, lest he should bite them. No mitigation after this occurred, and he died at three in the afternoon. The most careful external inspection showed no traces of any bite; and his relatives felt certain he had not been bitten; and yet the symptoms were not to be distinguished from those which the author had witnessed in true hydrophobia. All the persons bitten by him continued well.—*Brit. and For. Med. Chir. Rev. from Wolther and Ammon's Journ.*

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## LECTURES

*On the American Eclectic System of Surgery.* BY BENJAMIN L. HILL, M. D., *Professor of Surgery in the Eclectic Medical Institute of Cincinnati.* 1 vol., 8vo. pp. 670. With One Hundred and Forty Engravings. Cincinnati: W. Phillips & Co.

The taunting question, "Who reads an American book?" may now be changed to the form, "Who does not read American books?" The question, "Who reads a Western book?" is undergoing a similar change. Editions of several thousand copies of Western books are published now, where a few years ago, as many hundreds would have been deemed a hazardous venture. Prof. Hill's work on surgery, adds another to the list of important Cincinnati publications. In its mechanical execution, it compares

favorably with the very best specimens from the Philadelphia press—and in its contents, it is singularly attractive for a book on surgery. The style is animated, clear, and impressive—the instructions upon every subject treated, are ample and systematic; while, at the same time, it possesses the peculiar attractive freedom of the extemporaneous lecture. But the peculiar piquancy and interest of the work, is derived from the fact that the author belongs to the Eclectic School, which has, of late years, attracted so much attention in the United States, and that this is the first systematic and complete treatise on surgery which has been put forward by the teachers of the Eclectic system. Hence, it contains a large amount of highly important professional knowledge, which has never before been published in any satisfactory form, and many of those peculiar original ideas in medicine which have been propagated in the Eclectic Medical Institute of this city. The originality and ability displayed in this work, will secure to its author an enviable place in the history of American medicine. This volume, we learn, is the precursor of a series of medical text books from the pens of the professors of the flourishing college in our city, which is regarded as the head quarters of American Eclecticism. *Columbian*.

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**ACTION OF ACONITUM NAPELLUS.**—M. TEISSIER, of Lyons, has conducted a series of experiments on the *aconitum napellus*, with the view of studying its stupefying and antiphlogistic action. The stupefying action is undoubted; it differs from that of morphia, the influence of which is perceptible in more or less relieving all kinds of pain; aconite, on the contrary, has power only over special pains. This speciality of action of the aconite is one of its principal characters, and it results from the fact that the stupefying property of this medicine is only secondary; its principle, and in some sort specific, action is exerted on the skin; it consists in eliminating the noxious elements from the vessels of that membrane, and in re-establishing its functions, when they have been disturbed either by the repercussion of the perspiration, or by the presence of any virus. Thus, aconite is adapted for the treatment of diseases caused by cold, the consequences of catarrhs, and also of the diseases in which a morbid principle is retained in the cutaneous tissue, such as the exanthematous fevers. The painful diseases in which M. Teissier has obtained benefit from the sedative action of aconite, are those depending on a catarrhal or rheumatic cause. The antiphlogistic action of the plant is quite secondary and subordinate to its action on the skin.—*Jour. Psychol. Méd.*, from *Revue Medicale*.

## CASE OF SEVERE GUNSHOT WOUND

*Of the Axilla, followed by recovery without Amputation.* By SAMUEL TYLER, M. D., of Frederick City, Md.

ON the 26th of May, 1845, at one o'clock, P. M., I was sent for to see a lad, ten years of age, who had received a gunshot wound, anteriorly, in the upper third of the right arm. When I arrived at the spot, distant some six miles, I found the patient in a very faint condition, the wound having bled profusely.

Upon examination, I found the load, which was of large sized shot, had entered at the upper third of the humerus, near the anterior edge of the pectoralis major, penetrating the biceps flexor cubiti and coraco-brachialis, making its exit through the latissimus dorsi and teres major, and doubtless, severing in its course, the long head of the triceps muscle. From the character of the hemorrhage, the extent of the wound, and the faint condition of the patient, no doubt existed as to the complete division of the brachial artery. The subclavian being secured by pressure, the boy was conveyed to his residence in town, and on his arrival, I immediately prepared to amputate the limb at the humeral joint. Being resisted entirely in this proceeding by the parents, I could do nothing but dress the wound (the subclavian being kept secured by pressure, as I feared hemorrhage to a great degree when reaction should come on) with warm poultices, clearing it at the same time of all extraneous matter. During the progress of the case, the forearm was very cool, but evinced no disposition to gangrene. Without troubling the reader with the details of the case, he recovered entirely; the limb being nourished, though feebly, by the anastomosing vessels. Six months from the date of the accident, no pulsation could be felt in the ulnar, or radial arteries, though he was examined by several eminent physicians. Such a result is certainly extremely rare, at least so far as we can depend on the "recorded" annals of surgery.—*N. Y. Jour. of Med.*

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TREATMENT OF INTERMITTENT FEVER, WITH OIL OF TURPENTINE.—By Dr. N. WARD, Burlington, Vermont.—While in Ceylon, I treated many cases of fever and ague most satisfactorily, with a mixture of the oil of turpentine and castor oil, in the proportion of one to two drachms of the former to one ounce of the latter, and administering it in a mildly cathartic dose at the beginning of every cold stage. Where relief was not promptly obtained there were generally present signs of biliary derangement, indicating the moderate use of calomel or calomel and ipecac., after which a dose or two of the mixture usually completed the cure. This was used in cases of long standing, as well as in recent ones; and in one case of enlarged spleen with good effect.—*Am. Jour. Med. Sci.*

ANALYSIS OF THE BYRON ACID SPRING, NEAR BATAVIA, WITH A SHORT ACCOUNT OF ITS REMEDIAL PROPERTIES.—Analysis by Dr. GEORGE HAND SMITH, Chemist and Physician, of Rochester, N. Y., late assistant in the State Laboratory at Albany.

Represented in parts out of 100,000, viz :

Free sulphuric acid, - - - - -	59.397
Proto-sulphate of iron and alumina, - - - - -	32.022
Sulphate of magnesia, - - - - -	13.515
Sulphate of lime, - - - - -	12.928
Silica, - - - - -	13.025
Organic matter, - - - - -	4.585
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From one quart of water, grains, - - - - -	135.472

The remedial powers possessed by these waters are highly tonic, refrigerant, and astringent; forming a neutral combination of great power, and extending through a large class of diseases; more particularly those of the digestive organs, combined with weakness and debility; also, including those of a urinary and cutaneous character. Great relief has been obtained in the following diseases, viz.: chronic diarrhœa, chronic dyspepsia, chronic dysentery, chronic diuresis, chronic cystitis, diabetes, purpura, night sweats, hectic fever, painter's colic, ulcerated sore throat, salivation, gleet, piles, leucorrhœa, scrofula, salt-rheum, nettle-rash, erysipelas, itch, water-brash, acidity of the stomach, nervous or sick headache, impurities of the blood, &c. Dose for an adult, from a half to a wine glass full, reduced twice or thrice in amount with pure water, three times a day, according to the condition and strength of the stomach. For children, a proportionate quantity, according to the age. For eruptions of the skin, the water should be reduced in like manner, before applying it.—*Trans. of N. Y. State Med. Soc.*

*Diseased Bones and the Influence of Mercury in their Production.*—By BRANSEY B. COOPER.—Of the disease of the bones which are said to result as a secondary effect of syphilis, I can only remark that I have for years doubted the truth of the doctrine itself, as I have never known the bones to become diseased unless mercury had been exhibited; and I can hardly bring forward a better proof of this, than the fact that, in former times, when such enormous quantities of mercury were given for the cure of syphilitic disease, the affections of the bones were almost as common as syphilis itself; while now, on the contrary, when the employment of mercury has been so judiciously modified, diseases of the osseous system are but of rare occurrence.—*Lon. Med. Gaz.*

**PHELLANDRIUM AQUATICUM IN PHTHISIS AND CHRONIC BRONCHITIS.**—By M. SANDRAS.—In our number for July we quoted M. Michea's testimony in favor of this substance; and since then M. Sandras has published the results of a careful investigation into its merits, conducted during eight years at the Beaujon. He speaks of it in the highest terms of praise as a palliative of the most distressing symptoms of phthisis; and believes that occasionally it even exerts a curative agency, and at all events indefinitely postpones the progress of cases which furnish all the symptoms of incipient tubercle. He is, however, fully aware how deceptive these symptoms often are, and speaks with due caution on this point. The important agency of the seeds, however, in relieving suffering in undoubted and advanced cases of the disease seems certain; the days of the sufferer not only being considerably prolonged, but his path to the grave most materially smoothed. The good effects generally manifest themselves in from a week to a fortnight, by a diminution of fever and diarrhæa, a return of appetite and sleep, less dyspnœa, and an easier cough, so that the patient often supposes himself nearly well. The strength is supported in this way for a considerably longer period than it otherwise would be; and when at last it finally gives way, the course of the disease then becomes very rapid. *Chronic bronchitis* is obviously and speedily modified advantageously by this medicine. It is especially indicated in that form, which comes on in aged persons in cold damp weather, and persists until this changes; and in young lymphatic subjects, deficient in reactive power, it cuts short the tedious coughs left by colds. M. Sandras has found it of no avail in emphysema and nervous asthma, except inasmuch as these were connected with chronic bronchitis.—*L'Union Medicale*.

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*The Druggists' General Receipt Book; Containing numerous receipts for Patent and Proprietary Medicines, Druggists' Nostrums, &c.; Factitious Mineral Water and Powders for preparing them; with a Veterinary Formulary, and Table of Veterinary Materia Medica, etc. etc.* By HENRY BEASLEY. Philadelphia. Lindsay & Blakiston. 1850. 8vo. pp. 386.

THIS volume, it will be seen, is intended principally for the use of the druggist and apothecary. To such it must prove of essential value. It contains a very large number of receipts for the various preparations which, under the present state of things, it is absolutely necessary should be kept in every drug store, and which can nowhere else be found. We shall be much surprised if it does not find its way into the hands,—and its use become universal among druggists and apothecaries.—*N. Y. Jour. of Med.*

ON THE USE OF CHARCOAL IN NERVOUS GASTRO-INTESTINAL AFFECTIONS, EITHER OF AN IDIOPATHIC OR SYMPATHETIC KIND.—*By Dr. Belloc, Surgeon of the 6th Hussars, (France).*—Charcoal was used by the physicians of antiquity, and a few of the moderns are still recommending it; but this agent was well nigh forgotten when Dr. Belloc strove to revive its use. He experimented upon himself, and succeeded in curing a very intractable gastro-enteralgia. The Academy of Medicine of Paris, to whom a memoir was presented on this subject by Dr. Belloc, have just published a report very favorable to the author. From this document we gather, that poplar-wood, prepared in the manner pointed out by Dr. Belloc, is the most efficacious. The powdered charcoal is to be taken in doses of one or two teaspoonfuls before meals; a pleasant feeling about the epigastrium and some appetite are excited by it, and if taken after a meal it renders digestion more active and rapid. This inert powder seems neither to be digested nor absorbed; it merely passes through the digestive canal, and takes hold of the gases and liquids hurtful to the economy. The charcoal powder keeps the bowels open with those patients where gastralgia is complicated by constipation, and its effect is not confined to rendering digestion better, but it likewise allows of more tonic and abundant food being used, whilst it renders the stomach more fit to bear such active remedies as were but ill borne before. The powder may be given in the form of pills or lozenges, but Dr. Belloc prefers administering it in cold water, in the shape of a moist paste, of which a teaspoonful is swallowed, half a glass of water being drunk upon it. Some patients, in the hospitals where members prescribed the powder, found the charcoal very repulsive in that form, and the physicians were obliged to give it wrapped in bread. The doses vary from two to six spoonfuls per diem, according to the severity of the disease; this dose, however, may be increased, as Dr. Belloc has himself taken sixteen ounces in one day. Very chronic gastro-intestinal affections of the nervous kind are modified in a few days by the use of the charcoal. Several cases of a very satisfactory character are appended to the report, and we decidedly think that trials ought to be made in this country, where gastric affections are so frequent.—*Lon. Lancet.*

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BALSAM OF PERU AS AN APPLICATION TO INDOLENT ULCERS.—E. J. SPRY, in a communication in the *Provincial Med. and Surg. Jour.*, (Oct. 3, 1849,) states that he has found the balsam of Peru of very great use in several cases of indolent ulcerations of the legs and other parts of the body. Lint soaked in it is to be applied to the surfaces every morning, a piece of oiled silk of cor-

responding size is placed over this, some soft rag to fill up the hollow, and a well applied roller over the whole. In one case especially, of old ulceration of many years' standing, which surrounded two-thirds of the leg of a man who came into the infirmary for the purpose of having his leg amputated, and which, in the opinion of some of Mr. S's colleagues, could not be saved, the *balsam* excited the growth of granulations over the whole surface so rapidly as to excite surprise; the deep, sharply-defined ulcer filled up, and with a little modification of treatment from time to time, proceeded very favorably to cicatrization.

An obstinate case of lupus, or *noli me tangere*, was very much benefited, and finally healed, under similar treatment.—*Amer. Jour. Med. Sci.*

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"CHLORIDE OF ZINC.—Its economic and sanitary relations; with testimonials to its preventing decay, rot, mildew and combustion, in wood, canvas, cordage, cotton, woollen, &c., and its deodorizing and purifying foul holds, cellars, hospital wards, sick chambers, sinks, cess-pools, vaults, cabinet and chamber vessels. Lowell, 1850." This is a pamphlet of seventy pages, embracing reports, and letters recommendatory of the antiseptic properties of the coloring. The chloride of zinc has, for a number of years, stood every test to which the most rigid experimenters have subjected it. It has been found perfectly safe, in its application, to health and property, and if only half can be accomplished which is attributed to it, must offer sufficient inducements for all to make use of it. As far as our own immediate observation is concerned, we can unhesitatingly say, that it is infinitely superior, for antiseptic purposes, to any other article we have used. It is to be extensively manufactured by the Roxbury Chemical Company, under the direction of Dr. A. A. Hayes, which is a sufficient guarantee that it may be obtained in its utmost purity. We have not as yet seen their samples, but understand they are ready to supply physicians and others, by leaving their orders with Mr. Burditt, No. 70, State street, Boston.—*Bos. Med and Surg. Jour.*

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SURGICAL ANATOMY.—By Joseph Maclise, Surgeon, published by Lea & Blanchard, Philadelphia. Part two of this splendid work has just been received from the publishers. The illustrations are life-like, and will serve to assist the memory of those who make that part of medicine their study. It is the very best work on surgical anatomy that has been published in this country, and it is hoped that the enterprising publishers will be fully remunerated for the expense of so valuable a production.—*Bos. Med. and Surg. Jour.*

**TREATMENT OF ANEURISMS BY GALVANO-PUNCTURE.**—M. ABEILLE, of Val-de-Grace, reports a case of subclavian aneurism in a lady aged 65. The operation by galvano-puncture being determined upon, she was rendered insensible by ether, and four steel needles, of two inches long, were inserted by pairs into the sac, and attached to a galvanic battery; the poles were placed in contact with each pair of needles alternately, and the communication maintained during five minutes. The patient at first felt nothing, but soon she cried out, and became generally convulsed. The tumor diminished in volume, and became more tense, its pulsations diminished, and the radial pulse disappeared; the needles were then withdrawn. Compresses of cold water were then applied, and the patient placed in bed. Next day the radial pulse was still absent, the outer limb was cold and numbed, and the power of moving the fingers was lost. In four days the radial pulse reappeared, the tumor gradually diminished, and at the end of a week was only half its original size. At the the end of two years the patient remained well.—*Prov. Jour.*

**STATISTICS OF THE EGYPTIAN SCHOOL OF MEDICINE.**—The school of medicine founded twenty-two years ago, has received, during that time, eight hundred and thirty-nine students. In six years from its opening a class of eighty-seven pupils had completed their studies. In five years subsequently, another of ninety-one; a third, of one hundred; a fourth, of one hundred and seventeen; a fifth and last, of one hundred and twenty-seven, recently left the school. The remainder have not yet completed their medical education. Of this number, three hundred and seventeen are employed in the army, navy, schools, workshops, docks, &c.

The obstetrical school has been established only twelve years. At first, the sole pupils were twenty-four negroes. Subsequently poor girls were taken as pupils, and with difficulty sixty could be collected. Many of these are now practising with success in Cairo, Alexandria, and Damietta.—*L'Union Medicale.*

**EXPULSION OF A FŒTUS BY THE MOUTH(?)**—The Spanish journals report the case of a woman who, during the second stage of yellow fever, vomited, with great difficulty, a substance which proved to be the body of a fœtus of four months, perfectly developed: this was followed after a few minutes by the placenta. The patient died the next day. The autopsy discovered the uterus much increased in size, and between the vagina and uterus an abnormal cavity communicating with the intestine by an opening four inches in diameter.—*L'Union Medicale.*

**INFLUENCE OF PREGNANCY ON THE PROGRESS OF PHTHISIS.**—It is an opinion of very ancient date, and, we believe, of pretty general acceptance, that the course of phthisis is modified, or may even be suspended, by the occurrence of pregnancy. This opinion has, however, been contested in some quarters, and, among others, by Andral and Louis. Latterly, M. GRISOLLE (in a memoir presented to the Academy of Medicine) has collected twenty-seven cases of phthisis coinciding with pregnancy. Of these twenty-seven cases, there were only three in which the rational signs of consumption preceded the pregnancy. In the remainder, the first symptoms of the disease appeared during the early months of gestation. These facts are sufficiently demonstrative of the commencement of tubercular disease, under conditions generally thought to be adverse to its manifestation. M. Grisolles has further ascertained, by statistical inquiry, that, so far from pregnancy delaying the fatal termination, the disease would appear to progress more rapidly in pregnant than in other females. In fourteen cases examined in reference to the duration of phthisis, he finds the average to be ten months, while in non-pregnant women it appears, according to Louis, in fifteen months. In so far, therefore, as these few observations go, there appears to be no foundation for the opinions generally entertained.—*Prov. Jour.*

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**CURE OF STAMMERING.**—A discovery of immense consequence to those who have not the power of ready articulation, seems to have been recently made, or else an old practice has been revived. Mr. Kingsbury, from some part of Maine, is practising the art in Boston. In the presence of several medical gentlemen, last week, an inveterate stammerer was enabled, at once, to converse easily and smoothly. Mr. Kingsbury comes recommended by very prominent names in all the walks of life. If the applicant receives no benefit, he requires no compensation. We are restrained from discussing the physiological principles upon which this extraordinary treatment is based, but it is pretty certain that it cannot long be kept a secret.—*Bos. Med. Surg. Jour.*

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**COPPER IN THE HAIR OF A WORKMAN USING THAT METAL.**—M. Chevallier, jun., has lately analyzed the hair of copper-workers which had turned quite greenish, and he has found that the copper was not only deposited on the surface of the hair, but that it had penetrated into its substance. The hair treated by acetic or nitric acid yields the copper it contains, and by a microscopical examination it is seen that the metal has actually penetrated the substance of the hair. It is to be regretted that M. Chevallier does not say in what state the copper is found in such cases.—*Lon. Lancet.*

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**COD-LIVER OIL IN TERTIARY SYMPTOMS.**—I have had some conversation with my friend, Dr. Copland, on the above interesting case, and he informs me that he has for some time past been in the habit of prescribing cod-liver oil in tertiary symptoms, with the most marked success. Dr. Copland was, I believe, the first practitioner in this country who prescribed the iodide of potash in these cases, and I believe the same merit is due to him in this instance. In my own practice, I have not as yet had much experience of its use in syphilitic affections, and I think it doubtful how far its efficacy can be relied on in tertiary symptoms unconnected with the strumous diathesis. The case above narrated fully establishes its merits when employed in this latter complication, and further experience can alone determine its value in the former. Any remedy which can be safely substituted for mercury in the treatment of these affections, particularly one so innocuous in its action on the system as cod-liver oil, must be hailed by the profession as a very great boon.—V. MANAB.—*Lon. Lancet.*

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**PHYSICIANS AND APOTHECARIES.**—At the late meeting of the Pennsylvania State Medical Society, among the many resolutions offered, we find the following:—"Whereas, it is asserted and confidently believed, by a portion of the public, that it is the practice of some physicians and apothecaries to enter into a collusive arrangement, by which the former are to receive a per centage upon all prescriptions sent to the latter, and in this way, bring dishonor upon the medical profession; therefore, Resolved, That this society regards all collusion between physicians and apothecaries, whether with a view to pecuniary profit or patronage, as opposed to every principle of that moral code which the profession have adopted; and that no physician, known to be guilty of such a collusion, should be entitled to the confidence and professional intercourse of medical men."—*Bost. Med. and Surg. Jour.*

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**ANOMALY OF THE CERVICAL VERTABRÆ.**—DUBREIL, Professor of Anatomy at the University of Montpellier, relates a very rare case of anomaly of the cervical vertebra. It consists in the existence of a supernumerary vertebra, and occurred in the person of a Swiss drum-major, whom M. Dubreil had often remarked during his life-time, on account of his extraordinary stature. A careful examination of the skeleton leads the author to conclude that the anomaly consists in a duplication of the sixth vertebra of the neck. M. Geoffroy St. Hilaire never observed a case of this kind, and it appears the only one to be found in the annals of medicine. I remember, however, when a student at Edinburgh, that a well-known member of the Medical Society, remarkable for his height, was said to possess a similar deformity.—*Med. Times.*

**NEW MODE OF ARRESTING INFLAMMATION.**—M. Robert Latour communicated a few days ago, a paper to the Academy of Sciences of Paris, wherein he tries to prove that any inflammation manifesting itself on the skin may be arrested by covering the inflamed integuments with an adhesive compound, which will wholly and effectually prevent the contact of atmospheric air. This idea has been suggested to him by the experiments of Dr. Fourcault, who used to produce great disturbance of internal organs upon animals, which he painted all over with a resinous and adhesive compound. M. Latour formerly used gum to cover the parts, but has now substituted collodion for it—two cases of erysipelas were cited, which, being treated in this way, were well in a few days.—*Lan.*

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**BELL ON BATHS, &c.**—We have a work before us of rare historical and medical interest, by one of the best men in the professional ranks. It is "A treatise on baths, including cold, sea, warm, hot, vapor, gas, and mud baths; also on the watery regimen, hydrophathy and pulmonary inhalation, with a description of bathing in ancient and modern times. By John Bell, M. D., &c., &c., Philadelphia." After a deliberate examination of Dr. Bell's collection of facts, the reader will admit that he has ransacked the world for this book of evidence, leaving each to determine for himself whether its tendency is to favor the new isms or to controvert any of them.—*Bos. Med. Surg. Jour.*

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**METHOD OF DEPRIVING QUININE OF ITS BITTERNESS.**—Dr. R. H. Thomas, of Baltimore, in a communication to Dr. Hays, of Philadelphia, which is published in his *Journal of Medical Sciences*, mentions the fact, that quinine may be deprived of its bitterness, by combining it with tannic acid. The proportions which he suggests for neutralizing the bitterness is, quinine, ten grains, tannic acid, one and a half grain.

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**ANNUAL OF SCIENTIFIC DISCOVERY.**—This book embraces a condensed abstract of the progress of science and the arts in 1849, throughout the civilized world, and is therefore a general compilation from the journals and other reliable sources. It is exceedingly instructive, and by giving it to the public annually, hereafter, the series will constitute a scientific digest of each year, and therefore ultimately form a series of great value.—*Bost. Med. and Surg. Jour.*

## GEOLOGICAL THEORY OF CHOLERA.

BY JOHN LEA, OF CINCINNATI.

WITHIN the last two years, I have published through the medium of the city press, and by letters addressed to individuals, in this country and in Europe, (who I thought would aid promptly in the investigation of so important a subject,) certain facts and observations respecting a *proximate cause* of that much dreaded disease, the "*Asiatic Cholera*;" but my communications have met with little favor—the thing is *too simple*—the mystic theories of *ozone*, *zumosis*, *fungi*, &c., are better adapted to the prevailing taste for the marvelous: few seem willing to believe that the water which they are accustomed to drink, may so unite with certain miasmata, afloat in the air we breathe, as to produce the most deadly effects! but *it is even so!* The enemy has been at our doors; he has surrounded us; he has thrown the pall of death over us! and it will now be manifest to all who will take the trouble to investigate, that he has *system* in his work! *method* in his onslaught, and *method* in his career of destruction! and is governed like all other natural phenomena; by *laws immutable, unchangeable!*

Twenty years have now passed away since I had wellnigh become the victim of an attack by *cholera morbus*, in consequence of passing from a region of arenaceous and alluvial formation, (West Tennessee,) to one of lime-stone, *blue silurian*, (Nashville.) At that time (1830) the *Asiatic cholera* had not made its appearance on this continent: it commenced its ravages in 1832. I then perceived that it passed around the *arenaceous*, and spent its fury on the *calcareous* regions; and it occurred to me that, as calcareous water had caused a violent attack of the cholera morbus, (so called,) and its congener, the Asiatic cholera, attacked with deadly effect *those who used the same water*, while it passed by those who used *sand-stone*, or soft water, that the *calcareous water* was a *proximate cause* of that disease. This idea was communicated at the time to several medical gentlemen, but met with little favor; the disease never troubled us in *that region*, and the subject laid dormant in my mind until its reappearance in Europe, two years since.

The apprehension that this strange and malignant epidemic would revisit us, induced me to examine into the truth of the theory I had formed—now known as the *Geological Theory*; and the result has proved most satisfactory for the interests of humanity, and exceeded my most sanguine expectations.

Dr. Jenner's discovery of vaccination, as a preventive of the small-pox, was the subject of unbounded ridicule: he was caricatured as a man with cow's horns on his head, giving *beastly* dis-

eases to mankind! the *bipeds* derided—lampooned him; and it was *twenty years* before he could get his discovery adopted into *hospital practice*! However, he succeeded at last,—yet to this day it is not *universally* adopted; and now, to say that 100,000 lives are saved by it annually, is probably greatly under the mark, to say nothing of the *suffering* caused by that loathsome and painful disease. The Dr. was at last rewarded by a grant from the British Government of £20,000.

I found on inquiry, that the cholera had shunned all the arenaceous, alluvial and primary formations in the Union, except those watered by wells or rivers, holding in solution calcareo-magnesian elements. The sea-board of the States of North and South Carolina, Georgia, Florida, and Alabama, comprising a portion of the most insalubrious country in the United States, escaped the disease; so likewise West Tennessee; Emmetsburg and its vicinity, in Maryland; West Point, Nantucket, and New England generally. All those localities *escaped again* last summer, (1849,) and likewise all others *similarly situated*.

It may be asked why New York and Boston should have suffered, the former being based upon gneiss, the latter upon granite. I answer—both those cities are to a certain extent—perhaps three fourths—provided with excellent water; but the *well water* of Boston, as also that of New York, contains various salts. A gallon from the *Manhattan well*, on analysis, was found to contain—

Muriate of Soda, . . . . .	42.20
“ “ Magnesia, . . . . .	40.00
Sulphate of “ . . . . .	6.00
Carbonate of Lime and Magnesia, . . . . .	12.80
Sulphate of Lime, . . . . .	4.00
Extractive matter, . . . . .	17.80

gr. 122.80

This is bad enough, certainly. It is presumable that many persons still use this impure well water in those cities, they not being supplied with that of the Croton, or Cochituate. The deaths in Boston (1849) from cholera, were about 660: of these, about 450 were foreigners, leaving but 150 of the native citizens to have suffered, out of a population of upwards of 120,000; and of this number, many have used the well water; some had chronic bowel complaints, others, doses of *magnesia*, (which sometimes causes rice-water discharges in an hour,) and *acid fruits*, and *crude vegetables*, prove a powerful auxiliary to the malignant poison with which the air is infected. So difficult was it for the disease to make a *lodgment* in Boston in 1832, (few emigrants then,) that “in a fortnight after its appearance, it had numbered but four victims, and about forty fatal cases altogether occurred.” *Bos. Med. Mag.* vol. 1. It degenerated in the vicinity at that time to a mere *chol-*

erine, and "of 118 cases at the State Prison, not one died." *Ency. Amer.*

*New York* suffered more in proportion to its population than *Boston*, but it had a far larger proportion of immigrants, many of whom, though Asiatic cholera be extinct, will fall victims to its congener, *cholera morbus*, by change of climate and food, exposure to great heat, &c.

*Charleston* requires no quarantine regulations to save it from the cholera. That disease has never prevailed there, although it is surrounded by a great extent of malarial country; so insalubrious is the latter deemed, that but few white people reside permanently therein. Why is *Charleston* exempt? Because, it being situated on alluvion and no supply of water from rivers, the rain and wells afford that supply, which is free from mineral elements, at least those that stimulate the virus of cholera.

*New Orleans* suffers from cholera. This is owing to the use of the *Mississippi* water; those who use rain water there, do not die of the disease. Exceptions to this rule will be found very rare indeed.

*Mobile* is on the *Mobile* river, the water of which is brackish, and unfit for domestic use. The city is supplied with very pure soft water, by an aqueduct from *Springs at Sandy Hill*, (six miles off.) Cholera has never yet proved epidemic there, notwithstanding its proximity to, and great intercourse with, *New Orleans*.

The mortality amongst the slaves on some of the sugar estates on the *Mississippi* was frightful. More than 100 have died on a single plantation! They used the river, or well water: the white families, who used the cistern, or rain water, did not suffer.

The water of the lower *Mississippi*, if drank alone, affects the bowels of strangers at all times, and during the prevalence of cholera, is attended with the most fatal consequences; that of the upper *Mississippi*, appears to be less injurious. The towns above the mouth of the *Missouri* suffer but little in comparison with those on the latter river; therefore I infer, that the water of the *Missouri* is a powerful provocative of cholera.

*St. Louis* is situated twenty miles below the mouth of the *Missouri*, on the same side. The pressure of the Upper *Mississippi* at the confluence of those great rivers, forces the former river on to the *St. Louis* side, and the muddy water of the *Missouri* does not unite with the clear water of the other river for many miles below that city. Thus it will appear that *St. Louis* supplied with *Missouri* water, as far as the supply by public works extends, and the rest of the city depends upon wells, which, being in the calcareo-magnesian formation, plainly accounts for the dreadful severity with which that city has been scourged; and to this account may be charged the loss of so many children annually by bowel diseases.

St. Louis lost 1,493 children, under five years of age, from April 20 to August 8, 1849, of all diseases.

*Cincinnati* and its vicinity, furnish abundant proofs of the truth of the GEOLOGICAL THEORY. This city contains about 100,000 inhabitants. The number of deaths by cholera, from May 1st to August 30th, 1849, was . . . . . 4,114

All other diseases, . . . . . 2,345

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6,459

About 35,000 of the population are supplied with the river (Ohio) water,\* in iron pipes, by steam power; this portion of the citizens was exempt in a remarkable degree from the epidemic. After diligent inquiry, I can hear of *but twelve deaths* on Fourth street, so far as it is supplied with river water, (about a mile and a quarter,) several of which may be attributed to gross imprudence. Beyond the supply of river water, the pestilence raged with frightful mortality, attacking those who drank well and spring water, but *passing by* all those who used *rain water*.

The annexed diagram of a portion of Sycamore street, on the side of the hill, presents a striking view of the relative effects of rain and spring water. This portion of that street has been but lately graded, paved and built upon; the ascent is steep, and the houses are sparsely scattered, principally on one side, the hill in most places coming abruptly on the other. It is on the skirts of the city, and would be selected as *particularly exempt* from *malarial* influences, as in truth it is; yet with all its advantages, the water excepted, it has been almost depopulated. The abundant supply of *clear spring water* gave a peculiar value to this location. None of those houses were crowded; they are generally two and three stories in height; those numbered 1 to 4, had one family only in each, and three stories in height; the ventilation is all that can be desired, in all of them. It will be observed that one death is marked at a house, where the family was reported to have used rain water; but it is altogether probable that the deceased had drunk *more than once* at the cool gushing fountain as he passed by in a hot day.

The *spring* is near the door of the "drinking house," and is continually gushing from a pipe raised about two feet from the ground. The proprietor says, that his family escaped sickness, yet made free use of that water. This, under the peculiar circumstances of the case, will strike some theorists as very remarkable.

I will now lay before the reader a detail of cases of families, and of localities, which came to my knowledge during, and since the prevalence of cholera here last summer:—

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\* About 6,400 hydrants.

## CASE OF THE WALTER FAMILY.

Mr. William Walter removed from Clark street to Walnut Hills, June 5th, 1849; his family used *rain water exclusively*, at both places. Mr. Henry Walter (the father) and family lived near by, and used *spring water*. The brother of Mr. William Walter (Thomas) removed with him to Walnut Hills, and left him to reside at the house of his father, (adjoining lot,) where he made use of the *spring water*, took the cholera and died; Mrs. Walter (mother) took the cholera and died; likewise, Mr. Henry Walter. The son of Mr. Wm. Walter, a child of three years of age, drank the spring water at the house of his grandfather, which soon produced diarrhœa; timely medical aid saved him. Two friends of Mr. Wm. Walter, from the country, spent a few days with them, and being dissatisfied with the *taste* of rain water, gave preference to that of a well; both soon felt the effect of the change, in disordered bowels, but took cholera medicine, and recovered.

Those of Mr. Wm. Walter's family, (five in number,) who adhered strictly to rain water, enjoyed uninterrupted good health throughout the prevalence of the epidemic.

Mortality at a framed house on Race street, above 15th, north of the Jew's Synagogue:—

A small house,—nothing objectionable in point of location,—9 deaths; supplied with rain and well water; my informant, (a German woman,) said, "We use the cistern to wash with, and we drink always the well water."

Mortality at the house and vicinity, S. W. corner of Fourteenth and Elm streets;—a large brick house,—location unobjectionable—18 deaths. A grocery store on the ground floor; the owner of which says, "the water of a well in the yard was used by the tenants, (of whom there were many). There were no deaths on the opposite side of 14th street, in three or four houses; they were supplied with cistern water; but five died in two small brick houses adjoining, (east,) they have a well in the yard," he added, "all the houses on Elm, south of 14th street have cisterns, and had no cholera;"—he meant as far south as the graveyard.

Walker's extensive Porter and Ale Brewery. My informant, one of the persons employed, says:—"We all drink as much as we want; *one* won't drink anything but water;" (he drank well water, on Buckeye street;) "he was a sickly man, and died—the rest of us all kept well—no cholera."

There are four more porter and ale breweries, and but one person died among them; and he gave a preference to water, as I am informed; the same immunity appears to have been experienced at the breweries of London, Paris and Philadelphia.

Mortality at the house on Plum street, corner of William street. This is a large framed house; nothing objectionable in the loca-

tion; occupied by many families; 25 deaths by cholera, (5 children;) tenants, all supplied with rain (cistern) and well water; "used the well water for drink, and the cistern water for washing; the rain is *nasty*, (probably an allusion to the color imbibed from coal soot off the roof,) but good to wash with." This information is from a woman, tenant.

Mortality at a house on Race above 15th street:—large brick house occupied by many families. Mr. Griffith, agent for the owner, and living on the premises, informs me that 24 persons died; "cistern water (rain) sufficient for all the tenants, but they would resort to a well near by for water to drink, preferring it on account of its coolness,—advised them against the use of well water." Mr. G. says that he "drank cistern water *exclusively*, and retained his health; although greatly exhausted by fatigue, anxiety and loss of sleep." Nothing objectionable in point of location, and premises appeared to be kept in very good order; lime was strewn in the gutters, but with no apparent good effect.

At the corner of Liberty street and Broadway;—two brick two story houses—8 deaths—well in the yard; high and airy situation, and good buildings:—one person died in the house next door. Mr. Craig and his next neighbor, near by (north,) use rain water—had no cholera.

At the S. W. corner of Franklin and Hanover streets, 10 died—*well* in the yard.

On Main street, corner of Orchard, 9 persons died in three two story frame houses—*well* in the yard.

At the N. E. corner of Twelfth and Walnut, 7 died—*well* in the yard.

Twelfth, near Vine, 2 died—*well* in the yard.

At the N. E. corner of Hanover and Woodward, 8 died—*well* in the yard.

Brick house on Tanner street, east side, 17 died—*well* in the yard; and opposite side of the street, two died—*well* in the yard.

Spring street is nearly altogether supplied by cisterns, and no deaths occurred, except Mr. Raymond and a little girl, both of whom drank well water.

House on Liberty street, first east of Mansfield street, 2 died—*well* in the yard—(hill side.)

The Whittaker families, Deer Creek road, lost seven persons; Mr. W. says, "we use spring water altogether."

Dr. Ray, residing on Broadway, north of Franklin street, was very careful in restricting his family to the use of rain water, but having a well on his premises, Mrs. R. drank of it by mistake; and although the quantity was but a *half pint*, decided symptoms of cholera soon supervened, and her life was saved with great difficulty. Strange, and nearly fatal effect, of a *single glass* of well water!

In answer to a request for information from J. Frazer, Esq., at "Woodland, 21st December, 1849," one mile from the city, he says:—"During the recent prevalence of cholera as an epidemic, my family, and my gardner's family, used cistern water exclusively, and both families escaped the disease. Five persons in my immediate vicinity had severe attacks of it, and three of the cases proved fatal; they all used hard limestone, well or spring water."

The family of Mr. Bowler, about four miles north, consisting of 27 persons, used cistern (rain) water *exclusively*, and had not a case of cholera among them. Mr. Gano's family, a little beyond Mr. Bowler's, of 17 persons, had no cholera among them; they also used rain water *exclusively*; it will be observed that these are large families.

\* Sandusky suffered dreadfully by the epidemic; it fell upon that place with a degree of fatality seldom equalled; the greater part of the population fled from the town in dismay; it was impossible to procure decent burial for the dead, and fifty corpses were buried in one great hole!

Here we find a very pleasantly situated town, on a gentle slope from the Bay, (Lake Erie.) A want of cleanliness would be looked for here in vain; the population inferior to none in morals and industry; this mortality is readily accounted for. Sandusky is built upon limestone which is but lightly covered with soil, and crops out in many places; the *wells* are sunk into the limestone;—thus the mystery is explained.

As the cholera was reported to prevail with frightful malignancy at New Hope, about forty miles east, I wrote to Mr. James J. Smith, of that place, for information; he says, in answer:—"At the time the cholera visited this village, (6th July,) it contained 136 inhabitants, and out of that number 28 died in the short space of 22 days. It commenced about the same time in the neighborhood, not more than a mile from the village, and 23 of the inhabitants died; and two others, one of whom, the mother of some of the afflicted—the other, a physician, making altogether 53; and the farthest being but little over three miles from this place. Upon inquiry, I found that the water used was limestone, in every family." Thus, in this small village, and a few farms near it, 52 persons died in a few days! Now, let us contrast this village with Vevay, on the *blue silurian* formation, on the bank of the Ohio,

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\* Honor! all honor and gratitude! to those men and women, who, after devoting themselves to hospital duty here, in constant attendance on the sick, hastened to a new field of hazardous and fatiguing attendance on the sorely afflicted population of Sandusky. The cry of distress was heard as a summons, which was responded to promptly, and the following true philanthropists were soon to be found at the bedrides of the sick and dying, viz: Drs. Strader and Caroland. Mr. Baily and two experienced nurses; they were soon followed by Drs. Ochiltree, Banks, Stevens, Foote, Hughes, Raymond, Lindsey, Quinn and Follin; and Messrs. York and Hinsdale:—Mrs. Couden and five hospital nurses.

about 75 miles down the river, a town of about 2000 inhabitants; it was supplied by a large *public* well of calcareous water, the use of which was prohibited during the cholera season, and the people used rain water, each house being provided with a cistern; the happy result from this prudential measure was, that not one of the *inhabitants* died with the cholera!

Several towns of considerable population, as Lawrenceburg, Harrison, &c., situated on the alluvion, and where the wells produce *soft water*, have escaped the disease.

Lewis county, Kentucky, and some ten or twelve counties, from Fairfield county to the Ohio, in this State, are generally on sandstone formation, interspersed with iron ores, with a very small proportion of limestone; the water, therefore, is almost universally *soft*, (*sandstone*,) and the cholera has not prevailed epidemically in those counties; but when persons who resided there visited this city, during the prevalence of cholera, they *seldom returned home again*. I knew of three men who came down in a boat from Lewis county last summer, all of whom took the cholera and died; and two from Lancaster, Ohio, both died; and I believe very few escaped, if they used water alone, unless it were rain water.

As the disease prevailed with peculiar malignity at *Birmingham*, near Pittsburgh, I wrote to a gentleman there for information; he says:—"In Pittsburgh, where the people use Alleghany water exclusively, the deaths were but 25 to 30. In that part of Birmingham near the river, and where the river or rain water was used, there appeared to be no mortality; but the limited population near the hill, which used spring water, suffered much, the number of deaths being about 285. No beneficial effects were perceptible from the use of numerous coal fires, and large quantities of lime, the former being decidedly injurious."

The *strong array of facts* adduced might be greatly enlarged were it necessary; they prove conclusively, that water containing *certain mineral elements* is a *proximate cause* of cholera, and that rain water is a *prophylactic*; much *more certainly so than that vaccination* is a *preventive of small-pox!* for numerous cases have occurred *here lately*, of persons taking the small-pox who had been vaccinated by the most respectable physicians; but I have not yet had reason to believe that a single individual has deceased who used rain water *exclusively*; and I believe the same remark will apply to the use of water that had been *boiled*; such was used by many families.

(Concluded in our next number.)

## Part 3.--Editorial.

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### MOURNFUL EVENT.

SAD is the intelligence which this Journal must bear to the friends of Reform! A noble hearted friend of humanity, a leader in the holy pathway of benevolent science, has fallen in the midst of his labors!

Dr. THOMAS VAUGHN MORROW is no longer numbered among the living! He rests from his labors, and his name has become a portion of the history of the past. Endeared to thousands by his medical skill and kindness, and to hundreds of the medical profession by his energy and fidelity in the high calling of a medical teacher, his name will long be held in affectionate reverence—not only throughout the valley of the Mississippi, (the field of his labors,) but throughout the limits of our Republic.

Standing in the ranks of an aristocratic and organized profession, he had the signal honor of rising above the spirit of the times, and adopting a nobler code of medical ethics, when its adoption was perilous to reputation and worldly prosperity. This nobler code commands a more diligent research into the arcana of Nature for the relief of suffering, and a more careful avoidance of all those means by which the medical art becomes so often destructive to life—it commands too, a more liberal reception of truth from every quarter, and a more zealous co-operation in the cultivation of all useful knowledge. In obedience to these noble principles, a great and benevolent system of science has been erected, which now extends its blessings to hundreds of thousands. Of this great system, Dr. Morrow was one of the architects, and for twenty years past, his indefatigable energy and noble zeal had made him a leader in the great enterprise of medical revolution. He was the devoted friend of the cause—the unwearied teacher—the fearless reformer—who through tedious years of opposition,

insult and ridicule from the first foundation of the Worthington School to the last triumphant success of the Eclectic Medical Institute, bore the heaviest burden of the great cause which was ever present to his mind, and furnished in his own person the nucleus and living centre, around which were finally gathered the elements of power, and progress, and triumph.

But death has removed him from our midst. With all his zeal that admitted of no discouragement—with all his faculties mature, yet still improving in knowledge—with a vigorous frame unimpaired by age—with every professional prospect bright, and with his promised work on practical medicine scarce half completed—he has laid down the pen forever!

The disease which has robbed us of our friend and society of a benefactor, was a peculiarly severe attack of Dysentery. For some weeks prior to the attack, his digestive organs appeared to be in a feeble condition, and as it approached gradually, he neglected to pay that strict attention to his own case which he would have enforced upon a patient. After about a week's illness, during which he had used the usual resources of medicine dictated by his own judgment, the disease appeared to have made a steady progress unchecked by all that had been done. A high state of irritation appeared to have been established throughout the whole alimentary canal—frequent bloody evacuations occurred with but brief intervals, and the stomach appeared incapable of retaining any material quantities of medicine. His medical friends alarmed by the urgent symptoms of danger, gathered by his bed-side, and kept up night and day all the attentions and remedial measures which he could be induced to receive—acting in concurrence with his own judgment, which appeared clear and correct, up to the last hours of life. The intolerance of medicine, the uncontrollable passive hemorrhage-discharges of mucous membrane, and the ulceration which was perceived in the fauces, all indicated the great extent and intensity of the disease, under which he gradually sunk into unconsciousness, and died a few minutes before twelve o'clock, A. M., on the 16th of July, in the 46th year of his age.

Let us emulate his noble example in devoting our lives to a worthy object. Talent and learning, ability and resources of all kinds exist among those who favor reform, and if its champions who survive, devote themselves with equal fidelity and for as long

a period as our lamented friend, to the regeneration of the healing art, the triumph of truth and benevolence will be witnessed in our own day.

At a called meeting of the Eclectic Medical Society of Cincinnati, on Wednesday evening, July 17, the following resolutions were unanimously adopted:

*Whereas*, The mortal career of Dr. Thos. V. Morrow has been suddenly arrested by the hand of death, in the midst of a life devoted to the welfare of mankind—

*Resolved*, That we deeply sympathize with his afflicted family on this sad occasion, and hope their fortitude may be sustained by the recollection of his good deeds and the noble aim of his well-spent life.

*Resolved*, That we regard his death as not only a private misfortune, but a public calamity—saddening to the hearts of his professional brethren—to the friends who relied upon his skill and knowledge in the hour of danger, and to the thousands who were deeply interested in his labors for the improvement of American medical science.

*Resolved*, That we regard his long and laborious exertions to elevate medical science to a higher condition of truthfulness, benevolence and comprehensiveness, as a noble example for the emulation of all.

*Resolved*, That we regard it as due to his signal services to American medical science, and to the feelings of his friends and pupils, that a suitable memoir of his life be prepared and published by his former colleagues, not only as a monument to his memory, but as an example to the rising medical profession of our country.

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The following appropriate notice is from the Cincinnati Dispatch.

**DEATH OF PROF. THOS. V. MORROW.**—This distinguished physician and medical teacher died a few minutes before 12 o'clock on Tuesday, in the 46th year of his age, after a severe attack of dysentery. Dr. Morrow had devoted his life from the commencement of his career, with unequalled ardor and assiduity, to the establishment of the American Eclectic system of medicine. His labors were crowned with success, and hundreds of his medical pupils throughout our country will mourn his loss. His medical writings, from which so much was expected, have been arrested in the midst of their progress, by this melancholy event. His memory will long be revered as an example of magnanimous and unconquerable devotion to the highest interests of his philanthropic profession.

## THE PAST, THE PRESENT, AND THE FUTURE.

**THE** present is an interesting epoch in the history of Medical Reform. When we look back upon the struggle of the past twenty years in this state; since the standard of Medical Reform was planted at Worthington, we are cheered by the great fact that right and truth, sustained by honest and unflinching perseverance, have triumphed over all the obstacles erected by organized and bigoted opposition. We perceive illustrated in the history of Eclectic Medical Reform, the great moral truth that "honesty is always the best policy." Had the leaders in this great enterprise possessed less of stern integrity—had they quailed before odium and opposition—had they been willing to court popular favor by the sacrifice of their conscientious convictions, they might, doubtless, have pursued a lucrative and respected career; but their names would have been confined to a very different celebrity—a fame co-extensive with our nation, and the gratitude of future generations could not have been theirs.

Every good deed done in the infancy of a great enterprise, with the stern heroism of moral courage, becomes, not only a source of future happiness and benefit to mankind, but a source of self-respect—of happiness and mental elevation to its author. In the course of a long life, the expenditure of mental energy, in ardent devotion to great and benevolent truths, is the surest investment for temporal as well as eternal happiness.

With the triumphant and cheering progress of the last twenty years before us, who can falter now in the prosecution of the great career which is opening. The great cause of American Medical Reform is now established in permanency and power—a strong and zealous party exists; organized for noble ends—struggling like the patriots of our continental congress, "for freedom to themselves, freedom to posterity, and the welfare of mankind." The charters of five medical colleges already enacted, show that our country is organizing and preparing for the great revolution. The first great difficulties have been overcome. Popular sentiment has been enlightened, and the public mind so thoroughly impressed by the principles of medical liberalism, that all medical parties have secured equal rights, privileges and honors, with the constituted

authorities of our country. Our course is plain; let us prosecute with redoubled energy the duties that we have assumed, by precept and example; by teaching and by practice; by writing and publishing, until the land is filled with medical truth; but in the height of our zeal, let us never fall short of the lofty mark at which we aim; let us never stand on a narrower platform than that of all comprehensive Eclecticism; let us never, in any way, relinquish the cherished privilege, and sacred duty of seeking in all the resources of nature and art, the best means of quickly, safely and surely relieving disease. Let us never become the blind partisans of any system or rule of practice which, in the present state of our knowledge, may be regarded as best. Let us ever bear in mind, that medicine is a progressive science, and all the knowledge which we can possibly have in the present, is small in comparison with that which will exist in the future. Let us never cease to exercise, actively and judiciously, our special privilege of overlooking Homœopathy, Allopathy, Chrono-thermalism, Hydropathy, and other systems of practice; and gathering from all the resources which we can render available for the relief of human woe. It may be that the mind of man is too limited, and his life too brief, to master all the knowledge that is desirable for the consummate physician; but the vast amount of knowledge that is requisite, instead of discouraging our efforts, or inducing us to settle down into a barren routine, should continually impel us to additional exertions to fulfill our great responsibility. The most lamentable evil which could befall our sanguine living and progressive profession, would be that selfish and sluggish apathy which settles down into a narrow routine, and stubbornly contends for its own superiority over everything else; as though the limits of science had been attained. The Eclectic physician who fails to peruse diligently the best works of Allopathic, Homœopathic, Hydropathic and Chrono-thermal writers, may be a very able practitioner, and far more successful than his orthodox and unreformed neighbors, yet he cannot fail to fall behind the progress of the times—to lose a great number of highly important suggestions, and to leave much suffering unrelieved, which a more extensive knowledge would enable him to treat successfully.

The striking contrast between the Eclectic and Old School practice, is too apt to create in the mind of the Eclectic practi-

tioner, a feeling of satisfaction and conscious self-approbation, which relaxes his energies and diminishes his ardor for improvement. They who allow this soothing influence to relax their mental energies, will find themselves, in time, very perceptibly in the rear of the younger members of the profession: even with Old School practitioners, this is very commonly the case; and in our ranks, with a far more rapid rate of progression, no one can keep pace with the advancement of Eclecticism, whose mind is not ever on the alert, and eager for the reception of additional knowledge.

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## ECLECTIC MEDICAL INSTITUTE.

THE next session of our school will open with a Faculty which cannot fail to gratify its friends.

Professors HILL, BUCHANAN, JONES, GACHELL and ROSA will be at their posts as usual. Professor STALLO, whose legal professional business interfered too much with the duties of his chair, has resigned the department of chemistry. His brilliant talents will doubtless be highly successful at the bar. As the successor of Dr. MORROW, the public sentiment of our profession at once pointed to his old colleague—the able and veteran practitioner, Dr. I. G. JONES, of Columbus. No man in America stands higher in the ranks of Reform, as a sound practitioner and able teacher.

The importance of maintaining our great medical movement in full vigor and efficiency in its collegiate center, has induced some little delay in the publication of the present number of the Journal, in order that a definite announcement might be made after careful and deliberate consultation. The result of our deliberations will be seen below, in the form of our annual advertisement. At the present time, these arrangements have not been finally enacted, but there is scarcely a doubt that our programme for the next session will be as follows.

In this arrangement it will be seen that a chair of Homœopathic practice is occupied by a Homœopathic professor. It is perhaps well to state at the present time, that this arrangement is but temporary. Homœopathy has colleges of its own, and now no longer needs the fostering care of Eclecticism. We have sheltered a persecuted stranger whom we believed to possess many good quali-

ties, but as he is now able to protect himself from the despotisms against which he rebelled—it has been tacitly understood by all parties that we separate with cordiality, and bid him God-speed on his mission of rebellion against Allopathy. But at the same time we gently whisper in his ear, “Be very careful my friend, that when you overthrow Allopathic Hunkerism, you do not establish another form of Hunkerism in its place.”

When we thus part company with Homœopathy as an exclusive system, it is not to be supposed for a moment that we relinquish our Eclectic privilege of appropriating to our own use as much Homœopathic knowledge as we may deem useful. On the contrary, we expect to derive much benefit from Homœopathic investigations hereafter, and to yield due honor to the labors of Hahnemann and his followers, without relinquishing any medical truth previously well established.

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BENJAMIN L. HILL, M. D.—Surgery and Obstetrics.

I. GIBSON JONES, M. D.—Theory and Practice of Medicine.

STORM ROSA, M. D.—Principles and Practice of Homœopathy.

WM. OWENS, M. D.—Demonstrator of Anatomy and Surgical Prosector.

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ticket \$5, which gives access to the clinical lectures of the extensive Commercial Hospital. Board from \$2 to \$2.50 per week. Students occasionally board themselves in clubs for one half of this amount.

The leading principles of the College are, that all medical treatment should be of a safe and restorative, instead of a dangerous or debilitating character—that knowledge should be sought freely from all sources, and that no medical creed should be enforced by proscriptive associations. The Eclectic system of practice embraces a great number of medicines and remedial measures, not generally known or used, and its success is believed to be unequalled. The average mortality of cholera under Eclectic practice, has been less than five per cent.—the average mortality from all diseases, less than two per cent. The Institute also, liberally affords its students an opportunity of becoming familiar with the Homœopathic system. Students will call upon their arrival in the city at the office of Prof. B. L. Hill, Secretary of the Faculty, N. W. corner of Ninth and Elm. For further information address, post-paid,

JOS. R. BUCHANAN, M. D., DEAN.

### THE ECLECTIC MEDICAL JOURNAL.

THIS Journal will be conducted in all respects as heretofore, by its editor and publisher. The business department of the Journal, heretofore attended to by Dr. Morrow, will be conducted by the editor, to whom all communications of any character should be addressed. There will be no change either in principles, policy or business. The name of the corresponding Homœopathic editor has been omitted, in consequence of the fact that his editorship has been rather nominal than real—nothing having been contributed by him to the present volume, and very little to the former. The responsibility for the character of the Journal belongs to its actual editor alone.

The disarrangement of our business affairs, produced by the death of Dr. Morrow, has necessarily caused some delay in the publication of the August number, and will render it impossible to publish a correct list of the cash receipts for the past month. Hereafter I shall make an effort to have the Journal published and mailed with greater regularity. Notwithstanding the heavy expense of maintaining the Journal, and the very inadequate returns from subscribers, its editor and its friends have determined that it shall not be suspended on account of pecuniary difficulties.

The review of the business of the Journal discloses some lamentable facts, which ought to stimulate every friend of Medical Re-

form to make decisive exertions, and to display some degree of liberality.

It is now about three years since Dr. Morrow and myself combined in the pecuniary and editorial responsibilities of maintaining a Reformatory Medical Journal—we have expended money, time and labor to the serious neglect and injury of our private interests. How have we been sustained? There are more than two thousand practitioners in the United States who are deriving an income from the reformed practice, and who are bound by gratitude as well as by policy, to sustain a Journal devoted to their cause—yet we have not had quite one thousand subscribers!

Yet, far worse than this, is another fact. It would not require more than five hundred honest cash-paying subscribers to pay the expenses of the Journal. We have always had more than that, and yet, we have never collected enough to pay its printers! On the contrary, with all our exertions, we find that during these three years we have sunk more than eight hundred dollars of our own money—expended to publish the Journal for the benefit of subscribers who will not pay these little debts of honor.

If this notice reaches the eyes of these delinquents, I hope they will reflect a little more seriously upon their duties. For three years past I have relinquished profitable engagements and declined medical practice, in order to attend to the great public interests of the common cause. I have done this too, without any expectation of pecuniary reward, and I have not been disappointed. My labor has been entirely gratuitous—but in addition to that, I share the loss of eight hundred dollars as our private contribution to the general welfare of the cause.

While the editors of the Journal have thus been allowed to sacrifice their own interests and labor for the common cause, they have asked no assistance from any one, and so far from receiving the slightest assistance, they have been defrauded of their honest dues—will not this statement arouse every conscientious reader of the Journal to ask himself whether he has acted honorably, or whether he has been co-operating with the enemies of Reform, by oppressing and injuring those who are laboring for the public good.

If the Journal were published as a matter of pecuniary profit, such losses might be borne, but as it is, this petty robbery can be borne no longer. The names of delinquents who have manifested no disposition to do their duty must be erased from the list.

**THE LOUISVILLE SCHOOLS.**—The Louisville Medical Institute and the Kentucky Medical College, conducted by the Faculty of Lexington, are in a state of lively competition. The “American Reform Medical Institute of Louisville,” has issued its circular, from which we learn that its session is to be twenty weeks long, and the price of its tickets \$105 per session, beside matriculation \$5, dissection \$5, and graduation \$25. It will probably be found by experience, that high fees and long terms will not be very profitable in the end. The tendency of the age is toward cheapness. The effort to elongate the session is laudable, but its success is doubtful. There are some injudicious expressions in the circular, which ought to have been stricken out—such as the statement that “all who are in the habit of administering any of the metallic preparations as internal remedies, are not true Reformers. We cannot recognize them as such.” This expression as it stands is exceedingly erroneous. The medical Reformers of America have certainly been in the habit of using whenever appropriate, preparations of iron, which is certainly a metal. It is true, the greater part of the metallic preparations are objectionable as internal remedies, but such unqualified statements in the official announcement of a school, are quite unfortunate.

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### THE EDITORIAL PHRASE, WE.

HAVING always disapproved of the editorial WE, I have adopted in the Journal of Man the more truthful pronoun I, which should always be used when a single individual speaks, in the first person. In this Journal I have not heretofore adopted that style; as it had not been previously introduced into its pages, and the pronoun we might be allowable when more than one editor shared the responsibility. Hereafter I shall speak in the singular number.

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**GEOLOGICAL THEORY OF CHOLERA.**—The essay of Mr. Lea, in this number, develops some interesting facts. Mr. L. probably attributes too much importance to his geological idea, yet it is certainly worthy of attention. Many other facts seem to coincide with his views.

**CONCENTRATED MEDICINES.**—The advertisement of E. S. McClellan & Co. is worthy of the attention of our readers.

A communication from Drs. Canniff and McClellan has been inserted in this number, reflecting rather severely upon Dr. J. Brown. I have since been informed, that whatever his language may have been, the expressions of Dr. B. were not at all designed to allude to Drs. C. and M. This being the case, I regret that any controversy should have arisen through inadvertence, and hope it will proceed no farther.

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**DR. G. MIESSE** is said to be doing an extensive and successful medical and surgical practice at Greenville, Ohio. The following notice of one of his operations is from the Greenville Herald:

**REMOVAL OF A NEUROMA.**—Another very delicate operation was successfully performed by our Eclectic surgeon, Dr. G. Miesse, of Greenville, upon the person of Miss L. Robinson, who had an enlargement of the median nerve. This part of the nerve which was removed was one inch in diameter, and about three inches in length, and with this a tumor of equal size, embedded in the tendons and arteries of the carpus or wrist and fore arm, pressing upon the radial artery, which were dissected from the same, and removed without the slightest injury to the tendons, blood-vessels or nerves, and the use of the hand fully restored. Such skillfulness is worthy of the highest praise.

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**WISCONSIN.**—Dr. T., an Eclectic physician of Janesville, Wisconsin, says: "There are some six or eight practitioners in this State, and of course increasing, as all are doing well, and I can safely say there is no State in the Union, (except Ohio perhaps,) where Reform takes so well as here, for I doubt not there are five hundred places where a Reformer might make good living if no more. Therefore, if you have a surplus of practitioners, and desire for them locations, send them to our State—there is room—'the harvest is plenty but the laborers are few.'"

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**DR. JOHN T. SHOTWELL**, Professor of Anatomy in the Ohio Medical College, and perhaps the most popular and esteemed member of the Faculty, died on the 23d of July.

THE

# ECLECTIC MEDICAL JOURNAL.

Vol. II.]

SEPTEMBER, 1860.

[No. 9.

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### SIXTH ANNUAL ANNOUNCEMENT OF THE ECLECTIC MEDICAL INSTITUTE.

The Board of Trustees of the Eclectic Medical Institute have the pleasure of again announcing the prosperous career of a College devoted to a liberal system of Medicine.

But the pleasure of this announcement is mingled with grief for the loss of a member of the Faculty whose ability, zeal and devotedness have endeared his name to every friend of Medical Reform throughout our Republic.

To the energy, public spirit and professional ability of Dr. THOMAS VAUGHN MONROE we are indebted more than to the exertions of any other individual for the origination and successful establishment of a college devoted to Medical Reform. No other member of the medical profession has toiled so long or devoted so great an amount of time to this noble enterprise. With this enterprise his name and fame were identified, and its success is the best monument to his memory.

The energy, discretion and liberality which were manifested in his first efforts enabled him to secure the co-operation of others equally ardent and efficient in their devotion to the great principles of the school, and qualified by their various talents and attainments to advance and sustain the College in the first rank of American schools.

Under the embarrassment produced by the sudden and unexpected loss of the Dean of the Faculty upon the eve of the annual announcement, upon whom the principal responsibilities of the school devolved during the absence of several of the Professors, every exertion has been made by the Faculty and Trustees to reorganize the school as speedily as possible and send forth an early announcement of the programme of the next session. We are gratified in being able to announce that everything has been arranged in the most satisfactory manner as to the division of the chairs and their occupancy by each.

Prof. L. E. JONES will occupy the chair of *Materia Medica, &c.*, as usual.

Prof. B. L. HILL will occupy the chair of Surgery and Obstetrics, as before.

Prof. H. P. GATCHELL will occupy the chair of Anatomy, and the details of corporeal Physiology will be assigned to his department.

Prof. J. R. BUCHANAN will continue to teach the physiology of the nervous system, in which he has made so many important discoveries, and in place of the details of common physiology, he will take up the collateral subject of Medical Chemistry.

The chair of Chemistry heretofore ably filled by Prof. J. B. STALLO had been rendered vacant by his resignation at the end of the last session—a resignation rendered absolutely necessary by the engrossment of his time in professional labors at the bar. The subject of Chemistry having been assigned to Prof. Buchanan to be taught in its proper connection with Physiology and practical Medicine, no other appointment will be necessary for that department.

The remaining chair of Theory and Practice of Medicine, lately occupied by Prof. Morrow, demanded for its proper occupancy not only a skilful teacher but a man of extensive experience and high reputation, in whom the Eclectic Medical Reformers of America would repose entire confidence as an able and judicious teacher. Such a man, we are happy to say, has been found in Prof. I. G. Jones of Columbus, the old fellow-student and colleague of Prof. Morrow in the earliest movements in the West in behalf of medical reform. Of his skill and judgment as a practitioner, and of his ability as a teacher, there is but one opinion, and he is unanimously regarded by the profession as above all others the proper man to occupy the vacancy left by Dr. Morrow. Dr. J. is no theoretical declaimer nor factious partizan, eager for the establishment of some favorite doctrine, but a profound, judicious and conscientious physician, whose instructions, based upon positive knowledge and cautious examination of facts cannot fail to make a deep impression and to prove a safe and successful guide under the arduous responsibilities of medical practice. These merits, together with his terse and vigorous style of thought and speech as a teacher render Dr. J. eminently worthy to be associated with the distinguished occupants of the several chairs, and to bear the high responsibilities to the profession and to the country which attach to the chair of Theory and Practice of Medicine in a flourishing college.

We congratulate the members of the medical profession upon his acceptance of this appointment, which gives additional assurance of the future prosperity and reputation of the school.

In accordance with the respected custom of awarding an honorary title to senior members of the profession who have rendered distinguished services to medical science—the title of *Emeritus Professor of Clinical Medicine* accorded to Prof. W. Beach, by the Institute, (with which he has heretofore been actively connected,) is a suitable recognition of his pre eminent services to his country as the pioneer of American Medical Reform. To him belongs the distinguished honor of being the first medical man to take a stand in the profession for its thorough practical reform, and to maintain that position with skill, judgment and energy, without running into any of the rash extremes so common among medical innovators and theorists.

The reputation of Professors Buchanan, Hill and Jones, established by their career as medical teachers, and by their widely circulated writings, is of the highest order. The physiological writings of Prof. Buchanan and the surgical work of Prof. Hill, are conspicuous illustrations of the most advanced progress of the American mind on those subjects.

As a lecturer on Anatomy, Prof. Gatchell, whose name was first announced in our last annual circular, has fully sustained his reputation as an able and learned teacher.

The corps of Professors at present consists of gentlemen, each eminent in his own department, constituting in the aggregate a body unsurpassed by the Faculty of any other College in the United States, in respect to their capacity for imparting a thorough practical and useful knowledge of medical science. This superiority arises from the fact that in addition to their eminent personal qualifications, they occupy an independent position, and instead of regarding improvements in science with cautious timidity, are proud to be known as the foremost in knowledge and as masters of the amplest practical resources.

In accordance with this magnanimous spirit the Institute has extended its countenance to one of the most remarkable modern innovations of medical science—the system of *Homœopathic practice*—a system dishonored and excluded by all other medical colleges in accordance with the party spirit which has ever prevailed in the profession. Recognizing *Homœopathy* as a contribution to medical science, worthy of investigation, the Institute has tendered its students an ample opportunity of becoming acquainted with its details.

This movement was prompted by no considerations of policy, for it was

well known that the Homœopathic party like all other exclusive parties claims an unqualified and undivided allegiance from all who approve its tenets, and looks with jealousy if not with aversion upon those who but partially recognize its claims. An eminent Homœopathic physician was selected to represent the system, not because the Institute approved the position of the Homœopathic party, but because it wished to give to the world every assurance of entire good faith and cordiality in its relations to a rival party, and to give to that party the opportunity of being represented by their own especial advocate.

Having thus, during the past session, exhibited a magnanimity without precedent in the history of medical schools—a magnanimity which is peculiar to those who are in the possession of truth, and who have nothing to fear from investigation, it is considered unnecessary to give any further evidence of the catholic liberality of the school which has been so fully demonstrated. The Board are therefore gratified to announce that the Professorship of the principles and practice of Homœopathy has been formally abolished.

An additional reason for the change is derived from the internal economy of the school. The existence of seven professorships, and consequently of seven daily lectures, in addition to other exercises, was found upon trial to impose too great a burden of mental labor upon the members of the class. Its effect was so injurious upon their health and proficiency as to render a diminution of the number of daily lectures absolutely necessary.

If any additional reasons for the change were requisite they might be found in the character of the party to which the hospitality of the College has been tendered, and the unworthiness of such a favor which has been manifested in their course. It was originally supposed that a Homœopathic professorship might be maintained for two years in the Institute without inconvenience, at the end of which time it was designed to discontinue the chair. This gratuitous kindness to a system of medical doctrines commonly regarded as visionary and ludicrous, appeared to be neither appreciated nor understood by the party thus favored. On the contrary, a vehement and slanderous opposition to the Institute was manifested by prominent members of the very party to whom this kindness had been extended.

The bigotry and censorious language of Homœopathic physicians who seemed to dread the influence of a liberal school and to shrink from the comparison of doctrines, necessarily destroyed their claims to the respect and confidence of the Eclectic party. Their shrinking from the free investigation of doctrines and contact of mind with mind under circumstances so favorable and liberal to themselves, proved clearly that if they had confidence in their own doctrines they had much less manly reliance upon the power of truth than the Eclectic party.

The intolerance which has appeared to characterise the majority of the Homœopathic party, proves that ultra Homœopathy stands in as hostile relations to liberal medicine as does the fashionable system of Allopathy. The Institute cannot therefore extend its countenance to a party which takes advantage of every concession and courtesy to make war upon the principles and progress of Eclectic Reform.

The students of the Institute will continue as before to consult with Eclectic discrimination the pages of Allopathic and Homœopathic text-books, but no proscriptive and intolerant party can ever be allowed again to occupy a place in the regular course of lectures.

In these remarks, while condemning the Homœopathic party, we do not mean to include all practitioners of Homœopathy. On the contrary, we respect as conscientious medical reformers those who discard the authority of Hahnemann or any other master, and adopt with discriminating independence, the principles and resources of Homœopathy without discarding or condemning the resources derived from the American medical reform, or any reform of similar spirit and objects, and who fraternize cordially with every species of sci-

tific sanative medical reform. Gentlemen occupying this position as independent reformers or Eclectic Homœopaths, are entitled to our respect for their high-minded course which is well calculated to break the shackles of proscriptive parties.

In abolishing the Homœopathic professorship, it is not designed to cast any censure upon the late occupant of that chair, Prof. Rose, whose relations with the College, the Faculty and the class have been those of mutual kindness and courtesy. The claims of the Eclectic system of medical practice were duly recognized by Prof. Rose, and the lectures of the Institute were prosecuted in a harmonious spirit. But the progress and result of this experimental trial have shown to the satisfaction of all, the absence of a liberal spirit of Reform in the great medical parties which have originated in Europe, and have greatly strengthened our convictions of the vast superiority of the American Eclectic Medical Reform over all semi-philosophical and pseudo-reformatory systems which embody some single idea or principle, and forthwith under the fascination of some dominant idea or some leading mind, discard the rich and varied results of the clinical experience, not only of past generations, but of the present enlightened and practical age.

CALVIN FLETCHER, President.

ISAAC WILSON, Secretary.

## SIXTH ANNUAL ADDRESS

### OF THE

## FACULTY OF THE ECLECTIC MEDICAL INSTITUTE,

### TO THE MEMBERS OF THE MEDICAL PROFESSION.

A medical school bound by no sectarian dogmas, and protesting against all attempts to erect a particular standard of medical faith, has great occasion to define its true position and to state explicitly the objects and characteristic spirit of its course of instruction. The Faculty of the Institute therefore deem it necessary in every announcement to set forth distinctly, in perspicuous and unmistakable language, the position which they hold among medical parties, and the leading doctrines or pervading spirit of AMERICAN Eclecticism.

The name Eclectic commends itself at once to all who approve of liberal investigation and who deem it their duty to gather knowledge from every available source. As an indication of mental liberality, the term is faultless, and when such a term is applied to a medical school in the midst of professional organizations controlled by a narrow and inflexible party spirit, it is eloquently significant of a change for the better—a suspension of professional bigotry, an extension of professional investigations, and a vast increase of useful resources as well as of philosophic truth. But however admirable ECLECTICISM may be in this sense, the term is not entirely free from objections, nor is it entirely adequate to conveying a full conception of the character of the Institute. A school *merely Eclectic* would have but the merit of the industrious and impartial compiler. In that character it would merely accumulate with learned industry and arrange in order the various productions of more vigorous intellects in different ages and nations, thus giving to its instructions a character of diversity and richness, if not of harmony and force.

The term Eclectic does not imply original research or positive opinions, or bold and definite statements of principles. On the contrary, it may be appropriated to the intellectual labors of those who have not the energy necessary to *create* or *discover*, and who are therefore dependent upon the productions of more vigorous minds for the character of their doctrines. Hence the term

Eclectic is justly objectionable as not of itself conveying the idea of anything valuable beyond the common stock of professional knowledge, or of any bold and decisive course of action, based upon great principles. That which is *merely Eclectic* is liable to be indefinite, confused and unstable.

But when Eclecticism is based upon a solid foundation—when a medical party has determined upon a course of action based upon certain great principles and facts—and when, in addition to its own positive knowledge and efficient action, it avows an eclectic policy in reference to all the various sources of knowledge—then we have something substantial and definite, as well as comprehensive and liberal. Such is **AMERICAN ECLECTICISM**—an American system of medical doctrine and practice, with its own strongly marked and peculiar features yet Eclectic in its relations to other systems and in its researches among cotemporary writers.

The term Eclectic is perhaps the most appropriate term for American Medical Reformers, since it implies an abandonment of the exclusive proscriptive policy, which they oppose, and a fearless investigation of different systems. It is appropriate in consequence of the fact that American Medical Reform owes its existence to an eclectic freedom of investigation—to a departure from the dogmas of the schools, and an eclectic research in nature and in the results of various clinical experience by all classes of observers. These eclectic researches have not resulted in mere accumulations of materials, but have become organized in a great system of safe and rational practice.

This system being American in its origin, is rightly styled the **AMERICAN SYSTEM of Medicine**; but as it is not limited to American researches, nor to the labors of any party, it claims the additional title of Eclectic, and bases its claim to that title upon the fact that it is far more Eclectic in its entire course than any system which has ever been taught in a medical school.

The distinctive features of American Eclecticism as taught in the Eclectic Medical Institute, are such as cannot fail to commend themselves to all well disciplined, benevolent and impartial minds; and although the course of the Eclectic medical party has been vehemently opposed by many who have never understood distinctly or correctly its principles or course of action, we challenge any rational objection to its principles or practice when correctly stated.

The great principles of the Eclectic school relate to,—

1. THE FREEDOM OF THE PROFESSION.
2. THE SAFE AND SANATIVE CHARACTER OF MEDICAL PRACTICE.
3. THE DUTY OF IMPARTIAL RESEARCH AND CONTINUAL PROGRESSION.

1st. As to the freedom of the profession, the friends of American Eclecticism contend that every member of the medical profession owes his first allegiance not to societies and combinations of the profession for selfish purposes, but to the Creator and His laws, and to the fellow beings for whose health the physician is responsible. In fulfilling these great duties, the physician is bound to act in accordance with the dictates of his own judgment, and to use those measures which upon full investigation he may deem best calculated to benefit the health and preserve the lives of those entrusted to his care. Whatever the measure or remedy which may appear best—whether new or old, fashionable or unfashionable, it is his duty to use the best means which nature, art and science have placed within his reach. If, knowing the superior value of any remedy, he should fail to use it because it had not yet become universally known or had not been sanctioned by the votes of a majority of the profession, (slow to investigate and far from infallible)—in other words, if he should shrink from his obvious and well known duty to his patient on account of the desire to imitate old examples and preserve the uniformity of fashion, he is guilty of a gross violation of his most solemn and important duties. If any society or combination in the profession should exert that overawing or controlling influence over its members which would tend to restrict their freedom of action and compel them to sanction or perpetuate methods of practice contrary to the dic-

tates of their own judgment and unworthy of an enlightened age, such societies are participators in the crime of the individual practitioner, and their whole influence is pernicious to human welfare.

Against all such combinations Medical Reformers enter their most earnest protest. No one can deny that Medical Science, as it stands, is miserably imperfect and full of both theoretical and practical errors. The free intelligence of the age and the continual progress of research and experiment are daily detecting and refuting these errors. Honor, truth, justice and benevolence, all demand that the practitioner should be allowed to discard these antiquated falsehoods without a moment's delay, and should be encouraged to substitute in their place every improvement and discovery which stands the test of clinical experience. This right, Eclectic Medical Reformers demand for all, and assert for themselves, regardless of all opposition. They are met at the very outset by a well disciplined organization of medical partizans, and peremptorily assured that if they dare to avow a disbelief of the doctrines taught by a majority of the schools—if they dare to assert that they will not employ the same pernicious drugs in the same pernicious manner—if they dare to substitute new remedies for the old and well known articles of the schools, they shall be summarily punished for each and all of these offences by all the penalties which a powerful combination can bring to bear. If it be possible to expel such uncontrollable free-thinkers from the ranks of the profession by legislative enactment, by fine and imprisonment, it shall be done; but if the Legislatures of our several States shall have been induced, by the earnest remonstrance of the people, to abolish all such unjust laws, then every annoyance which private conspiracies and combinations can bring to bear shall be used to procure the professional defeat, disgrace and ruin of the sturdy rebels who will not surrender their free speech and thought to medical clubs and colleges.

We regard all such attempts to enforce a professional censorship and sustain a species of medical despotism as criminal in the highest degree. We regard the entire scheme of enforcing medical conformity as an outrage upon justice and a blot upon the welfare of society, worthy to rank with the political and hierarchical despotisms of Europe, and equally demanding the stern and fearless resistance of every lover of the liberty and welfare of his country.

There might be some excuse for such intolerant combinations if they were the union of good men to perpetuate systems of benevolence and to repress dangerous and pernicious errors. If they were simply designed to enhance the scientific attainments of the profession and to repress the mischievous errors of sciolists, such an aim might partially excuse the means employed. But this is far from being the case. No amount of professional learning or moral worth can atone for the deadly sin of an honest difference of opinion upon an abstract subject. The question with a medical society is not whether the suspected individual has been ignorant or unskilful, and failed in the discharge of his duty to his patients, but simply whether he has preserved his allegiance to the society and a strict conformity to its fashions. If he has departed from these fashions, the success of his practice but aggravates his guilt. If he has treated cholera successfully without using either calomel, opium or the lancet, if he has cured ninety or ninety-five per cent. of his patients when others have cured but sixty per cent., his superior skill and success excite not candid inquiry, but a sterner malediction against his rebellious career of benevolence.

Such combinations against science, intelligence and freedom constitute the disgrace of the medical profession and have largely contributed to the loss of confidence and respect which constitutes their standing theme of complaint. It is time that every independent and high-minded member of the profession should speak out manfully to denounce and suppress this system of intolerance which has so long crippled the progress and dishonored the character of the medical profession. It is time that every one should claim for himself and extend to others the privilege of free investigation and free action in the solemn responsibilities of the medical profession.

Let ignorance, charlatany and mal-practice be condemned on all occasions, but let conscientious differences of opinion be respected and honored; for it is by free investigation alone that the science can be improved.

3d. THE SAFE AND SANATIVE CHARACTER OF MEDICAL PRACTICE.—That a safer and more sanative system of treatment should be adopted, is the conviction of a great portion of the medical profession. The great majority of practitioners as they advance in life and mature their experience become more cautious in the use of drugs. The general practice of the profession is far less heroic and destructive now than it was twenty years since. The blood-letting lancet and the amputating knife are much less frequently used. The *mercurial panacea* is used in more moderate doses and much less frequently. Cold and warm water are often made substitutes for drugs, and new remedies from botanic sources are attracting additional attention. A most beneficent reform in the healing art is thus progressing in America and Europe; but it must be confessed with such snail-paced slowness (on account of the prevalent system of strict conformity and collegiate discipline) that it is requisite to look back for a number of years to detect its progress.

Yet slow as it is, it is very certain that in time it will remove all the objectionable features of medical practice which are now maintained by ignorance and conservatism. Unwilling to wait another century for a thorough reform of the most conspicuous abuses of the profession, thousands have discarded at once in supreme disgust the entire system of drug practice and resorted to the safer processes of the water cure, or the gentle and harmless prescriptions of Homœopathy.

If there were no other method of reforming the medical<sup>2</sup> profession but by discarding all its varied and potent, though often dangerous resources, for the simple medication of water and infinitesimal preparations, we should eagerly embrace the opportunity of thus escaping from the evils and dangers of a system of practice which has lost from twenty to fifty per cent. of its cholera cases, and which in all classes of diseases exhibits a large mortality.

But we perceive no occasion for so ultra and extravagant a course. The labors of the world's best intellects for centuries have not been in vain, and the fund of positive knowledge which we of this generation have gathered from experience and careful investigation, is too firmly fixed to be disturbed by restless theorists. When new observations made with sufficient caution and verified by sufficient repetition, are offered us, we are pleased to receive them as an addition to our stock, and to arrange the new discoveries in their proper positions as a portion of medical science. To go further than this—to become infatuated with a novelty and lose all interest in old and well established truths, would indicate a weak and unstable mind. Yet there are many reasons which excuse so ultra a course in the present state of medical practice. The immense evils of old school practice and its great inferiority to every respectable system of medical reform, create in the mind of each practitioner an enthusiastic partiality in favor of that reform to which he has given especial attention, and as the division of the medical profession into disciplined and hostile parties renders it desirable and convenient for each one to assume a definite position, he naturally falls in with that party with the merits of which he is best acquainted.

But whether the propensity to reject our common resources and become infatuated with new and exclusive systems of practice, such as those of Homœopathy and Hydropathy, arises from instability of purpose, from narrowness of mind, or from the influence of party discipline and the difficulty of an independent course, all such extremes are unworthy of an enlightened and practical physician. Yet still more absurd and utterly indefensible is the conduct of those who repose a foolish confidence in the dignity and wisdom of the most numerous portion of the profession, and refuse to investigate the modern improvements which have not been admitted in the Colleges. Colleges and med-

ical societies have always been wrong in reference to new truths, and those who follow their authority on such subjects are very sure of being misled.

The course of American Eclecticism is to cherish and preserve the entire body of medical science which has been accumulated by correct observers, but gradually and cautiously to add to our knowledge every new fact or principle demonstrated by experience, and every new remedy of value, at the same time discarding as fast as possible all methods of practice which are dangerous, destructive and debilitating, so as to render the practice of medicine truly the healing art. The improvements which have been made in this respect by American Eclectic Physicians have so greatly improved and so radically changed the character of medical practice as to be almost incredible to those who have not witnessed their application.

While it is unknown in old school institutions that efficient substitutes for mercury exist, the more extensive and accurate investigation of Eclectic practitioners has shown not only that excellent substitutes for mercurial medicines may be found, but that for all the purposes of medical practice the mercurials are inferior to several medicines which are used in their place, either as cholagogues, cathartics or alteratives, or for any other purpose except that of permanently poisoning the constitution and impairing its vitality. To be able successfully to dispense with mercurials has long been regarded as a desideratum. This desideratum we have attained, and no one who witnesses the results of the Eclectic practice, or who properly tests the application of its remedies can ever after regard mercury as a necessary article of the *materia medica*. Hence, considering its many dangerous properties in connection with its established inferiority, we no longer retain it in our official list. While thus rejecting mercury, arsenic and a few other poisonous agents from our official list of remedies, we bring forward a large number of others so as to present much simpler practical resources than are usually imparted in the course of professional study.

Not only new remedies but new courses of treatment have been introduced by means of which we are enabled to attain another great desideratum and entirely abolish the practice of general depletion by bloodletting in all classes of cases. We are prepared to show the absurdity of bloodletting by scientific reasoning upon the facts of chemistry and pathology, or by the tests of experience in medical practice.

These two great practical changes have now been tested for more than twenty years by Eclectic practitioners, and there is a most remarkable unanimity among several thousand practitioners as to the entire needlessness of the agencies which we have rejected, and as to the vast superiority of modes of treatment either by the colleges or the authors devoted to the old school system.

It has been earnestly desired to obtain the statistics of the comparative mortality of the Eclectic and the old school system of practice. So far as the knowledge of the former has been attained, it appears that the mortality of the Eclectic practice in all classes of diseases is less than two per cent. The average mortality of private practice on the old school system is well known to be far more than this, although extensive statistics have not been obtained. The average mortality of Hospitals under the old school practice of the most eminent men of Europe, appears from the most extensive statistics to be about ten per cent.

The average mortality of cholera under the Eclectic practice as reported in Cincinnati, appears to be four and a third per cent. Three times as great a mortality as this would be considered remarkably successful practice by the profession generally, and even ten times as great a mortality has been in many instances quite common.

Such results in the treatment of our prevalent epidemics indicate extensive improvements in the details of practice, not less remarkable and valuable than the introduction of vaccination by Jenner; and we must also add, they have

been no less bitterly opposed and denounced by those who have neither tested, examined nor even understood them.

In the following extract from our fifth annual address reference is made to other important features of medical science as taught in the Institute. The recent publication of a course of lectures on the American Eclectic System of Surgery, by Prof. Benj. L. Hill will afford a fair opportunity to those who desire to investigate the claims of the Eclectic system in that department.

"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 thousands, who have been benefitted 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 portion of medical science. It is the only school in which the functions of the brain, as a physiological organ, have been correctly 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 inquiry 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."

Notwithstanding our disposition to appreciate and adopt liberally all improvements from sectarian schools of medicine, we have to announce the discontinuance of the Professorship of the Principles and Practice of Homœopathic Medicine. Such a chair (occupied by an exclusively Homœopathic physician,) although capable of imparting useful knowledge, was too little in harmony with the general spirit and philosophy of the school to produce a satisfactory effect upon the minds of students. It is necessary in a school devoted to Eclectic Medical Reform that the cotemporary reforms of Homœopathy, Hydropathy, &c., should be distinctly presented in accordance with the Eclectic philosophy, and not by the anti-Eclectic partizans of exclusive systems. The Faculty of the Institute having given their attention to the rival systems of medicine before the public mind will be enabled with proper unity and consistency to present whatever knowledge upon such subjects may be necessary in a liberal medical education.

3d. As to the duty of impartial research and continued progression. We hold that those who are taught in sectarian schools of medicine should guard against bigotry and narrowness, and should make it a rule to examine for themselves the claims of different systems, as well as the claims of facts and principles which still lie undeveloped in Nature. It is conceived that the Eclectic Medical system is a remarkable example of the effects of such a course in lea-

ding to a system of practice so far beyond the established modes in its beneficial effects. Signal as have been the triumphs of the Eclectic spirit heretofore in the accumulation of knowledge and the salvation of life, we cannot avoid the conviction that still greater improvements may yet be attained by the same independent course of investigation.

In conclusion we would say to the members of the medical profession, that in the progress of science we continually find new truths, arising often from humble sources, coming into conflict with the established dogmas of wealthy and powerfully organized parties, and gradually by the force of reason alone attaining universal recognition. In such conflicts between truth and error, we find that men are often converted from opponents to supporters of the truth in spite of all the influence of prejudice, fashion and self-interest, but rarely if ever do we find any one who has adopted the truth renounce his convictions or change his position, however strong the influences and temptation arrayed against him. Such has been the progress of the Eclectic Medical Reform—a series of triumphs over the most stubborn prejudices—a movement of progress in which there is no wavering or turning back. The prosperous career of the Eclectic Medical Institute and the rapid diffusion of our principles indicate plainly that the position which we have assumed is the most congenial to the American mind, and that the future medical practice of this continent will be controlled, not by the traditions, authorities or societies of Europe, but by the American Eclectic system of comprehensive, safe and sanative medical science.

JOSEPH R. BUCHANAN, M. D.,

DEAN OF THE FACULTY.

CINCINNATI, Sept. 2, 1850.

## THE ECLECTIC MEDICAL INSTITUTE.

The Faculty of the Eclectic Medical Institute, whose announcement appears in our columns to-day, have been reorganized, in a very satisfactory manner. This college, which is the established head-quarters of the American Eclectic System of Medicine, requires remarkable abilities and attainments to fulfill the demands of the public opinion of the profession, arising from its high and responsible position. None but medical men of the first class, whose opinions are entitled to be quoted as authority, could maintain honorably such a position. We are, therefore, gratified in being able to announce that the Trustees have placed in the chairs of the Institute a corps of veteran teachers and practitioners, each of whom enjoys a wide-spread reputation and influence, whose joint abilities bid fair to maintain their college, as heretofore, the principal medical school of our city.

Having observed with interest the progress and success of the Faculty for several years past, we think a brief sketch of their character and merits would gratify our readers.

Prof. Gatchell, the anatomist, is one of the most learned, accurate and accomplished professors in our country, perfectly at home upon almost any subject in science, literature and statistics. As a teacher he is universally popular.

Prof. Buchanan is already widely known in America, and even in Europe, as one of the most profound and original writers of the

age, in reference to the science of man and the physiology of the nervous system. He is a perspicuous and eloquent teacher. Thousands are looking with eagerness for his promised works upon physiological and phrenological science. As a teacher of medical philosophy, he is firm and decided, but at the same time pre-eminently liberal. In addition to his professorship, he edits with ability the *Eclectic Medical Journal* and *Buchanan's Journal of Man*, both monthly publications of great interest.

Prof. L. E. Jones is a veteran teacher of the Eclectic system of materia medica, and his voluminous work upon that subject, which has been so impatiently expected, will rank with the *United States Dispensatory* as a standard authority, but will contain, if it corresponds to his lectures, much valuable information not to be found in other standard works. We are gratified to announce that this important work has approached near its completion. As a lecturer, Dr. J. is celebrated for thorough and efficient teaching.

Prof. Benj. L. Hill is not only an experienced and efficient teacher, but the author of one of the best practical works on surgery ever published. Hill's *Surgery* is the standard system among medical reformers. Dr. H. is celebrated for his energy and despatch. His admirable work on surgery is said to have been written in about four months. In teaching, he goes directly to the point, and deals in matters of fact, of which he has an ample store.

Prof. I. Gibson Jones, from Columbus, is generally regarded as the ablest and most experienced practitioner in the ranks of American Eclecticism. He was one of the fathers of the Eclectic medical reform in the West. As a teacher of practical medicine, he is thought by his friends to have no superior in America. It is expected that he will very soon communicate the fruits of his extensive observations in a systematic work.

All of the members of this Faculty lecture in an agreeable, instructive, and practical manner. The whole character of the school is peculiarly practical, and its graduates are said to enter upon their professional duties with an enviable degree of confidence arising from their thorough instruction and ample practical resources. The Institute has been raised to its present flourishing condition by the indomitable energy of its Faculty, and their hearty devotion to its duties as teachers. Every thing superfluous is thrown aside for matters of real utility. In practical Anatomy, under the care of Prof. Gatchell and the excellent Demonstrator, Dr. Owens, as well as in all the practical departments, the utmost care is taken to secure thorough scholarship.—*Daily Times*.

## ECLECTICISM AND HOMŒOPATHY.

The Trustees of the Eclectic Medical Institute, at a meeting held Aug. 22d, have formally abolished the Chair of Homœopathy. The reasons which impelled them to this course were numerous and urgent. As stated at the meeting of the Board, the arguments in this case were so convincing, it appeared rather remarkable that such a professorship should have been tolerated in an Eclectic School.

The chair was established from the best and most generous motives. Eclectic reformers take an enlarged view of science, and draw their medical knowledge first and principally from nature, secondly from the Allopathic, Homœopathic, and all other medical systems which contain limited portions of the truth. Hence they require of their students a proper knowledge of Allopathic and other text books, in order to secure the most liberal attainments. The ample supply of able Allopathic works insures a sufficient attention to the knowledge which they impart; but the literature of Homœopathy being much more scanty and in a much less intelligible and prepossessing form, it was desired by the faculty of the Institute to make up for this deficiency by rendering a course of practical lectures on the subject accessible to their students. Hence an extra professorship of Homœopathy was added to the Institute. This, however, was attended by serious evils. The Faculty had previously taxed the energies of their students to the utmost by their laborious and extensive courses of lectures, and the addition of the Homœopathic course became rather oppressive—injurious to the health of the class, and distracting to their minds by the multiplicity of subjects presented. Still it was designed to maintain the chair during two sessions unless more imperative objections arose; but the following additional objections were presented to the Board and decided them to abolish the chair:

1. The Homœopathic system is but a limited portion of medical science, and contains practical errors, delusions and false philosophy. The continuance of the professorship produces a general impression that the Institute sanctions or endorses those errors to which it has merely given a hearing.

2. As the harmony of the school renders it necessary to avoid dissensions among the Faculty, the errors of Homœopathy were left to their own progress without being duly exposed or illustrated by the professors, while the Homœopathic chair was preserved.

3. A special Homœopathic professorship is of no utility whatever at the present time as the Faculty of the Institute understand thoroughly both the philosophy and the practical details of Homœopathy, and need no foreign assistance to do the subject justice. Nor is it judicious to allow the time of students to be so largely

occupied by a course of instruction which embodies so many idle speculations and gross practical errors.

4. Although the Eclectic principles are sufficiently comprehensive to harmonize with all forms of truth, and although the two systems coincide in rejecting blood-letting, mercurial poisoning and other abuses, the Eclectic and Homœopathic parties cannot harmoniously co-operate until the latter shall have changed its character. A party governed by one idea alone, and rejecting every thing else, will not harmonize with Eclectic reformers, who hold fast to the results of experience, and present reform in a conservative instead of destructive manner. Since the establishment of the professorship, although a few Homœopathic physicians have manifested a liberal spirit, the great body of the party have manifested, in all their acts and publications, not only the most intolerant bigotry and opposition to liberal medical reform, but an apparent dread of the free investigation of their doctrines by independent minds. By giving to such a party the support and character derived from a professorship in the Institute, additional strength has been given to the opponents of Eclecticism, and favors have been extended to a party which has proved itself unworthy of such a position.

Such were some of the principal reasons which were laid before the Board, and for these reasons the Homœopathic professorship was immediately abolished—not from any especial objection to Prof. Rosa, but in accordance with the unanimous sentiment of the Eclectic medical profession, that the Homœopathic party, notwithstanding its reformatory tendencies, is in reality but a more subtle, modern form of medical hunkerism, the progress of which, although it overthrows the terrible evils of the Allopathic system, tends to delude and contract the mind, and to hinder the free progress of medical science.—(*Daily Times*.)

A TRUSTEE.

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ECLECTIC MEDICAL INSTITUTE.—The annual announcement of this flourishing College appears in our columns. The Faculty have re-organized and the chairs are filled by gentlemen of the highest reputation in their respective departments as teachers and authors. The Institute holds the same relative position in the American Eclectic system of medicine which the Medical school of Paris does to the old school profession. The vacancy occasioned by the death of the Professor of Theory and Practice of Medicine has been filled by the election of Dr. I. G. Jones, of Columbus, a veteran teacher and practitioner, who is regarded by his friends as having no superior in our country in the department to which he has been chosen.—*Columbian & Great West*.

[From the Daily Times.]

## ECLECTICISM vs. ONE-IDEAISM.

MR. EDITOR:—Your Homœopathic correspondent of Wednesday, in addition to a little harmless impertinence which is unworthy of notice, expresses his gratification at the abolition of the Homœopathic professorship. It is quite probable that an ambitious "Homœopathic Physician," aspiring to a professorship himself, may rejoice at the abolition of a professorship which would have been a serious obstacle to his success. But if any Homœopathic physician is pleased with that event, (aside from selfish motives,) what does such admission betray? Of course the Homœopath desires the success of Homœopathy; and if he has full confidence in its substantial merits, he must desire to see books, professorships, lectures, and every other mode of propagating the doctrine. He must feel indignant that his valuable truths are spurned from every medical college and medical journal in the land, and anxious to procure a place and a fair hearing. Under these circumstances, a liberal medical school had given the friends of the system a place for their chosen representative, their ablest man. It was given as a special favor, and received as such with gratitude, and to enhance the value of the gift, the professor was allowed to teach his doctrines without opposition or criticism, sustained by the whole influence of the faculty in receiving a full and fair hearing. If Homœopathy was demonstrably true, it was just in the right position to vindicate its superiority. But the shrewd "Homœopathic Physician," and others of the same sort, knew very well that their science was in a dangerous position, exposed merely to fair, open comparison with a more comprehensive system; and greatly were they disturbed by the fear that a few Homœopathic students might look beyond the limited horizon of infinitesimal medicine. The Eclectic party had no fear of being injured by comparison with any other party; but the poor, persecuted Homœopathic party, which had so long sought a place in a medical college, trembled in fear and agony at the realization of their hopes.

They really desired for the salvation of Homœopathy to be persecuted and excluded a little longer by medical schools, and to gather their little flock of from twenty to fifty students into exclusively Homœopathic schools, were not a single idea beyond Hahnemannism would ever be tolerated. While Homœopaths were in the position of an insulted and persecuted party, knocking in vain for admission at the doors of medical schools, Eclectics felt a sympathy for the oppressed, and gave them a place, with all the hospitality in their power. They even risked their own reputation by introducing the party and its doctrines to their friend and requesting for them a friendly reception. But when the party, as a

party, proved itself unworthy and showed every disposition to shun investigation and get up a jealous, narrow-minded, persecuting organization, it became evident that the Homœopathic party was very little better in its essential spirit than its Allopathic rival—hence it lost its hold on the sympathy of liberals and was justly discarded by the college.

The medical world is cut up into narrow-minded, bigoted parties, each striving to maintain its existence, and to perpetuate doctrines partly true and partly false, by abusing its rivals, by concealing their merits, and by cultivating bigotry in its pupils. In this state of things, while old school Allopathists dare not face the facts of Homœopathy, Hydropathy and the American Medical Reform, and while Homœopaths also dare not face the facts and teachings of the American Medical System, we have a party who examine every thing and fear nothing—who are not afraid to teach their doctrines anywhere and to bring them to the test of experience—who are not afraid to do justice to their rivals, and who gather medical truth from every quarter. A rational system of medicine includes both Homœo-pathy and Anti-pa'hy. The Eclectic medical system recognizes, adopts and acts upon the Anti-pathic, Allopathic and Homœopathic laws, and is therefore greatly superior to any system such as the Homœopathic, which embraces one law alone. The Eclectic system is the true catholic, permanent system of science, and is just as much superior to the one-idea'd systems of Homœopathy and Hydropathy as the whole is superior to its parts. So long as the Homœopathic party or its leaders are limited to one idea, so long will they be incompetent to maintain themselves except by comparison with the gross errors and malpractice of old school Allopathy. And when Homœopathy has fulfilled its great mission of substituting the harmless sugar pills for the destructive drugs and lancet of old school practice, it will terminate its distinctive career and become merged (so far as true) in the great body of rational medicine in the position which has been assigned it by American Eclecticism.

I have no objection to the present prosperity of Homœopathy, for it abolishes the evils of the old hunker system, and as the minds of many men are so constituted as to be incapable of fully appreciating and acting on more than one idea, it is necessary, for their accommodation, to have one-idea systems of medicine which they are capable of adopting and cultivating with zeal. There is no danger that such men or such parties will ever unsettle the mass of medical science, or make more than a temporary diversion of its onward course.

I have no disposition to deny the real merit of Homœopaths; they doubtless understand their own department—their "one idea," pretty well, and know more than any other class of physicians about the value and use of infinitesimally prepared sugar pills. So

do oculists, corn doctors, and horse doctors—each understands best his own limited sphere of observation, and we may learn something from each of them; but it is doubtful whether either of these classes ought to be allowed in a college, an entire course of lectures for four months, to impart what they know of practical medicine.

A TRUSTEE.

## GEOLOGICAL THEORY OF CHOLERA.

BY JOHN LEA, OF CINCINNATI.

(Continued from Page 373.)

It cannot have escaped the observation of any one, that the disease raged with the most intense malignity on the *higher and more airy* portions of this city; even those overlooking the whole of it; in some families *every individual* being carried off! whilst but few deaths occurred in the south-western part of the city, which lies low, and where the well water is not calcareous;—even where a stagnant pool laid at the door of a family, poor and needy, crowded into a small room, they all enjoyed good health; those who died in that part of the town were generally employed elsewhere through the day. The cause of the great number of deaths in those high and dry situations is evidently attributable to spring and well water.

The streets of the city were kept in good order; the weather\* remarkably fine; electric phenomena about as usual, with frequent showers, and several dashing rains, well calculated to cleanse the streets. The ill-advised and preposterous fumigation by burning heaps of coals at the intersections of the streets, had a decidedly bad effect, especially on the sick; had a tithe of the money it cost to *produce this nuisance*, been expended by the city council in filling up the wells, hundreds of lives might have been saved.

It is not pretended that every one dies who drinks of the water usually so fatal; in a family of seven, six may die and one escape.

The most virulent contagion, as the plague, small pox, ship-fever, &c., does not attack *every one* exposed to it; and it is well ascertained that some constitutions resist the effect of the virus of small pox, even when introduced into the blood by inoculation.

Although the use of spring water (when drunk *alone*), has been generally attended with the most fatal results in this city and vicinity, such has not been so generally the case with the *well water* in certain parts of the city, for instance, the western, where the water is found by digging a few feet deep, and not far enough to reach the strata of limestone.

On referring to the *Report of Interments* by the Board of Health,

\* See tabular statements for the months of June and July.

(herewith) the enormous disproportion of deaths amongst the foreigners is strikingly manifested. I have no way to arrive at their numbers; it may be over 30,000, about one-third of the population, yet the deaths amongst them appear to be about *three-fourths* of the whole number!

Now, it must be observed that great numbers in this category lacked timely medical aid, and many never had such aid at all, in fact there were not physicians enough in the city to attend *all* the sick, when about 200, (of all diseases) were dying per day; this class of inhabitants generally reside outside of the range of supply of river water, and depend upon the *wells*, even those who had rain water would go to their neighbours' well to get *good cold water*, and even when told *it would cause the cholera*, as they were in numerous instances; they heeded not, and death was the consequence.

Crude vegetables were used without stint, by many persons,—such as cucumbers, radishes, celery, green apples, cabbage; all better adapted, *at such a time*, to the functions of a *gizzard*, than the human stomach; and highly acidulated edibles, as rhubarb, goosberries, &c., although *cooked*, were found to be injurious;—perhaps there is nothing more pernicious than an orange. The free use of the aforementioned, seldom failed to have a fatal effect on those who used the well or spring water; but cases were not rare of persons making free use of all those articles with impunity, who drank no other than rain water, and in *all those regions* exempt from Cholera, according to the Geological Theory, *all manner of fruits and vegetables may be used with as much impunity as before the Asiatic Cholera ever visited this country.*

I have just read, (this 14th March, 1850,) in a newspaper, an account of a party of forty-eight persons emigrating from Georgia to Texas; on reaching the Mississippi, they purchased a boat, and proceeded down that river; in a few days the Cholera attacked them, thirteen had died, and others taken the disease. These unfortunate people had lived in, and passed through, a region which enjoys immunity from Cholera, therefore the water of the Mississippi had the most fatal effect upon them.

When Cholera prevails intensely in a city, few persons will entirely escape its influence, however slightly affected. The heat, when the thermometer indicated over 90 deg., did not seem so oppressive as in healthy seasons; it was remarked in those hot days, "what a pleasant summer we have!" in other summer it would have been, "how very warm it is!" Can it be possible that the blood loses a portion of its caloric, by the influence of an atmosphere charged with the miasm of Cholera?

*Paris*, although but *half the size of London*, has lost *double the number* of its population; this may be explained by the Geological Theory. The former city, I think, is supplied from two

sources,—one of which being the river Seine,—besides artesian wells; it can hardly be possible that there should not be a difference in the mineral elements of those waters, and an investigation will prove which has been the most deleterious. London is watered, I believe, from four sources, (exclusive of artesian wells,) and the above observations ought to apply to it. The Paris basin affords a fine field for the operations of Cholera!

Bremen does not suffer from Epidemic Cholera. In answer to a letter I wrote, (dated 13th March, 1848,) under date of 12th May, 1848, I have the following:—"Your letter was laid before the assembly of physicians of this city. It was returned to me, with thanks for the communication, and with the answer, that, leaving it undecided whether the observed facts arise from the chemical composition, or from the physical qualities of the formation of the soil—there is no calcareous formation in the neighborhood of Bremen, and that the water with which vessels are supplied at this port, has been found entirely free from calcareous elements.

"When the Cholera ravaged Europe, that disease came also to Bremen, in autumn, 1834, but only a few persons were attacked by the disease, by which some died,—but the greatest part recovered in this place."

It will be understood that Bremen is a very considerable sea port, and that great numbers of emigrants go there from the interior, to take shipping for this country, many of whom are probably from infected districts. I believe that city escaped again last year.

A report was read before the Royal Academy of Medicine at Paris, 26th and 30th July, 1831, wherein it is stated:—"In the northern Circars encamped a division of 1000 artillerists, under the command of Col. Pearce. In the spring of 1781 this detachment proceeded to rejoin the main army on the coast. The Epidemic Cholera attacked this detachment. The disease was rapidly fatal; the catastrophe happened at the expiration of a few minutes, and in the midst of intolerable spasms. It was death, says Col. Pearce, and not disease, that reigned in the camp; out of 1000 soldiers, about 700 died. The epidemic ceased at the end of six days, in consequence of *changing the station*." Now changing the *station* could have had but little effect, had it not brought a *change of water* with it.

We had something very similar to the foregoing in our own country last summer. Major Morrison, with 400 Infantry, encamped near Port Lavaca, Texas. They were attacked by the Asiatic Cholera, and nearly one-half of them died in a few days! And here the much lamented Gen. Worth surrendered his life to the fell destroyer. It will be easy, now the thing is understood, to avoid such calamities for the future, by choosing proper locations, when danger from Cholera threatens. I have no knowledge

of the geology of the region, but rely on the *facts* to sustain my theory.

It appears probable that the waters of *all large rivers* contain, in a greater or less degree, *proximate causes* of Cholera; they are found in our own. An analysis of the *mud* of the *Nile*, (by which we may form some judgment of *the water*,) shows it to consist of—

One half argillaceous earth,

One fourth carbonate of lime,

One tenth carbon, besides carbonate of magnesia, silica, and oxide of iron.

“*Egypt* lost 150,000 of its inhabitants by Cholera in 1831;” this, in a population of 2,000,000, is equal to  $7\frac{1}{2}$  per cent! The whole country, (five hundred miles in extent, but of *very limited* breadth,) depends upon the Nile; rain is seldom seen there. Now, let us suppose that the United States, with their 20,000,000 of inhabitants, had lost  $7\frac{1}{2}$  per cent. of their population—the result is 1,500,000! Apply the rule to *China*, with its 350,000,000, and we have a destruction of 26,250,000!! It is supposed that the Cholera had very little effect on the Chinese; this may be attributable to the universal use of tea, as a common beverage in that country, and to no deficiency in the calcareous formations. This remarkable people may have discovered the pernicious effect on the bowels of calcareous water. We may judge of the quality of the water of the *Ganges* by its effect; in 1783, a crowd of pilgrims, (estimated at 1,000,000,) assembled on the banks of that river,—the Cholera attacked them, and in eight days it is said to have cut off 20,000; but did not affect the city of Jaualpore, only seven miles distant.” It was well for *Jaualpore* that it was seven miles from the *Ganges*!

The cities on the great river *Volga* suffered much from cholera. I have not facilities for further investigations on this point at present.

The great importance of having an analysis of the different waters where cholera prevailed, *more or less*, in degree, must strike every one. At my request, Dr. Strader procured, (when on his errand of benevolence) at Sandusky, four bottles of water from wells in different parts of that town, judiciously selected; I took them to a chemist for analysis, but being asked twenty-five dollars for each specimen, I was obliged to forego the satisfaction of accomplishing this desirable object, by reason of the expense. It was my intention to have had ten or twelve specimens from different locations analyzed; to find if possible in either, any *peculiar exciting cause*—how affected by *proportions* or *combinations*. It is said that cholera takes no effect where *chalybeate*, or *sulphur* water is used. Bi-carbonate of iron, when combined with the calcareo-magnesian water, *may* neutralize its effect; *other* earthy elements, thus combi-

ned, *may prove exciting causes*, and account for the injurious effects of the water of the Mississippi, although it is what is termed *soft*.

Cities situated on *cliff-limestone* of certain properties, suffer less than those on the *silurian*; thus, Louisville suffers less than Nashville.

In the selection of water, the instinct of the horse leads him to choose that which is *soft*, and refuse the *hard*, or calcareous;—let man avail himself of the lesson.

The *magnitude* of the *shells* found in our rivers, indicates the calcareous quality of the water, and it will be found that they are *large in proportion to the quantity of the carbonate of lime held in solution*. Perhaps there are no *fresh-water shells* in the world so large as those of the *Little Miami River*. It is in the family of *Naiades* we find those so remarkable for size in that river. I have seen one of the genus *margarita* measuring  $8\frac{1}{2}$  by  $6\frac{1}{2}$  inches, and a *Unio* weighing 42 ounces. The shells of the “Miami” [Big] are not so large; and of the Ohio, *not half as large*. This fully sustains the Geological Theory, for it will be found that the water of the former is most productive of cholera, and that of the latter the least so; although the former river discharges into the Ohio six miles above the city, and mixes with it—thereby being pumped up into the reservoir for city purposes; but its deleterious qualities are greatly diffused in the larger mass of the Ohio.\* Many of the streams of the Eastern States of the Union, are so free from calcareous matter, that a *shell-fish* can scarcely find materials to construct a domicil thicker than common paper. I believe that the water of the Lower Mississippi is too turbid to produce shells.

The cholera prevailed in Sicily in the summer of the year 1837. The city of *Palermo* suffered terribly; perhaps more severely than any other city of Europe; out of a population of 170,000, it lost 37,000—upwards of twenty per cent! It is of the *becci*, or *carmen* of that city I wish to speak:—\*“They made the circuit of the deserted streets by the light of numerous fires of pitch, kept burning at long intervals, with a view of purifying the air. They sat upon the heap of livid corpses piled up in their carts, stopping at each house where a light glimmering in the balcony indicated that their services were required. Entering without ceremony, they hastily stripped the body, and placing it on a cart, resumed their progress—generally singing, as they went, under the influence of intoxication or unnatural excitement! Arrived at the *campo santo*, their burdens were quickly deposited in large pits, and the same course repeated until sunrise. It is remarkable, that of one

\* It would be better for the health of the city, if the water could be taken from above the mouth of the Little Miami.

† Tuckerman's Italian Sketch Book.

hundred and fifty-six of those regularly employed in this way, but *three* fell victims to the cholera." Hence it would appear that the pernicious quality of the water used by those *becci*, was neutralized by Alcohol; this is very well understood here; but we find the use of rain water, from the multiplicity of facts now collected, answers a much *better* purpose, for it has all the *good* result without the *evil*. I have no knowledge of the mineral properties of the water at Palermo, except from their effects, and rely confidently upon them to sustain my theory.

However great the per centum of mortality was at Palermo, it is only about one-half of that of Sycamore street hill side!

The sub-acid *orange*, of which Sicily produces such quantities, (with which our city is now so super-abundantly supplied,) is probably a more exciting cause than any other *fruit*,—or perhaps I might add vegetable. This was observed by the physicians of New Orleans in 1832, and the use of them is forbidden entirely: not so in Mobile, where they are eaten without bad effect, owing to the quality of the water used there. It has occurred to me that the very free use of this fruit at Palermo, may have contributed largely to the fatal effect of cholera in that city;—and yet no such cause was in operation to produce the *still greater* proportionate mortality on Sycamore street, and other localities in this city.

The intelligent reader will readily perceive the difficulty of obtaining precisely the truth, in some cases, in regard to what may have been the diet or *drink* in *certain* families. I think that there is scarcely an individual in a score in this city, who would not take a drink of *cold well water*, in a hot summer's day,—even when assured that it might cost him his life—in preference to *rain water*; which, unless cooled by ice, is far less palatable.

I expected to find many deaths in families where they *said* rain water had always been used, for the reasons just mentioned; yet I have found but the one marked on the diagram. There is, therefore, the strongest reason to come to the conclusion, *that if any person dies from cholera, who used rain water exclusively*, it must be merely an *exception* to a *general rule*:—other water equally pure must have the same effect—thus we have *one great truth*—not an *unverified hypothesis*—in regard to averting the malignity of this much dreaded disease, *deduced from hundreds of cases*,—disarming the slayer of millions of his terrors!

It is devoutly to be hoped, that those whose vocation leads them to such pursuits, will search into the *peculiar properties* of water, and *relative quantities* or *proportions*, of certain mineral elements held in solution, (calcareo-magnesian, it is presumed, being always found present,) and they must discover *where the enemy lurks!*—where his *strong hold is!* *what urges him on*, in his swiftest career of destruction?

It would be very gratifying to me to expend some hundreds of

dollars in procuring analyses of waters in different locations here and elsewhere, but it is not convenient:—I am constrained to guard against a *collapse of the purse*! I trust the *Government* will view the matter in its true light, and make an appropriation to be placed in *proper hands*, for a thorough investigation of this important subject:—interesting as it is to the present and all *future* generations. Although on the verge of three score and ten, I yet hope to see the result of a thorough investigation;—no time should be lost!—a favorable *Report* from High Authority, would cause a general diffusion of *reliable information*, of incalculable importance to mankind. Investigation will prove, that of all the malignant scourges to which afflicted humanity is subjected, that of the *Cholera* is the most readily guarded against!

It is much to be lamented that medical men, with few exceptions, have thought the *Geological Theory* unworthy of serious investigation, although it was pressed upon *them*, and the public generally, nearly two years since, through the medium of the “*Gazette*,” and other city papers; and last summer, even when *beset* by the *facts* whence to deduce the most *logical* conclusions of its *correctness*, and accordance with *that which is—has been—and will be*,—still it was looked upon as visionary—absurd!

It will now force itself upon them—*bon gre, mal gre!* and *must* receive the credence that it is entitled to, which cannot fail to be attended with the most beneficial results.

The *capriciousness of the cholera*, has been frequently a subject of remark and and astonishment:—attacking *this* part of a city and not *that*; *this* village and not *that*; *this* *isolated family* and not the *one* on the *farm adjoining*! The *Geological Theory* will explain all that, and show that there is no disease *less capricious*! No other disease, of its itinerant character, in regard to which you can say—pointing to a geological map,—*here it may come*, but *there it will not*!

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It is very gratifying to be enabled to add the testimony to the truth of the *Geological Theory*, of one so well and so favorably known as Miss Dorothea L. Dix, the Philanthropist. Perhaps the annals of philanthropy do not furnish an instance of such persevering and successful devotion to the relief of afflicted humanity. Braving the frosts and storms of winter, and the heats of summer, she journeys alone and unprotected;—hazards her health, and sets personal comfort and repose at naught, in the steady pursuit of the sublime object of her mission!

This very estimable lady has been most assiduously engaged for some years past, in procuring the establishment of *Asylums for the Insane*; these are established by enactment of the State Legislatures, and now amount to THIRTEEN; at an aggregate cost of probably a million and a half of dollars.

Miss Dix has been for some time engaged in the South, and has returned just in time to enable me to add facts and opinions—being the result of her experience in the districts where the cholera is actually prevailing; she says:—"Rain water is coming into use on some sugar plantations with complete success as a preventive of cholera; on such, the slaves enjoy good health, whilst that disease is destroying those on the adjoining estates, who use the *river water*;—that at Jackson, Mississippi, much rain water is used, and the *general health* of the place is much improved." She carefully avoided drinking any other than rain water, or that which had been boiled, (as in tea or coffee,) except on the passage to Nashville, up the Cumberland river, where she took about half a glass of the water of that stream, the injurious effects of which she was speedily made sensible of, and added,—“I fully sustain your Theory.”

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The experience and intelligence of my friend, *Doctor Ray*, gives great weight to the information contained in the following communication just received from him:—

“From a knowledge of several of the facts collected by you relative to the localities visited by the cholera in 1832-3, I came to the conclusion that the use of limestone or hard well water would be dangerous should the cholera again visit this city. Accordingly, in the discharge of my duties as a member of the sanitary committee of the 9th ward, I warned the people that *well* water ought not to be used, and recommended cistern, or hydrant water.

Mr. John S. Powers and myself had the supervision of Spring and Pendleton streets, between Woodward and Liberty streets. On Spring street, cistern water is used nearly exclusively. On this street, between the streets above named, there are thirty-six dwelling houses, occupied by about two hundred persons; out of this number, there were but two fatal cases of cholera, and both these had used *well* water. On Pendleton street, which runs parallel with Spring, and about two hundred feet east of it, well water is more freely used. On this street there were thirteen deaths by cholera,—*all* of which occurred among those who used *well* water—there being *no* death among those who used only cistern water. Pendleton street is higher and more airy than Spring street and the population is about one half that of the latter; hence the per cent. of mortality was *thirteen* times as great.

With the evidence of these facts, and many others of a similar character, that I might give, I cannot avoid the conclusion that the use of well water during the prevalence of cholera, is often followed by fatal consequences.

It is proper to observe, however, that a few persons residing on Spring street, who did not use well water, were affected with chol-

era—but the disease was mild, and readily yielded to the ordinary treatment.

\* \* \* \* When cholera is prevailing, I would discourage the use of well or spring water,—and would at the same time urge a strict attention to cleanliness, ventilation, the avoidance of crude, raw, or unripe fruits and vegetables,—and the observance of all the great laws of health."

With great esteem,

Your friend,

JOSEPH RAY."

WOODWARD COLLEGE,

April 13th, 1850.

I am informed by a gentleman just returned from a visit to *Charleston*, South Carolina, that rain water is in general use in that city, except in seasons of unusual drought, when the wells are resorted to;—this accounts for its escape from epidemic cholera, and likewise for the usual good health of its inhabitants—although hemmed in by an extremely malarious district of country. A portion of those wells may produce *hard* water, and it is quite probable that if the infection of cholera reached that city when the use of well water was compulsory, that it would prove epidemical. So large a portion of *Charleston* borders on salt water, that it would be reasonable to expect that the water of the wells would be strongly impregnated with muriate of soda, which is sufficient to account for its being *hard*.

#### APPENDIX.

*Croton water*,—one gallon contains 6½ grs. solid matter, about 1-6 grs. chloride of sodium.

3-8 "	"	lime,
1-6 "	"	alumine,
1-6 "	"	sulphate soda,
1-4 "	"	lime,
5-6 "	"	phosphate alumine,
1-14 "	"	silicic acid,
2-½ "	"	carbonate lime,
1-16 "	"	magnesia,
1-5.6 "	"	salts, soda, and organic acids—a trace

of manganese.

"The *Croton* water at New York, is now distributed to about 37,060 houses; 7000 houses covering many miles of streets, are out of reach of supply from that source; the *Mains* are laid down for 200 miles."

Analysis of one gallon of water—*Schuylkill river*.

Chloride sodium,	.1470
" magnesium,	.0094

Chloride aluminium,	.0570
Sulphate magnesium,	.0570
Silicic acid,	.0800
Carbonate lime,	1.8720
“       magnesia,	.3510
Salts, soda with silicic and organic acids,	1.6436

—  
Boston—*Cochituate*—or *Long Pond*.

Chloride potassium,	.0380
“       sodium,	.0323
“       calcium,	.0308
“       magnesium,	.0764
Sulphate magnesium,	.1020
Alumina,	.0800
Silicic acid,	.0300
Carbonate lime,	.2380
“       magnesia,	.0630

From the Cincinnati Gazette.

## GEOLOGICAL THEORY OF CHOLERA.

OXFORD, Ohio, Oct. 20, 1849.

*Messrs. Editors:*—In compliance with your request, I will very briefly state some of the facts connected with the progress of the cholera at Oxford, so far as they have a bearing upon the question of the *geological theory*. A brief explanation of the character of our formations may be necessary to a proper understanding of the statements I shall make.

In nearly all limestone districts, the rock is interstratified with *marlite*—a mixture of lime and clay. The limestone rock is impervious to water, but the joints and fissures in the strata allow the descending rains or melting snows, to penetrate the earth, often to great depths. But where the rock is interstratified with the marlite the water is prevented from reaching any greater depth than the marlite, because of its compactness.

Where the overlying soil rests upon the marlite, the rains can only penetrate through the soil and must run off in springs, or into wells, if coming in their way. The rain-water, of course, takes the *putrid matter* of decomposing animal and vegetable substances, and bears it down into the earth with it, where the porous nature of the soils and underlying strata will permit. But where the soil and strata are more compact, the water is *filtered* and the putrid matter left behind in the soils, sands, &c., and the water reaches its outlet in a state of purity proportioned to the depth penetrated and the capacity of the medium, through which it passes to retain the impurities.

In the diluvial districts, where the soil rests upon a deposit of

sand, gravel, pebble, &c., the water most generally penetrates through both the soil and diluvian before it reaches the marlite or limestone arrested in its descent, and made to pass off into springs and wells. The thickness of the diluvian is from one foot to two or three hundred, in different localities. Where it is of great depth the rain water, penetrating down through its sands, may become fully purified from all putrid matter.

In sand-stone regions, the rock is generally interstratified with *shale*—sand and clay intermingled, which is more porous than *marlite*, and permits the surface water to penetrate through it. An occasional stratum, however, is compact enough to act as flooring to conduct the water into springs or wells. As the water of sand-stone districts usually penetrates to a greater depth than in those of limestone, it is usually better filtered and more pure.

At Oxford we are on the upper portion of the *blue limestone* or *lower silurian* of Geologists, where the marlite predominates, and but little soil and diluvian covers it and the rock. The town is built upon an oblong mound shaped hill. There are occasional patches of diluvian underlying the soil, and resting upon the rocks or marlite, but never more than a foot in thickness. The descending rains, consequently mostly pass rapidly off upon the surface, or in natural drains or sewers, a little below the surface. Some of our wells are in the range of these natural sewers, and receiving their contents are filled up rapidly with the *unfiltered* murky surface water, which bears along the putrid matter derived from the decomposing vegetable and animal substances of the filthy portions of the alleys and streets. Other wells having their surface of supply from a greater depth, are unaffected by rains, and the water, being well filtered, is always transparent and pure. The water of these wells, however, penetrating through the limestone strata to a greater depth, is more highly impregnated with carbonate of lime, than the others which are filled more rapidly.

After careful inquiry, I find that the cholera assumed a more malignant form in the families whose wells of water filled up most rapidly during rainy weather. This effect seems to be in accordance with other ascertained facts. The presence of *putrid matter*, in streets and alleys, is supposed to be an *exciting cause of cholera*, the miasma, or animalcula from which, being inhaled or penetrating the pores of the skin. May we not then conclude that the same putrid material, transferred by the rains to wells or springs and taken into the stomach, may also be an exciting cause of cholera? Other exciting causes existed, such as drinking acid spruce beer, eating green fruit, and other indigestible vegetables, &c. But in nearly all the cases where these causes did not exist, and the family was not surrounded by local deposits of putrid matter, the epidemic was most malignant where the water used for drink was taken from wells filling up rapidly, as before described.

At the College, where the wells are deep and are not affected by rains, there were no cases of well defined cholera. But the water of these wells like those in town of the same kind, is more highly impregnated with the lime than the other class. Is it not fair inference, therefore, that the carbonate of lime, in the water, is not an exciting cause of cholera?

The town of Eaton and the city of Sandusky, and also New Boston, a little east of Richmond, Ia., where the cholera was so fatal, are all upon the *cliff limestone*, or *upper silurian*. The rock at all these places lies near the surface, and I should expect the circumstances connected with their wells to be similar to those of Oxford.

The town of Hamilton, and most of the other towns along the Miami Valley, are built where the diluvian is of great depth and the water may be perfectly filtered in its passage through the sands. These places suffered but little from cholera compared with the towns on the highlands where there is less depth of diluvian.

It has been observed that cholera has prevailed more generally in limestone regions, than in those of sandstone or granite, and it has been supposed that the carbonate of lime with which the water is impregnated, is an exciting cause of cholera. This opinion derives no support from the facts ascertained at Oxford. But it may be asked, why should it have a more extensive range in the limestone districts, if carbonate of lime be not the cause? I need only remark in reply, that the explanatory statements made in relation to the Geology of Oxford, will apply to all limestone regions in the world. Both springs and wells, in limestone countries, are greatly affected by rainy or dry weather, in the first being flush and full of water, and in the last failing almost entirely. May not the greater prevalence of cholera in these cases, be due to the influx of putrid matter from the surface of the surrounding lands.

Yours, DAVID CHRISTY.

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## DISCOVERY OF THE VIRTUES OF THE DRAGON'S-BLOOD.

(A PLANT OF THE DOCK FAMILY.)—BY M. LOUIS DESCHAMPS.

About the year 1830, I received from France several boxes of plants; it happened accidentally that there was a seed of the dragon's-blood, (*Lapathum Sanguineum*) in the soil around them. The plant had been known to me from childhood, as an excellent remedy in cases of cuts. I took the greatest care of it, and prized it exceedingly. In 1832, I received a severe contused cut in the hand, which bled profusely. I suffered extreme pain. The thought then struck me, to apply the dragon's-blood to check the hemorrhage, and reunite the parts. I was astonished to find that as soon

as I applied it, the pain disappeared; in a few hours the contusion was no longer visible, the lips of the wounds appeared to be perfectly united, and only to require time to render their adhesion secure and permanent. A fact once observed, rarely disappears from my memory, and that which I am about to relate, is of somewhat more recent date than the preceding. Some time after the occurrence just narrated, while on a party of pleasure in the country, my knee-pan was pierced by a thorn. I felt but a little dull pain, at the time, which did not check my activity, but as soon as I went to bed I experienced the most acute suffering. I applied poultices all night, without deriving from them the least possible relief, my leg was drawn up and became very much swollen. Being unable to sleep, I had time to consider what I could find to alleviate the pain. If I had then known the virtues of my panacea, I should have used it successfully; though perhaps its effects would not have been so speedy as those produced by the dragon's-blood, as the injury was merely a local one. I recollected the effects produced by the dragon's-blood on my former contusion; and as soon as day broke I obtained a large number of leaves, which I applied, after bruising them, to the swollen part of my knee. With the first application, the pain ceased; I was able to stretch out my leg, and walk immediately. After having walked all day, my knee was entirely well. How long the thorn remained in my knee, I cannot say, but I often felt it there long afterwards, without experiencing any inconvenience from its presence.

One of my friends received a severe contusion on some varicose veins which he had in the leg, and suffered extreme pain in consequence. He applied a strong compress of dragon's-blood leaves, and was able, immediately afterwards, to walk without difficulty. In the space of four hours every trace of the contusion had disappeared, and the limb resumed its original condition. The pain which he had frequently suffered from the varicose veins, entirely subsided, and the limb became stronger than it had usually been. Afterwards, when he felt any weakness produced by his varicose veins, he adopted the same remedy, with the same beneficial results.

One day, while out walking, I accidentally sprained my foot. I returned home at 2 o'clock in the afternoon, unable to walk. I suffered greatly; my foot was much swollen; I applied a strong poultice of dragon's-blood leaves, and was able to walk about all the afternoon. In the evening my foot was quite well.

Pursuing experiment after experiment, I cured by the aid of this plants various kinds of ailments, and hence I concluded that the same result would follow in all kinds of spontaneous external injuries. I applied it to cure the stings of venomous plants and insects, with uniform success. The pains caused by burns was immediately relieved by its application. I have never had an opportunity of

using it in very large burns, or at least, if so, I have forgotten it; but I think its effects would be the same, and their rapidity would be proportioned to the severity of the case.

I have tried it in spontaneous rheumatic affections, in external irritations and in swellings, always with the same success. In cases where a thorn or splinter, or other extraneous body has entered the flesh, the application of the dragon's-blood prevents any serious consequences.

I was at the time of these occurrences on terms of intimacy with the principal physicians of the neighborhood; to them I communicated the virtues which I had observed in this plant and urged them to use it in the hospitals of which many of them were directors, giving them at the same time as many of the leaves as my garden would supply. They almost all treated the proposition with ridicule, and told me that any other plant would have effected the same results. Two, however promised by way of complaisance, to use it, but never did so.

However I met with a physician of good sense, a true philosopher, and a man possessed of various rare professional attainments. All his limbs had been paralyzed for twenty years, yet he still continued to practice medicine, and enjoyed a high reputation for the cure of certain complaints. He made his calls in his carriage, his servants carried him to the patient's bedside. There was still enough strength in his hands to enable him to feel the pulse, and write a prescription. I advised him to make use of the dragon's-blood, after giving him the details of the results which I had obtained from its application. He replied, "I have thus far availed myself of all the resources of our art, without having experienced the least alleviation of my sufferings. Since then, I have had recourse to what are called 'old women's remedies,' which are sometimes better than those which our profession prescribes, but still I derive no benefit from them. Our art is yet in its infancy, and I fear that we have entered on a wrong career, which it will be difficult to abandon. The science of medicine should be simplified as much as possible, while we do the reverse. Society, in vesting us with so great a privilege, without holding us responsible for its exercise, has been blind to its most sacred interests. It has said to us, 'Let medicine be a progressive science, but at the same time you must live by your profession,' two conditions which, are entirely incompatible with each other; for by the term 'live' we understand, at the present day, 'make a fortune as rapidly as possible.' Progress in medicine is the extension of disease, and this is the curse of those who practise the profession.

"Medicine would long since have been on the high road to perfection, if society had imposed on the physician conditions directly the reverse of those which now exist. His fortune would then be derived not from the number of the sick, but from the number

of the healthy. Important results would have arisen from the view of the duties of the physician. In the first, there would have been an end of that spirit of rivalry, which prompts every professor of the healing art to present himself to the community as the Hippocrates of the era, to the prejudice of his brethren, whom he too frequently stigmatizes as ignorant pretenders. A continual state of discord prevails, where nothing but harmony ought to exist. Had we desired the progress of our art, we should have sought and found the means of advancing it. At present, the success of a physician rarely depends on his talent, but usually on the appearance he is able to make in the world. Polished manners, a fine carriage, and an introduction to the principal families in the neighborhood, are frequently found sufficient to establish a reputation as the first physician of the place. In a science where quackery is a means of success, artful deception is the great desideratum. The medical faculty of Paris, which is regarded as the most enlightened in the world, justifies my assertion in granting diplomas as health officers to men who are allowed to dispense with all study, and who yet practise medicine throughout France to the same extent as regular physicians, universally receiving the title of doctor, and being invested with the regular credentials of that rank.

"Surgery is a science which I revere, and in which great improvements have been made. It is nevertheless a science in which all who practise it should be held responsible for the result of their operations. Yet how often do we meet with persons who have sustained irremediable injuries from the ignorance of their surgeons. The immense influence exercised by professional men over the minds of the people, might be productive of the most beneficial results, if it were only exerted on behalf of the cause of humanity. In their eyes we belong to a supernatural order of beings who penetrate the most occult science of nature: hence we are every moment overpowered with the most extravagant questions, which too many of us make no scruple in answering with the most confident assurance. The love of the marvellous is deeply implanted in the human mind. Man prefers that which he cannot understand, and which is shrouded in mystery. When will poor humanity reflect with its own brain, and not with that of others! That simple, sterling good sense which is our safest guide, is almost universally neglected. The custom of believing without investigation, converts us into mere machines, and renders the present era unworthy of the name of a civilized age.

"Medical science, in my opinion, made a retrograde movement in substituting mineral for vegetable remedies. It is true that we have increased the business of the druggist: and we had something at stake in doing so, for vegetable medicine was becoming so popular and simple as to interfere with our ministrations. But we have thus abandoned the true course pointed out by nature. Our

art has diverged from the path of progress. We had a vast and limitless field to explore. Often does the proper remedy lie at our very hand, while we remain ignorant of its existence. I am persuaded that as soon as we seriously investigate the medicinal properties of the vegetable world, and publish to the world the result of our researches, every man will become his own physician. I am convinced that there is a very prompt method for attaining this end, and advancing with a giant's pace the progress of the healing art. Let all nations unite in collecting from their domains all the vulgar medical remedies in vogue, which almost always consist of vegetables. Let these be fairly and conscientiously tested; and in cases where peculiar medical recipes exist, the knowledge of which is confined to certain families, if these are found efficacious, let the secret be purchased, no matter at what price. Thus the most uncultivated tribes might furnish us, perhaps, with the most valuable discoveries."

Such were my friend's observations. I told him that I agreed with the opinions which he had expressed,—that I had witnessed among savage tribes the application of certain plants, which effected wonderful cures,—that I believed the virtues of the dragon's blood to have been well known to the Gauls,—that we had in France a multitude of plants of rare virtues, but which had been long entirely neglected. The plantain, for example, is a remedy which I have always seen prove effectual in external wounds. Its application is extremely simple. It is only necessary to take the leaves, beat them between the hands, and apply them to the wound, so that they may come in close contact with it. Several leaves can be placed one over another, and they may then be frequently changed, especially when the suppuration is very profuse, which is generally the case at first, though it gradually diminishes until the wound is entirely closed. When the wound is very deep, the leaves must be crushed, and the juice must be introduced until the leaves can be applied. If these cannot be obtained, the root must be substituted. This plant would probably produce very beneficial effects in various internal disorders.

My philosophical friend told me that he would experiment on himself with the leaves of the dragon's-blood. I gave him all that I had. He came to me some days afterwards, to congratulate me on the effects which it had produced. He said that there was much more motion in his arms, that he was stronger, and that he had never felt better since he was paralyzed. He added that he intended to make a general application of it over the whole body, but that he required a further supply of leaves for that purpose. I gave him some plants, and also some seed that he might cultivate it himself in sufficient quantity. Since that time I have not seen my medical friend, but a short time afterwards, one of my intimate acquaintances called on me, and on my asking him what news he had to tell me, he

informed me that he was going to see our medical philosopher, that he found him very ill, and that for three days past he had experienced the most acute suffering, which allowed him not a moment's repose; that his servants in carrying him to see one of his patients, had let him fall on his vertebral column, that he had tried all sorts of remedies, without deriving benefit from any, but, on the contrary, that they seemed rather to increase the pain. I inquired if he had tried the dragon's-blood, and on receiving a reply in the negative, I immediately requested my friend to take him a supply, which he did. The leaves were slightly crushed; a bed of them was made for him—the doctor fell into a sound sleep, and awoke entirely relieved.

A lady of my acquaintance had the misfortune to break her leg. The surgeons set it as soon as the clothing was removed. She felt, as is always the case after a fracture, severe pain, great irritation, general weakness and considerable inflammation. I desired her, without the knowledge of her doctors, to try an application of the leaves of the dragon's-blood, which she did, and immediately experienced its beneficial effects. The pain and irritation disappeared, and in a very short time she was able to use the limb, though it had been severely fractured.

The doctors congratulated themselves on so speedy a cure, especially in a subject of her age, (55 years,) but they were not informed that their prescriptions had not been implicitly followed.

I communicated in 1848, to M. de la Morissier, (then minister of war, and charged with the colonization of Algiers,) the fact that the progress of the colony depended greatly on the culture of maize, and in its general use, which was neglected from ignorance of the immense advantages which the colonists would derive from it. I proposed to furnish them with all the necessary means for attaining this end. At the same time, I gave him three cases of dragon's-blood seed. I said that it was my opinion that this plant, in the climate of Algeria, would develop the same virtues which I had found it to possess in others—that it would be of essential service to the colonists, being always at hand. [It is very easy of cultivation, being sown in a moist soil, and transplanted in almost any soil as soon as it has four leaves, with an interval of about a foot between every two plants. The plant, when once transplanted, is very robust and hardy.] That it would be especially valuable to men living in a strange climate, where they would experience a thousand annoyances produced frequently by trifles, but which yet might deprive them, sometimes for a long period, of the use of their limbs. Bruises, contusions, splinters, stings from venomous plants or insects, burns, sprains, spontaneous sickness, inflammations—that of the eyes for instance, and all sorts of exterior irritations would be almost immediately cured by the prompt application of the crushed leaves of the plant, or, if these could not be obtain-

ed, the root might be substituted. A quantity of the crushed petals might be put in alcohol for use during the winter, and though the virtues of the plant would not then probably be so active, the preparation would yet prove very valuable.

The Minister of War listened to my remarks with a complaisance which was nothing more than formal politeness, and which induces me to believe that my dragon's-blood seed is still in the Bureau of Colonization, unless indeed it has been thrown into the gutter.

## TREATMENT OF BURNS WITH MILK.

BY DR. C. JOHNS.

When called to treat a recent burn, our first object is to reduce the inflammation; or, as the old saying is, "take the fire out," which must be done before the pain will abate in the least. In view of the above object, the first thing we call for, is a supply of fresh milk, sufficient to saturate cloths enough to cover the affected parts, and to keep them thoroughly wet, either by dipping them in the milk, or by pouring it on them as they lay upon the wounded parts. The milk should be kept cold by the addition of more, or, if convenient, put in a little ice at a time. By taking care not to let the milk be wasted, you may continue to use it over and again, by keeping it cool as above described. We continue the above course till the acute pain ceases, which leaves the wound no worse, as to pain, than a flesh wound from any other cause. In case of faintness, we give some diffusive stimulus to arouse action and create an equal circulation. When the pain has ceased which of course varies in time according to the extent and severity of the burn, we take cold water, seven parts, alcohol, one part, mix, and wet soft linen cloths in it, and apply to the parts, these may be wet as often as they become dry or hot, till reaction takes place in the affected parts, which will, as in the case of the pain, be in proportion to the extent of the injury. We next prepare a salve after the following formula:—

R	Ol. Olive,	-	-	-	-	-	-	3ij.
	Beeswax,	-	-	-	-	-	-	3ij.
	Burgundy Pitch,	-	-	-	-	-	-	3j.

Melt them together, and spread them on soft muslin, have them all ready to apply as soon as the others are removed, for the air causes the burnt surface to smart, therefore shield it from the air as soon as possible. This dressing is changed once or twice a day, which very soon causes a healing condition of the wound, which goes on rapidly till complete. We wish here to add, that for the time we have pursued the above course, we have not for once, had the first wish or desire to change our treatment; our success has been so perfectly complete as to often astonish those who have witnessed the result—and if not quite astonished ourselves, to at least give us great

satisfaction in knowing that by these seemingly simple means, we have in every case (where the least hope could be entertained,) given immediate relief, and saved quite a number of our fellow-creatures from *severe and protracted suffering*. If time would allow, we might give the particulars of several severe cases, together with the names, residences, etc. Suffice it to say, that we have had a fair chance to test this method of treatment. About two years ago, in this city, in the case of a lady and son, both were burned by the bursting of a spirit gas lamp; the mother upon the hand and forearm, and the son upon the hands, and over the neck and entire surface of the face. The mother had the fashionable treatment, i. e., Linseed and Olive Oils, lime water and cotton. Her pain for several days was extremely excruciating, allowing her no sleep unless opiates were given; in fact it was six months before she got well. We were called to treat the son, a lad six years old, and prescribed the course given in this article. In one hour from the time he was burned, the inflammation was so far reduced, that the little fellow ceased crying, and experienced but little pain after that. In two or three weeks he was well with the exception of the tenderness of the new skin. After writing this much, we consider it no more than fair than to briefly state how we came to use milk in treating burns.

Six years since, while attending a fever patient, we had occasion, upon one of our visits, to make use of boiling water, and by carelessness or some mishap, we had the fingers of our hand severely scalded. Our first notion under the smart and sting of the burn, was to thrust the hand into cold water. At that moment, a lady asked "if we wanted to know what would take out the fire in less than ten minutes, so they would not blister." Our prompt answer "*yes*" was no sooner given, than she said if her remedy did not stop the pain in ten minutes, she would give us \$5.00. Next came the directions, which was simply to immerse the hand in cold milk. The milk was soon on the table, and our hand in it. The result was that in six or eight minutes the pain was gone. So we lost both the \$5.00 and the pain. From that time we have used nothing else to take out the inflammation, and, as we have before said, have never known it to fail.

Our candid belief is, that should any, or all physicians that may chance to read this, be induced to try this course in the next burn they may be called to treat, they would be so well satisfied, that they would say with us, "We have no need of any other remedy."  
—*N. Y. Eclectic M. & S. Journal.*

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THE FACULTY AND THE BAR.—The legislature of Ohio, at its session of 1826, passed an act under the operations of which, Attorneys and Counsellors at law, with Physicians and Surgeons, were subjected to a tax on their profession.

One singular feature of this law was, that it comprehended for

tax purposes, also, *horses, mules and jackasses*. Whether this was by way of slur on the learned professions, and intended to cover that portion of them usually called asses, who might not be included on the regular list, must be a matter of inference, alone.

A registry of these professions was accordingly made upon the county records, of thirty-four lawyers and twenty-six physicians. Since that period, the members of the bar have increased six fold, and those of the faculty ten fold. Of the thirty-four lawyers, nineteen yet survive, although more than half of these are out of professional business. *Bellamy Storer* is the senior counsel at our courts.

Of the twenty-six physicians, five individuals, only, survive, all of whom are in active business. *Dr. Drake* is the senior in practice.

Let me state farther classified details, and draw an inference or two. 1. After the lapse of a quarter of a century, more than half of the lawyers, and not one-fifth of the physicians are living. This shows the exhausting character of the latter profession, and, also, physicians not studying, as a general rule, so closely as lawyers, that bodily fatigue with loss of rest, is more destructive of life than mental toils, merely. 2. Of the seventeen attorneys at law, seven have abandoned practice, having all become independent and wealthy—some of them extremely so. Three more engaged in other employments, more agreeable to their taste. Three removed to other places. Four of those remaining in practice have accumulated handsome fortunes. Two, only, have failed to get rich—a sufficient reason for which, is their unfitness for the profession they chose. It may prove a profitable suggestion to the members of the present bar, to say that the attorneys who removed to other places, had previously broke down here, by neglecting their profession for politics, having held office here, which left them as poor as when they commenced law practice.

*Every* individual on the medical tax list of 1826, is still engaged in the profession, or died in the practical harness. One, only, of the entire number, may be considered wealthy.—*Cist's Adv.*

**DEATHS BY CAMPHENE.**—The Rome (N. Y.) Sentinel says:—"Our readers will recollect the announcement of the death of Mrs. Harriet Spencer, wife of Mr. H. D. Spencer of this village, at the residence of her father, Col. Chapman, in Clockville, Madison county, early in May last. We have the melancholy duty of recording the death of her mother, Mrs. Chapman, under similar circumstances. The particulars of this sad and heart-rending bereavement are as follows: Mrs. Spencer, who had been married but a short time, was spending some time at the residence of her father in March last, had occasion to do some washing, and, as we be-

lieve has been customary with many, used camphene in the process; but whether the quantity used was too large, or from what cause, we are not informed, but immediately after its use she was attacked with severe pain and suffering, similar to inflammatory rheumatism, and which finally caused temporary insanity. After remaining in this condition several weeks, and suffering most intensely, she found an opportunity, notwithstanding the greatest watchfulness on the part of her friends, to commit suicide.

Mrs. Chapman, the mother of Mrs. Spencer was in the room with Mrs. S. at the time the camphene was used, and was attacked in nearly the same manner. She has continued in ill health, with occasional spells of insanity, until two or three days ago, when she also committed suicide, by twisting a handkerchief so tightly around her neck, while in bed with her husband, as to deprive her of life.

Thus have the lives of two amiable and highly respectable females been sacrificed in consequence of the use of an article dangerous at all times, and, when used in too great quantities, capable of the sad effects above narrated. Mrs. Spencer, since her marriage, had resided in this village, with the exception of some time spent at her father's, and by her amiable disposition and fascinating manners had won the esteem of all who had the pleasure of her acquaintance. Of Mrs. Chapman we hear the same good opinion expressed, and regret to record, in so brief a space, the death of two ladies so much endeared by their virtues to their friends and acquaintances."

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**CURE FOR BALDNESS.**—A distinguished General (Twiggs) returned from the Mexican war covered with "glory." He had however, two marks of hard service which laurels could not hide—as they did Cæsar's baldness. One was a head as white as wool; and the other a cutaneous eruption on his forehead. For the latter, he was advised to try a mixture of sulphur, and sugar of lead and rose water. In applying it, some of the mixture moistened the hair on his forehead, and after a while this part of his hair resumed its original color. He then applied the mixture to all his hair, and it became, and is now, of its primitive sandy hue. He communicated the fact to some of his friends in Washington—especially to some ex-members, who are widowers, and seeking *preferment*—and it has been found efficacious in every instance. It does not dye the hair, but seems to operate upon the roots and restore the original color.

The receipt is as follows: 1 drachm Lac Sulphur;  $\frac{1}{4}$  drachm Sugar of Lead; 4 ounces Rose water; mix them; shake the phial on using the mixture, and bathe the hair twice a day for a week, or longer if necessary.—*Baltimore True Union*.

**DIMINISHED MORTALITY.**—A correspondent of the *Tribune* yesterday, referring to the diminution of deaths in this city since 1847 at the rate of MORE THAN THREE THOUSAND A YEAR, asks "How is it to be accounted for?" and justly adds that it can hardly be shown that any great change has taken place in our climate or our diseases. I would inform him that the change arises from the fact that the physicians have been *compelled* to alter their *treatment* of diseases. This is the cause of that effect.

Some time ago a very sensible German physician petitioned the King of Prussia to make the employment of the lancet *penal*, for which he was laughed at from one end of Europe to the other. Why was he laughed at? Because although he had a clear idea himself of the destructiveness of "that minute instrument of mighty mischief," he could not prove it to the satisfaction of others. In 1845 I reprinted Dr. Dickson's (of London) Chrono-Thermal System of Medicine, containing the required demonstration, clear as any problem in Euclid, bearing the lancet to the ground with a force as resistless as that which the apple of Newton obeyed. Yes, it is five years since I took Sangrado by the throat and begun to force him to surrender his lancets, his leeches and his calomel. It has been a terrible scuffle with the ugly brute. But I am yet hale and vigorous, and by the aid of Heaven, I will not let go my grasp until I get away from the savage monster not only his murderous weapons, but shall have squeezed every particle of breath out of his scoundrel body.

WM. TURNER, M. D.,

Chrono-Thermal Practitioner.

The same ratio of diminution of deaths throughout the United States, estimating at 22,000,000 of population, would show a saving of 150,000 lives a year! Quite a respectable number, and rather alarming to our undertakers. It takes a good many ships to bring over that number of persons from Europe. Ah, Sangrado! Sangrado! It washigh time you should receive a check in your sanguinary career.—[*N. Y. Tribune.*]

W. T.

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**INFUSORIA ON THE TEETH.**—Dr. H. I. Bowditch, of Boston, in a paper in Silliman's Magazine, has given the results of a microscopic examination of the accumulations on the teeth of 49 individuals, most of whom were very particular in their care of the teeth. Animalculæ and vegetable products were found in every instance except two. In those cases the brush was used three times a day, and a thread was passed between the teeth daily. Windsor soap was also used by one of these two persons with the brush. Dr. B. had tried various substances for destroying the animalculæ, and especially tobacco, which seemed to be without effect. Soap suds and the chlorine tooth wash, however, were potent destroyers.

ON THE TREATMENT OF AGUE BY A SINGLE DOSE OF QUININE.—BY DR. C. PFEUFER, OF HEIDELBERG.—Dr. Pfeufer states he has had much opportunity of treating this disease, and was formerly in the habit of prescribing from 15 to 20 grains, in divided doses, in the intervals of the paroxysms. Latterly he had given five grain doses, until from 40 to 60 grains were taken, and with great success. The number of patients having greatly increased during the bivouacs consequent upon the revolutionary disturbances, the expense of so much quinine was found a serious consideration; and he determined to try, whether by a different mode of administration less might not suffice, and, certainly, if the results he has arrived at are confirmed by others, he will have conferred no ordinary boon upon the distributors of charitable medical relief. He finds, indeed, not only that the expense may be vastly diminished, but the cure expedited and rendered more certain, by administering a *single ten-grain dose* (made into four pills, with ext. of *millefolium*,) on a day free of fever. This dose is well borne, none of the inconveniences which result from the long continued use of small doses, or the tinnitus, giddiness, &c., produced by very large ones presenting themselves. The subsequent attack is weaker, and its successors still more so, the convalescent remaining in the hospital from four to eight days. A tabular view of the particulars of 34 cases so treated is given.—*Henle and Pfeufer's Zeitschrift*, B. viii, pp. 234-44.

CASE OF LACTATION IN A MALE.—BY C. W. HORNER, M. D., OF PHILADELPHIA.—Dear Sir: According to your request, I send you the particulars of a case of lactation in an adult male. It occurred in the person of an athletic American, named Charles Collins, aged 22 years, a blacksmith, working at his trade in New York. About the 10th of February last, his attention was first drawn to his left breast, which appeared to be enlarging, and continued to increase in size for three weeks; he became quite anxious in regard to his condition, for, although he suffered very little pain, the mamm had become quite as large as a female nursing. He, therefore, through the persuasion of an aunt, was on the twenty-third of March, induced to apply at the Clinic of the Jefferson Medical College, to consult the faculty of that Institution. His case came up before Prof. Mutter, who, upon examination, found the mammary gland largely developed, and filled with the lacteal secretion which differed in no wise from that of a mother. He could assign no cause for this freak of nature; his health was very good, and the other breast natural. A soap plaster was prescribed, and compression ordered to be kept up, which he persisted in for full six weeks, when the gland returned to its usual size; and when I saw him this morning at Fairmount, where he now resides, it was in every respect like the other.—*Phila. Ledger*.

## Part 3.--Editorial.

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### OUR NEXT CAMPAIGN.

The Institute is now fully organized and prepared for another session in the most satisfactory manner. Never since its establishment has it been in a better condition for attaining the aims of a medical college. Each member of the Faculty has attained an amount of professional experience which will make him perfectly at home in the discharge of his duties, familiar with his subjects, and apt in imparting instruction. We have none of the incumbrances which so often render schools of reputation comparatively unsatisfactory.

In the most distinguished medical schools of the west, those of Lexington and Louisville, the entire value of the collegiate course was greatly abated by the signal unfitness of the occupant of the chair of Theory and Practice of Medicine. Prof. Cooke and Prof. Drake, who have held that position for upwards of twenty years, were notoriously unqualified for such a department. The ultra-mercurial practice, and the tedious lectures of Professor Cooke were at length condemned by his own associates who induced him to resign his chair to save the reputation of the school. The well known inferiority of Prof. Drake in practical medicine, (notwithstanding his literary talents,) is too familiar to the medical men of the west and south to need illustration. The vast superiority of Prof. I. G. JONES as a practitioner to these distinguished leaders of old school medicine, and his very decided superiority to either as a sound and impressive teacher, indicate plainly that we may expect in the graduates of the Institute a corresponding superiority of medical attainments to the average standard of a profession which has been led by teachers so notoriously unsound and unskilful.

The great superiority of our course of *Materia Medica* over the meagre courses in most of our colleges, is another signal advantage of the Institute, which is alone of sufficient value to give its graduates a decided ascendancy in practice over others of so much more limited resources.

In reference to the Homœopathic *Materia Medica*, it is not designed the coming session to undertake any systematic course of instruction, as it is doubtful whether the attention of the student can be given to these collateral subjects without interfering too much with the great object of becoming thoroughly familiar with the more potent resources of the healing art. The philosophy of medicine will be taught as heretofore in connection with cerebral physiology, showing in what manner to regard the various medical resources and medical systems which are auxiliary to the great American reform, and which are worthy of the particular attention of medical men. The Eclectic Reformer should so understand his profession as to be ever ready to avail himself of any convenient assistance from Hydropathic or Homœopathic resources.

The chemical department of the Institute has been placed in its true relations to the school. A great practical error has heretofore been committed in our colleges in making chemistry, which is but an accessory science, as prominent as anatomy or any other subject. To assign as much time and attention to the study of chemistry as to the study of *Materia Medica*, is a gross disregard of practical utility, and to place chemistry upon a par with Theory and Practice of Medicine, is an absurdity which has been tolerated too long—*reform* is indispensable. In a mere academic course for the benefit of lawyers, divines and merchants, chemistry might stand upon a par with practical medicine or anatomy, but in a school for the preparation of physicians, how unreasonable is it to give the same attention to the barren details of inorganic chemistry which are forgotten in a few years, as to the great principles and rules of therapeutics upon which the question of life or death so often hangs suspended. Such a course may harmonize with the cold and selfish pedantry which has prevailed so long in medicine, but it is not in harmony with the spirit and principles of medical reform. Chemistry should occupy its proper sphere as accessory to physiology, pathology and pharmacy—its sphere is subordinate.

In the department of Surgery the class will have the advantage

**MEDICAL NEWS.**—Dr. Detmold having been appointed to the chair of Theory and Practice in the University of New York, Dr. Valentine Mott has resigned the chair of Surgery. Dr. Detmold thereupon also resigned his chair, and the two chairs thus vacant were tendered to Professors Gross and Bartlett of the Louisville Medical Institute, by whom they were accepted a few weeks since. This acceptance and the resignation of their chairs at Louisville, will be a severe blow upon the prosperity of the Louisville school, as it will be impossible to replace these gentlemen in due season, by others of equal eminence. Caldwell and Drake, Gross and Bartlett, the men who built up the reputation of the school, being withdrawn—a decline in its prosperity seems inevitable, thus placing it upon a level with its rival school lately removed from Lexington, and removing from the Ohio Medical College an overshadowing competitor. It is pleasing to see a Western man appreciated at the East. Prof. Gross, a very accomplished gentleman and ardent student of his profession, has gradually risen to its highest rank. By the way, the Louisville school appears to be awkwardly situated. After quizzing through its Journal the dilemma of the New York University, deprived of its two leading Professors, it finds itself in the very same predicament. The Journal expressed itself quite delighted with Prof. Bartlett's clinical teaching, as superior to any thing which had yet been seen in that line—how must the friends of the school feel in falling back to the vague and unsatisfactory teaching of Prof. Drake?

N. B.—The rumor of Dr. Drake's appointment proves to be incorrect.

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**HINTS TO SUBSCRIBERS.**—When you subscribe for a Journal, write your own name and address in the most legible manner possible. Proper names are arbitrary, and if you do not write perfectly plain, there is no rule for guessing to help one out of the dilemma. In writing to an editor, give your address in full; frequently letters are not answered, because their dates do not show in what State they were written, or to what post office they are to be answered. If you ask any question concerning your subscription, or wish your address changed, do not fail to give your post office address, for it is by your post office that your name will be found on the books. By neglecting this, you may impose an hour's labor or more, of the most tedious character, upon an editor, who would

rather lose your subscription than be thus taxed by losing his time and labor when he is urgently occupied. Finally, remember that Journals are bankrupted in all cases by negligent non-paying subscribers, and if you wish to keep up a Journal properly, send your remittance for each year in the month of December preceding, so that the expenses of publication may be met, and the editor may know upon what to rely for the coming volume, and graduate his edition accordingly.

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**CLAIRVOYANCE.**—Mrs. B. G. Bushnell, a celebrated clairvoyant, is now in this city, and engaged in making examinations of a Pathological, Physiological and Phrenological character. Her charge for examinations is \$1, and for prescription \$1. Her powers are truly wonderful; she will describe any patient either present or absent, and prescribe for their treatment. So far as I have tested her skill, she appears to be correct in diagnosis. Her prescriptions too are very judicious. She uses Antipathic, Hydropathic and Homœopathic remedies like a true Eclectic. So far as my observations go, all clairvoyants prescribe in accordance with the principles of American Eclecticism.

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### CORRESPONDENCE.

Dr. J. Y. BROWN, of Waynesburgh, Green Co., Pa., says:—“I have prescribed and administered medicine to over five hundred cases within the last two years, and have not lost a case during that time of my own, and but three second-handed cases. I have five Allopaths to contend with, and have about one-third of the practice done from this place, and still gaining ground to such an extent as to alarm the disciples of bigotry and error.”

Dr. J. N. McCORD, of Greenville, Illinois, says in a letter:—“I have been practising on the Eclectic System the past year, and feel warranted in saying that it is far superior to the old Allopathic practice, which I first studied and practised. It is gaining ground in our country very fast.”

Dr. D., of Tennessee, writes:—“I am a practitioner of scientific or Allopathic medicine—graduated in Medical department of Transylvania University, in 1846, since which time I have practised my profession without intermission; and although my success has been—I flatter myself—equal to my acquaintances and colleagues, yet there are some things about which I confess I do not

feel fully satisfied. It has again and again occurred to me that Physicians practising your system of Medicine were more successful in some diseases than myself and colleagues, and my motto has always been to seek after *truth*, and embrace it, even although it may be found in the camp of the enemy. I have, for example, been told by a friend who is a very learned man and scientific physician, and practised medicine several years in your city, that you and your colleagues were, beyond all controversy, far more successful in the treatment of cholera than the regular profession. If this, then, be admitted as a *truth*, of course there must be a reason for it. And it is that *truth* or cause that I am seeking to learn. I might multiply on this subject, but think it unnecessary. My object in writing to you is to obtain such information as may be necessary in regard to the best course to pursue, preparatory to attending a course of lectures in your school, the coming winter, which I shall certainly do, unless there should be some providential hindrance. Let the world say what they may, I seek after *truth* and *truth* alone. I never thought it a mark of wisdom or good principle in a man, to condemn a thing that he knows nothing about."

"The Botanic system of Medicine here is practised by the disciples of Thompson, who are by the way the most ignorant set of pretenders that I ever knew. I suppose you, of course, do not adopt the Theory of Thompson."

ALLEGHENY CITY, Sept. 6th, 1850.

Prof. J. R. BUCHANAN, M. D.—Dear Sir: I take the liberty of writing to you, though personally unknown, I seem to be familiar with you, being a reader of the Journal, and therefore regard you as a friendly correspondent from whom I hear monthly. I was extremely sorry to hear of the death of Prof. Morrow, though not personally acquainted with him, for I never had the pleasure of visiting Cincinnati, although I have been in Pa. since 1831. I am not a native born citizen of this country, but one of her adopted sons. I was born in Ireland, and there received my first medical knowledge, which I afterwards obtained by attending two courses of lectures in the University of Glasgow, at the time that Jeffreys, Burns, Tower, Miller, Thompson and others] were Professors of that Institution. I also attended the Royal Infirmary one year, when Cowan and Cooper were the attending physicians. But al-

though this be the case, I am now less European in medicine and politics than many of those born in this land. I am for freedom, Civil, Religious, Medical. Why should we be trammelled on any subject which pertains to the happiness of man, by the dogmas and hypothesis of men which will not bear the test of experience, or calm dispassionate reasoning.

One reason for my troubling you with this communication, is that I see my name among those who were appointed a Committee of Arrangements for the next meeting of the Convention to be held at Pittsburgh, next May. Now I hope there will be a general turn out of Reformers, both from east and west, and that you and your colleagues will not fail to visit us; we wish the most distinguished in the reform ranks to come, because this is a stronghold of *Hun-kerism*, and we wish to show the public that all the learning and talents are not confined within the precincts of *Allopathy*, but that men of equal, if not superior talents and education, are to be found on the side of reform; that independent, yes, master spirits have arisen to oppose the death-dealing system of *Allopathy*. All we want to the overthrow of *Allopathy* is men qualified for the discharge of the duties of their profession to come into the ranks and fill up the waste places, for the general cry from the afflicted is, "O don't give me calomel."

I was glad to hear that you had separated from *Homœopathy*, for how can two walk together except they are agreed? It is impossible that they can with any degree of comfort or satisfaction. Besides, I consider *Homœopathy* in the main as worthless. If your *Homœopathic* physicians are the same as here, I don't see how you could countenance them. They use no cathartics, nor emetics, nor indeed any thing that produces any perceptible effect in assisting nature to throw off morbid humors from the system. Were it not that I would trespass on your time, I could give you an account of four patients that I have been called to see, who were kept in suffering by them, and for want of proper treatment.

We have had a few cases of cholera in this city and in Pittsburgh. They have been of a very malignant type. The disease has been confined to certain localities in this city. It has prevailed among the German population, principally along the bank of the canal, where there are basement stories in the houses, and where they use pump water.

I have treated only six cases of cholera asphyxia, one of which proved fatal, in consequence of the imprudence of getting out of bed contrary to my express orders. She had profuse watery discharges for twelve hours before I saw her, with extreme prostration, but I succeeded in checking the discharges and allaying the nausea, and raising the pulse, so that she was improving from Tuesday morning until Thursday evening, when she got out of bed. The horizontal posture cannot be too strictly enforced in those cases where rice water evacuations prevail.

Last season I used a pill made of opium, camphor and carb. ammonia, equal parts, in connection with other remedial agents, with success, in all cases where there was vomiting and diarrhoea accompanied with pain. But now I am inclined to think every case may be treated successfully without the use of opium. The epidemic had entirely subsided in Pittsburgh for some time, until the day before yesterday, it has mysteriously appeared in the same locality where it had been before, and taken five or six victims in its course. The location where it had prevailed this season is high and dry, and such as might be supposed most secure against its ravages, and when it had disappeared so that alarm had subsided, lo, it breaks forth afresh. All the theories that I have yet seen fail to fully explain its mysterious operations.

The electricity doctrine is in some degree lessened in importance. No doubt there are a combination of causes. Atmospheric changes contribute to it, and in all the places where it has prevailed here, they used pump water.

I fear I shall tire your patience by my lengthy epistle, and will bring it to a close by giving you a simple yet effectual prescription for the cure of those after pains with which parturient females are often distressed. I have used it for many years and never knew it to fail to give relief, if not entirely remove the pains:—Gum Camphor, the size of a common pill every two or three hours, until the pains are removed. I have found it not only to relieve the pain but allay restlessness, produce diaphoresis, and in every case the recovery was speedy and safe. It has not, in my hands, given in a solid form, produced nausea or vomiting, or any unpleasant effects.

I would conclude by wishing every success to the cause of Reform.

I am respectfully, yours,

J. B., M. D.

T H E

# ECLECTIC MEDICAL JOURNAL.

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## Part 1.---Original Communications.

### ON THE ADVANTAGES OF ANÆSTHESIA AND THE RELATIVE VALUE OF ITS DIFFERENT AGENTS.

*To the Editor of the Eclectic Medical Journal :*

SIR:—In the June number of your invaluable Journal were two articles on anæsthetic agents,—one from Dr. Pierson, of Salem, Mass., and the other from Dr. Hayward, of Boston, Mass. The object of these articles seems to be, to discuss the relative value of Sulphuric Ether, Chloroform, and Concentrated Chloric Ether. The use of anæsthetic agents is of such obvious and important practical value, that it will hereafter be known as the great medical discovery of the age. Any just attempt, therefore, to discover which is the best anæsthetic agent among those now discovered, or to discover one better than those now used, must be considered highly laudable. It is possible that within a few years, some new agent for etherization may entirely supersede those now used; or, facts may be developed which will prove that all those now used are useful in their several places, and may clearly show in what particular cases each should be used. Indeed, is it not also possible that our vastly increased and rapidly increasing knowledge of the nervous system may soon enable us to successfully render all patients temporarily insensible to pain, through the means of mesmerism or some similar agency? Should such discovery of our power to destroy sensibility be made, we should no longer be obliged to resort to those agents which all intelligent surgeons now admit to be occasionally dangerous,—sometimes dangerous when we have no indications to warn us of the danger.

But should our knowledge of etherization, or other means of inducing insensibility, remain stationary, its benefits are so much superior to its dangers, that it will be, as before remarked, the great discovery of the age. The dangers of etherization are indeed very slight when it is induced in suitable patients. Tens of thousands of suffering patients, medical, obstetrical and surgical have been relieved by its agency; and though it has doubtless been induced hundreds of times by medical men who neither appreciated in what anæsthesia consists, nor were qualified to detect those organic diseases of the heart, brain and lungs, which forbid the use of these agents; and hundreds of times by dentists who do not even profess to appreciate these diseases; still, how rare are the cases of death, or of permanent injury, even from this indiscriminate use of these powerful agents. We must believe, in fact, that etherization has been, in the practice of many physicians, surgeons and dentists, much too frequently resorted to. In the hands of such, it has passed into a kind of universal remedy, to be exhibited for all painful diseases, upon all constitutions, under almost all circumstances. This fashionable mania for suddenly depressing the vital functions of respiration and circulation, as well as thought and the senses, is entirely unjustifiable. It is expedient to induce so unnatural and deathlike state of the system, in my opinion, in only a few cases in dentistry; in not more than one case in five, or perhaps in ten, in obstetrics, very rarely in medical treatment; but very generally in surgery, unless contraindicated. Some may deem it extravagant to say that nearly all important surgical operations should be performed under its influence, except where the patient has some organic disease; but we believe this opinion to be correct. In slight surgical operations, like the extraction of teeth in ordinary cases, etherization is not justifiable, for the same reason that it is not justifiable in all those cases of medical and dental practice where it is not necessary. Necessity alone should induce us to prescribe anæsthesia, so long as there is that possibility of danger which now belongs to all etherization. Though a dentist by profession, and consequently very often extracting teeth, I do not suppose I have etherized more than some twenty patients, since these agents were discovered. If I extracted a thousand teeth from a thousand etherized patients, and only one died, you, my reader, would not want to be that patient. So in regard to all other unnecessary etherization. One case of fracture of the radius and ulna, and one case of partial or incomplete fracture of the radius and ulna, both happening to children, have occurred in my practice, within the last few months; but in the treatment of neither of these cases was anæsthesia induced. The reduction of each of these fractures required so little time, and consequently exposed the patient to suffering for so brief a period, and the resistance of the muscles to the necessary extension was so slight, that it was not required. Etherization

with chloroform is nearly out of use in ordinary obstetrics, in Boston, and sulphuric and concentrated chloric ether are not so universally exhibited as recently.

But the great necessity and important use of etherization in the more severe surgical operations, will be apparent, when we consider that it has the following, among other advantages:—

I. Fewer deaths and better cures occur in surgical practice, with than without it.

In an indiscriminate use of these agents, the per centage of deaths produced by them is very small indeed; and but very few patients have even been, in any degree, injured. And, as before suggested, even this very small per centage of deaths and injuries would be vastly less, if the agents were never administered except by persons who could detect those cases of manifest organic disease of the heart, lungs and brain, which forbid anæsthesia. Such dentists as are uneducated in regard to the physical signs and the rational symptoms of these diseases, should always consult, along with their patient, an intelligent physician before administering any of these agents, to perform dental operations. The very few deaths and injuries which now occur, (and these are less with intelligent surgeons than the mass of physicians and dentists,) do not constitute an objection at all to be compared to the positive advantages and fewer deaths of anæsthetic surgery. Many dangerous operations can be performed with much more safety to life, and many of the ordinary operations can be performed so much better as to make better cures. The patient is in no *fear*, and there is no mental shock. Without ether, this fear, in serious operations, powerfully depresses the powers of life, and your patient, soon after the operation, sinks. Again, the etherized patient suffers no *pain*. The extreme suffering of some operations, like fear, powerfully depresses the nervous system, and frequently renders these operations fatal. In a case of amputation of the thigh at which I was present, some months since, and which was performed with great dexterity and very little loss of blood, on a very resolute man, the man died in only two or three hours subsequent to the operation, without any after hemorrhage, and his death seemed to be entirely owing to the tremendous shock which his nervous system sustained. This result was not very uncommon. But, under etherization, there is no mental shock of fear, or physical shock of pain.

As your patient neither fears nor feels, so also he does not *move*. If you are cutting, you cut just where you want to cut; your patient does not voluntarily jerk, nor do the parts spasmodically twitch, and thus, in nice operations, make you wound important blood-vessels and nerves. Many cases of some surgical diseases, such as aneurisms, tumors, &c., which the surgeon could not operate on at all without etherization, because of the danger to these vessels, can now be operated upon, and the lives of many such saved.

II. Anæsthesia enables the surgeon to be more calm in his own feelings, more deliberate in his judgment, and more thorough in his operations. He has no fear of inflicting pain, for he knows he is not producing suffering, and he can freely feel of a dislocation or fracture and accurately diagnose it, before reducing it, and after its reduction he can make either such manual examination of, or movements with, the limb, as he wishes to make, in order to satisfy himself that all is just right; and then deliberately dress it, before letting his patient come out from its influence. So, too, in incisions for amputation, or for either purpose, the surgeon has now no feeling that he must be quick, because of the fear of inflicting dreadful pain, but deliberately and carefully uses his knife and hook and forceps, and satisfies himself that even the small blood-vessels are ligated, and applies his dressings with all care. In excising tumors or performing other nice operations, he cuts as near to important blood-vessels and nerves as best suits his purpose, and proceeds with precision and nicety,—in one word, just as he would in careful dissection,—fully conscious, that his patient can neither move, feel or fear.

III. Etherization is one of our most thorough means of relaxation. There can, hereafter, scarcely be any necessity of the warm bath, or lobelia or tobacco injections, or antimony, or bleeding, or opium, to produce relaxation in fractures or in dislocations. I imagine, too, that we may bid good-bye to the pulleys and other horrid apparatus for extension, so often and so familiarly spoken of by Sir Astley Cooper and other surgeons. The relaxation of anæsthesia is complete and all that can be desired.

I will give two cases, the first, one of fracture, and the second, one of dislocation, to illustrate the relaxation of anæsthetic agents, and to show other advantages besides those heretofore mentioned, which accrue from these agents; as well as to indicate some facts in reference to a choice in these agents.

June 1st, 1850, James Clagg, ten years old, fractured the right femur, three inches below the trochanter major, by jumping upon the ground from a shed 13 or 15 feet in height. The accident occurred at 4 o'clock, P. M., and I was not in attendance until 8½ o'clock, by which time the irritation of the fracture had produced powerful spasmodic contraction of the muscles of the thigh. The bed, dressings and assistants being soon in readiness, chloroform was given, and the broken bone critically examined, and the exact diagnosis clearly ascertained. The leg was slightly flexed upon the thigh and supported by one assistant, and another assistant made extension very gradually and accurately by a broad tape which had been applied, in a clove-hitch, just above the knee. This assistant, who only partially used the power which he obtained by having the tape around the fore-finger of the right hand, made sufficient extension in less than one minute, as I should

judge, to reduce the fracture. After examining carefully the reduced fracture, and applying the splints, (Desault's splints, so modified at their lower extremities as better to preserve extension and keep the long diameter of the foot perpendicular,) the patient was permitted to "come to." He smiled and immediately remarked that his leg felt better, but he did not examine it. He was ordered to take warm gruel soon, and twenty drops of McMunn's Elixir at the expiration of an hour. At my morning call, the nurse said that immediately after I left, the patient went into a sound sleep from which he could not easily be awakened, until after 2 o'clock in the morning, and, therefore, no gruel or Elixir was given till after 2. Again he slept till 7 A. M., and on awakening, felt of his splints and asked, "who put those little boards on my leg?"

The effect of the chloroform was to produce sudden and complete stupor and relaxation, and subsequent partial stupor for nearly five hours; and I have detailed this particular case to introduce to notice this subsequent stupor,—a feature spoken of by all who use chloroform, as occasionally occurring. It appears to me that though it did no injury in this case, and perhaps did good, yet such protracted partial insensibility is very undesirable. In another case it might do injury.

There was but very little irritative fever in this case for so severe an injury, and I have noticed this fact in reference to other cases where chloroform has been used after severe injuries, and in operations. This is a very powerful argument in favor of the use of anæsthetic agents, and has been noticed by others. I will only add that James did very finely, and is now about our streets with a perfect leg.

The second case to which I referred is this: August 8th, 1850, Mrs. F. Jones, aged about 25, fell down stairs, and dislocated the left shoulder. Ocular examination showed the os humeri to be dislocated forwards, i. e., below the middle of the clavicle. Mrs. J. has been very feeble for several years; has been subject to protracted attacks of fainting; has had irregular action of the heart, and sensitive lungs, and has been frequently and severely sick with different acute diseases. Here was a severe injury, inasmuch as in the forward dislocation of this joint, not only the capsular ligament is extensively lacerated, but more or less injury is done to the attachments of the tendons of the supra spinatus, infra spinatus, teres minor, and subscapularis muscles. But here was not only a severe injury, but also a very frail patient,—one whom previous sufferings from acute diseases had reduced to weakness, and who, in her ordinary health, suffers from symptoms indicative of a morbid condition of the brain, heart and lungs. Could any intelligent and conscientious surgeon administer chloroform to such a patient?

On account of the extreme sensibility of her stomach at all times, and from the nauseating effect of the inhalation of sulphu-

ric ether, I should think too, that it would have been very difficult to have brought her under the influence of this agent in any complete or satisfactory degree.

In this case, therefore, having previously acquainted myself by diligent inquiry, with the concentrated chloric ether, it was administered. It was very agreeable to the patient, and its anæsthetic effect was such as fully to answer the purpose for which it was given. It did not, like chloroform, demand of the heart and brain to accommodate themselves, instantly, to a very depressed action of their functions. Its operation was mild, producing no excitement; gradual, giving time for the vital organs to be progressively lowered in their functions; complete, and yet not producing that profound insensibility, indicated by stertorous breathing, which is induced by the action of chloroform. The dislocation was reduced after four or five minutes' moderate extension. The influence of the ether was continued until the dressings were applied and the patient placed in bed. Partial anaesthesia continued about twenty minutes after the agent was discontinued, and when the patient revived, there was no headache and but little nausea, and no other disagreeable symptom, and no subsequent partial stupor. She revived in the full enjoyment of her naturally bright intellect, but seemed a little surprised, and immediately asked, "Why hav'nt you set my shoulder?" She was told that all was right, and when she saw the dressings, she seemed entirely overcome with gratitude. It only remained for us to soothe her excited gratitude and instruct her to be entirely calm. There was but very little subsequent irritative fever, and she has recovered finely.

This is the only case in which I have used the concentrated chloric ether; but if its effects are usually and uniformly such as in this case, I shall agree with Dr. Pierson, (and others concur in his testimony,) that it is an "agreeable, efficacious, reliable agent;" and Dr. P. also says that, "after two years' trial," it has "furnished us with no disastrous result."

We have written this communication, thinking it might be useful to call the attention of Eclectic practitioners to the advantages of anæsthesia, and to ask from such as use these agents, such contributions as will place the relative value of sulphuric ether, chloroform and concentrated chloric ether on the reliable basis of facts.

Yours, truly,

P. W. ALLEN.

BARNSTABLE, Mass., Sept. 16, 1850.

### CASE OF CHOREA.

*Editor Eclectic Medical Journal:—*

Agreeable to suggestions published in your valuable and instructive Journal, I send you the result of Eclectic treatment in CHOREA,

(St. Vitus' Dance,) also the result of my general success in the treatment of the various diseases to which this community are subjected.

In the spring of 1848, while residing in Fayetteville, I was requested by a respectable and influential citizen, by the name of Mr. S., to call and see his daughter. On visiting her I found that she was laboring under the above-named disease. The subject of the disease was a young lady about 18 years of age, whose health at that time was very much impaired. She had been taking some medicine of a domestic nature, the family being in possession of Dr. Howard's works, that had been distributed through the country by a steam doctor, whose name was Paris. In this condition of circumstances I commenced the treatment of the case.

**SYMPTOMS.**—She had lost all command over the voluntary muscles of the superior, and to a great extent, those of the inferior extremities. Mouth distorted incredibly at times by the contractions of the muscles attached to it, Levators and Depressors. She talked incessantly. An uncontrollable tendency to laugh. When she attempted to take food or drink the extensor muscles would contract so as to throw the arm in an opposite direction. Total suppression of the menses, with costive bowels. Skin dry and husky, and tongue coated with a whitish brown fur. In fine, there was a total suppression of a healthy action in all the functions, and the more she strove to remain quiet, the greater was the muscular agitation.

**TREATMENT.**—After making use of all the reputed remedies of books, such as mild purgatives, diaphoretics and alteratives with stim. liniment and strengthening plasters with cupping, irritating plasters, &c., without effect, the treatment that seemed successful in this case was the shower bath, in conjunction with Quinine and precip. carb. ferri., strengthening plaster, &c. The shower bath was used night and morning for about two weeks, about blood-warm, after which time cold water was substituted. The Quinine and Iron were used as follows: A powder composed of twenty grs. of the latter to one and a half grs. of the former, given every six hours, with the use of two anti-dyspeptic pills every night at bedtime.

Cupping along the spine, and stim. liniments were also applied, with strengthening plasters, and counter irritation by the use of the irritating plaster applied sufficiently large to extend from the occiput down to the fourth or fifth dorsal vertebra. By pursuing this course energetically for two weeks, there was a decided improvement in the case. The treatment after this time was gradually diminished for about two weeks longer, when a complete cure was effected to the satisfaction of her friends as well as myself.

I saw the lady about a year afterwards and she remained clear of every symptom of the disease, and was enjoying uninterrupted

health. As the case may not be entirely uninteresting to numerous readers of the Eclectic Journal, if you deem it worthy of publication you will please give it insertion, and very much oblige

Yours, ELIAS HUBBARD.

N. B.—I hereby submit the result of the Eclectic System in my hands. I have been practicing medicine for three years, during which time I have treated between ten and twelve hundred cases of the various diseases to which this part of our State is subject, and of this number seven have died as follows: Four of PHTHISIS PULMONALIS, one of DELIRIUM TREMENS, one with CHOLERA INFANTUM, and a child with PUTRID SORE THROAT. E. H.

### SUFFERINGS OF THE PEOPLE.

During years past, I have with pain witnessed the sufferings of my fellow-beings under Allopathic treatment, in various parts of the west, and east too. I am no physician, but I do sincerely wish to see man's sufferings by Allopathic treatment cease.

During the summer and autumn of 1849, I resided at Eagle Village, in Boone Co., Indiana, where Allopathy "reigns triumphant," and where "it is easier for a physician to cheat a man out of his life than a dime, and impossible to legally punish the offender for the crime." Within  $2\frac{1}{2}$  miles of a point about 4 miles from that village, I believe there died between 50 and 60 individuals of flux, under Allopathic treatment! I believe *every one they attended in that disease there*, died! I know not an exception. The country there is thinly settled. I believe one-fourth or one-fifth of all the inhabitants within that circle of 5 miles in diameter there died of flux! This week I received a letter from there, stating that the flux is now raging there, somewhat as it did last season. Calomel appears to be the principal medicine given there, where the ignorant and unassuming people open their sore mouths and swallow it with implicit faith. Not only there, but in various other places have I witnessed the lamentable effects of Allopathic treatment. What, I would ask, is the *cause* of such procedure? I believe it is *ignorance*. The people do not *know* that there is a better treatment. They appear to believe the physician knows *all about disease*, and that *calomel* is the *sine qua non* in *any disease*. I believe nearly the same can be said of many other places from which I have heard. In the name of suffering and dying children, neighbors, brothers, sisters, mothers and consorts, I would ask, is there no plan by which you or some other person or persons, can cause some of the suffering and losses of our fellow-beings to cease, in such portions of our country? Certainly there is, and that too without being uncompensated. If you or any other qualified person or persons would obtain *authentic statistics* of the mortality in the va-

rious diseases treated by Allopaths and Eclectics in Cincinnati and other parts of the west, and publish them in a suitable pamphlet, showing the general treatment, &c., of the two schools as practiced at this time, together with some "touching" appeals to the *mothers* of the west, and cause thousands of such pamphlets to be scattered over the west, where the languid eye, the cheek deserted of its bloom, the flaccid, shrunk and withered muscle, and gulled victims are so abundant. I believe it would give Allopathy a wound from which it would *never* recover, and be the means of saving much suffering and thousands of useful lives. I believe most of the subscribers to the above mentioned papers would each purchase from fifty to one or two hundred such pamphlets, and give them a gratuitous circulation among such persons as would read, and hand them to a neighbor who would do likewise. There are many who are neither physicians nor subscribers to the above-mentioned papers, but who would purchase a few dozens and *delightfully* and *gratuitously* circulate them as above mentioned. I could thus use a few hundred of them to a very good advantage among my numerous friends and acquaintances. I sincerely hope you will mention this plan or a similar one through your papers to the subscribers, who, I believe, will mostly coalesce with me in believing it to be one well calculated to give a lettral blow to Allopathy.

I sincerely hope some one well qualified for the task will *immediately* undertake it. *Now* is a good time to "strike," because there has, during two years past, been a most fearful mortality in flux and cholera, treated by Allopaths in various parts of the west.

During two years past, (in filling teeth,) I have had a good opportunity to examine the teeth of persons who have taken calomel. Many I have found so loose that the pressure of a half pound would move the ends of them from one-twentieth to three-sixteenths of an inch in a lateral direction! The subjects, when asked how long their teeth had been loose, said "ever since I was salivated with calomel!"

I anxiously hope you will soon mature the above plan.

M. K.

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[The principal difficulty in the foregoing plan is in obtaining statistics of old school practice. The attempt in this city by the city council to obtain statistics of cholera practice failed in consequence of the refusal of old school physicians. The only statistics that we can command are those of public institutions. The death of *one-sixth* of all the patients of the Cincinnati Commercial Hospital is a well authenticated fact which may form a standard for comparison.—ED.]

## Part 2.---Miscellaneous Selections.

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### THERAPEUTICAL EFFECTS OF TURPENTINE.

BY THOMAS SMITH, M. D.

The diseases for which turpentine has been prescribed, and which have been materially relieved by it, are extremely numerous; there is scarcely one, whether acute or chronic, sthenic or asthenic, which has not been successfully treated, if the testimony of some of the first practitioners of the age is to be credited, by the medicine under consideration. It would be a useless task to cite all the cases and all the maladies in which the admirers of this drug have found it advantageous. Suffice it to say, that in every instance where prejudice has not interfered, and where ignorance has not prescribed, this drug has obtained favor and proved itself a faithful friend.

In passing in review the numerous disorders for which it has been ordered, as I wish this paper to have a practical bearing, I shall dwell as briefly as possible upon all those which have not come under my own immediate observation. Those who desire a more extensive acquaintance with the nature, properties and uses of this drug than is to be met with in these sketches, will do well to consult the pages of our monthly and weekly periodicals, which, for the last thirty years, have occupied a prominent place in the medical literature of Europe and America. The writings of Drs. Copland, Paris, Pereira, Eberle, Thompson, Brande, etc., the *Dictionnaire de la Matiere Medicale*, and the records of ancient medicine, contain an amount of valuable information regarding the properties of turpentine. In common with other medicines, its therapeutic effects are liable to be modified by numerous circumstances, viz.: the seasons of the year, the idiosyncrasies, age or sex, of the individual, the special or general cause of the malady, or its occurrence before, or subsequent to, any general or universal epidemic.\* From a neglect of these precautions, many really val-

\*It is a remarkable fact that after any severe visitation, such as epidemic cholera, the human frame undergoes an extraordinary change. Many will, I have no doubt, recollect how general was the custom to abstract large quantities of blood in fevers and inflammatory disorders previous to 1831. Venesection was the practice of the day. On the advent of the epidemic influenza of 1833, general bleeding, even in maladies of a high phlogistic character, could not be adopted with safety; numerous lives were doubtless sacrificed, ere this change in the human constitution—its inaptitude to bear excessive depletory measures, was fully appreciated and understood. We are now approaching an epoch (if we have not already entered it,) in

nable remedies have, though somewhat undeservedly, fallen into disrepute.

As a rapid and safe *counter-irritant*, there is no drug more efficacious than warm oil of turpentine or camphine. I have never known an instance of its acting injuriously when thus applied; it never produces stranguary or any uneasiness of the urinary organs, like preparations of cantharides; and here I fully coincide with the opinion expressed by the late Dr. Ryan, that when counter irritation is deemed imperatively necessary in severe acute diseases, as cerebritis, hydrocephalus, pneumonia, enteritis, peritonitis, or hepatitis, it is an extremely inert and unjustifiable practice, to wait for twenty-four hours for the irritating effects of a blister, when the same may be produced in as many minutes by epithems of warm oil of turpentine.

Veterinary surgeons have condemned the external use of turpentine as an epispastic; it has been asserted that, when applied to the horse, it prevents the hair from growing. I do not think this correct. Some years ago I had a gray mare, which was seriously injured about the head and forelegs by an accident. Contrary to the recommendation of my veterinary surgeon, who insisted upon the application of tincture of myrrh, and greasy unguents containing gunpowder, I determined for once to try the experiment, if an injury to a horse might not be remedied by the same means as one in a human subject. I had the wounds carefully fomented and poulticed, and afterwards applied an ointment, consisting of resin ointment and oil of turpentine. The animal recovered without any material disfigurement. Last year I had a black horse consigned to me by a friend in Yorkshire, which met with a severe accident in its transit on the railway. The horse was treated in the same way as the one above, and in a few months was perfectly restored without any other blemish.

The liniment, by means of which the celebrated quack, St. John Long was supposed to have performed miraculous cures, was a mixture of the oil of turpentine, pyroligneous acid, and yolk of egg.\*

As a *vermifuge*, turpentine has been given in the form of Cham-

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which the vital phenomena of the animal organism will manifest themselves differently under the influence of remedial agents. If my observation does not deceive me, I am inclined to believe that this great climacteric change, on the completion of the cycle of the late formidable and universal epidemic, will mainly develop itself, by inducing a lax condition of the intestinal tube. I have noticed, that patients who have been accustomed to take large quantities of aperient medicine, now rarely require it; and when it is needed, a smaller portion is found sufficient. This is not confined to the aged, for even in children I have witnessed a similar alteration in their former habits.

\*This liniment is an excellent counter-irritant. We used it as an external stimulant in some cases of cholera during the past epidemic, as recommended by Dr. James Bird; and we frequently employ it as a counter-irritant in phthisis, and other chest diseases.—Ed.

bert's oil. This is made by mixing one part of the empyreumatic oil of hartshorn, with three of oil of turpentine, allowing them to stand for three days, and afterwards distilling off three-fourths of the mixture by the aid of a sand bath. It very soon becomes blackened, by exposure to the air, and therefore ought to be kept well corked and excluded from the light. It is extremely nauseous; and, on that account, is not likely to come into general use.

As a *purgative*, turpentine ought never to be administered alone, in large doses, during the winter, or in cold damp weather; because under these circumstances, it tends, in common with other hydrocarbons, to supply fuel to the body for the evolution of animal heat, rather than exert any therapeutic property. Indeed, I very much question the propriety of giving it alone, as a purgative under any circumstances whatever. There are some writers who do not hesitate to recommend it in doses which I consider unjustifiable. In winter, cerebral congestion may supervene; in summer, intractable diarrhea, from over-excitement of the mucous membrane of the bowels. The case of Dr. Copland furnishes an instructive example on this head: ten drachms of the oil of turpentine were swallowed, and failed to induce action of the bowels or kidneys; the consequence was, high cerebral excitement, followed by a train of unpleasant symptoms, which it would be dangerous, in some constitutions, to excite.

Turpentine is, however, often a valuable addition to other purgatives, as it possesses the faculty of increasing their activity in a remarkable degree. I have known a lady, who, for forty years, was unable to procure an evacuation without the most drastic purgatives. She succeeded in obtaining daily action, by the simple combination of a teaspoonful of castor oil with ten drops of oil of turpentine. I have had another case under my care, where the same combination enabled me to relieve the augmented suffering occasioned by obstruction of the bowels from chronic meningo-myelitis of several years duration.

Whatever may be the object for which turpentine is exhibited as a purgative, whether for the expulsion of parasites infesting the human body, or as a revulsive in cerebral affections, the dose should never exceed half an ounce at one time; and to insure its purgative action, it ought to be united with some other aperient, as castor oil, compound infusion of senna, sulphate of magnesia, or the decoction of the bark of the root of the pomegranate. If prescribed in the above dose, in conjunction with any other active purgative, we run little risk of inducing stranguary, or any other unpleasant symptom. It may be repeated at intervals of four hours, with perfect safety. Though some authors have stated that the dose of the oil of turpentine may be from half an ounce to two or even four ounces, he must be a very bold practitioner who would take this suggestion for his guide. If the first named quantity will not suffice for the destruction

and consequent expulsion of a tenia, a larger amount given at one time will equally fail; for it is not by the aperient properties alone of the medicine (as I shall hereafter show) that the death of the worm is effected.\* As a *diuretic*, the dose may be from five to thirty drops, taken in any aromatic water, or mineral saline. I have rarely found patients object to its use, when exhibited with the salines of either Cheltenham or Harrogate; and the numerous cases in which I have prescribed it, in conjunction with the waters from these mineral springs, have convinced me, that this union is especially indicated where we are anxious to direct its influence to the renal organs.

As an *astringent*, in doses varying from 20 minims to a drachm, according to the urgency of the symptoms, and repeated every three or four hours, turpentine is one of the most efficacious remedies which we possess. The best vehicle for its administration, in the first place, is water, flavored with syrup of orange, or any other agreeable aromatic. It may afterwards be advantageously combined with any other therapeutic agents, which the special nature of the case may require: thus, in epistaxis depending upon rupture of one or more small vessels, and where much arterial blood has been lost, muriated tincture of iron will form a valuable adjunct. In hematemesis and other sanguineous discharges from the bowels, it may be united with compound infusion of roses, sulphate of magnesia, iced-water, and solutions of tannic or gallic acid. In some forms of hemoptysis, it may usefully be added to infusions of matricaria; in hematuria, to the decoctions of uva ursi, chimaphila, pyrola, etc.; or to tincture of sesqui-chloride of iron, etc. In purpura hemorrhagica, the decoctions or infusions of the barks form with it an excellent adjuvant. In hemoptysis, it has speedily and effectually arrested the hemorrhage; and is a much safer remedy than lead.

In my experience, there is no single medicine in the *materia medica* that can be compared with it as a *styptic*, either as to certainty of action or to the safety of its effects. It is compatible alike with acids and alkalies.

The *external use* of turpentine has been very general for a great number of years, alone or combined with other rubefacients, such as mustard, strong liquor ammonia, pyroligneous acid, cajuput oil,

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\*There may be special cases, but they will be extremely few, in which an extraordinary dose of any particular medicine may be peremptorily called for by the condition of the patient. For instance, I once gave to a man laboring under delirium tremens, seven grains of the acetate of morphia, in divided doses, within two hours, ere I could allay the inordinate and convulsive movements, and restrain the shrieks of the wretched sufferer. Again, at another time, I exhibited to a female, in the presence of Dr. Logan, twelve ounces of sulphuric ether, when the principles of etherization were first introduced, and kept this woman in a state of insensibility for upwards of six hours. Although both these cases did well, they are exceptional ones, and ought never to be imitated, except in emergencies of the most urgent description.

wine of hellebore, colchicum or opium, tartar emetic, croton oil, etc. It has very frequently been found of permanent utility, when applied as a warm epithem to the skin in pulmonary affections. Its action is two-fold; first, it induces rapid though often transient counter-irritation; secondly, its vapor is inhaled into the lungs, and by its constringent operation on the extreme capillaries of the pulmonary texture, is not unfrequently productive of great relief in some affections of these organs. For the purpose of inhalation, I am in the habit of dispersing its vapor through the room by evaporating water containing a portion of it, by the aid of a spirit-lamp. When thus diffused through the atmosphere, it may be breathed for two or three hours in the course of the day, by the most delicate-chested person, and often with the most marked and striking amelioration of their pectoral symptoms.

Long after the patient has left the room, he is conscious of the taste and smell of the turpentine. I have often detected its presence some hours after he had been submitted to its penetrating influence. I have also employed camphine in the form of a bath, mixed with common soda; or two pounds of the latter with from a quarter of a pint to a half pint of camphine, and half an ounce of oil of rosemary, will form an excellent bath. In delicate skinned patients, females and children,  $\text{ʒiij}$  of camphine will be sufficient. I may remark, *in limine*, that the alkaline camphine bath possesses virtues peculiarly its own. In the coldest day in winter, as I have verified in more than one instance, it may be employed with the most perfect safety. Whilst the individual is in the bath, he experiences, to my knowledge, no disagreeable annoyance from the disengaged vapor; on the contrary, if we except the taste of the turpentine, which for some time remains in the mouth, a sense of calmness and tranquility very often follows a previously disturbed, irregular, or excited condition of the respiratory or sanguiferous systems. After five minutes' recumbency in the bath, the pulse is found to become fuller, softer, and slower; I have seen it fall from 100 to 80. The respiration also becomes freer, deeper, and less labored. On coming out of the bath, the whole skin has a peculiar, velvety, soft, and agreeable feeling; the breath is strongly tainted with the terebinthinaceous odor. If it have not been too hot, a pleasurable tingling warmth is experienced throughout the whole cutaneous surface; and this, with the preceding symptoms, may continue twenty-four hours. One great advantage of this bath will be found in the circumstance, that it may be employed at a heat from 10 to 15 degrees below the temperature of the ordinary warm one, without inducing that sensation of chill to which some delicate constitutions are so peculiarly obnoxious; ten or fifteen minutes is the length of time a patient ought to remain in a bath of this description. In the first instance, it is well for patients to commence with a smaller quantity of the turpentine and soda, say

a pound of the latter with two or three ounces of the former, and gradually increase its strength with each repetition of the bath, to the first-mentioned proportions. This bath may be taken every second or third day, according to the urgency of the symptoms and the nature of the affection for which it is prescribed.

I come now to a more particular enumeration of the maladies for which turpentine and its preparations have been chiefly recommended. They are—sanguineous exhalations from the mucous surfaces, epistaxis, hemoptysis, melena, purpura hemorrhagica,\* consumption, chronic bronchitis, mucous or purulent discharges from the urethra;† grubs infesting the urethra, tenia, ascarides;‡ typhoid, yellow and purpural fevers, plague;§ abdominal obstructions, strangulated hernia, tympanitis, colica pictorum, biliary concretions;|| traumatic tetanus, trismus;¶ apoplexy, hydrocephalus, acute and chronic epilepsy;\*\* neuralgia, sciatica, rheumatism;†† diabetes, dropsy;‡‡ inflammations of the eye;§§ cholera, renal hydatids, suppression of urine;||| burns, wounds, poisoning by prussic acid or opium, salivation.¶¶—*London Journal Medicine*, April, 1850.

## ON THE USE OF A SWATHE AS AN ASSISTANT TO THE EFFORTS OF PARTURITION.

[Read before the Boston Society for Medical Improvement by WM. ED. COALE, M. D., and communicated for the Boston Medical and Surgical Journal.]

Having now, in very many instances, found a swathe used as about to be described, a valuable adjuvant to the uterine contractions in parturition, I deem the matter of sufficient importance to make it public.

I do not find any mention of the use of a contrivance for such a purpose in the works of the English or French writers, or in those

\*Adair, Brooke, Cheyne, Clutterbuck, Copland, Elliottson, Hunter, Magee, Nichol, (W.), Thompson, Vincent, Younge.

†Aretæus, Celsus, Dioscorides, Van Swieten.

‡Birkbeck, Cross Fenwick, Fothergill, Gomes, Hancock, Hartle, Kennedy, Knox, Laird, Lettsom, Maldon, Mello, Ozanam, Pereira, Saner, Winstone.

§Atkinson, Blundell, Brenan, Chapman, Copland, Cullen, Douglas, Farre, Faulkner (Sir A. Brooke,) Fernandez, Gooch, Hamilton, Holst, Johnson, Kinneir, Moran, Payne, Physick, Pritchard, Wood.

||Boerhave, Durand, Gibbon, Green, Guyton, de Morveau, Hall (Marshall,) Hamilton (C. B.), Kinglake, McWilliams, Odier, Paris, Ramsbotham, Sewell, Sprengel.

¶Gibbon, Hutchinson, Mott, Phillips.

\*\*Latham, Lithgow, Money, Moran, Percival, Pritchard, Young.

††Bonnet, Cheyne, Ducros, Dufour, England, Hild, Home, La Roque, Lenton, Martinet, Maton, Pitcairn, Recamier, Thilenius.

‡‡Darwin, Werlhoff.

§§Burke, Carmichael, Foote, Guthrie, Hynam, Langier, Middlemore, Wright.

|||Bayle, Copland, Neale, Pereira.

¶¶Emmert, Geddings, Hanold, Heister, Jenkins, Kentish, King, Orfila, Pare (Ambroise,) Percy, Pott.

of our own country. I am told, however, that the Germans have recommended and used it, though the particulars, as to the manner, circumstances or purpose, I cannot ascertain.

The manner of making and applying it is this:—Take a sheet and fold it lengthwise until it is about nine inches wide. Apply the middle of it thus folded to the small of the back. Carry one of the halves forward over the fundus of the uterus and so round the body. Carry the other end in like manner over the body of the uterus. Draw them as tight as the patient will bear with comfort, being careful that they set smoothly and without wrinkles. Cross the ends over the middle part of the swathe at the small of the back, and twist them together there. With a sheet of ordinary length and patient of ordinary size, the ends thus left will be about a foot in length, and when twisted together will still be about eight inches so as to afford a good hold for the hands. A woman of average strength can exert as much force as is necessary, in twisting these ends, without fatigue to herself.

The particular indications for the use of this swathe, and the few principles which govern the method of applying it, will be learned by the relation of the following cases.

Case I.—Mrs. T., æt. 40, very fleshy; has had seven children. Has carried the last two very low down and forward, owing to a tendency to anteversion of the uterus from the weight of the child, and want of tone in the walls of the abdomen. She was delivered of her seventh child after a labor of two hours, and not unusually severe. When in labor with her last child, I arrived about noon. Dilatation of the os uteri was well advanced—the pains frequent and of good strength. Being a near neighbor, I left, with directions to call me when wanted. At 2, much the same condition existed with regard to pain, but no advance of the child. At 4, pains still frequent and severe, but no advance. Remaining thirty minutes, and finding still no progress, I made a closer examination into the causes of the delay, as the dilatation of the soft parts from the beginning seemed ample and the strait roomy. The os uteri, when I examined during an interval of pain, was in its proper situation; but when a pain came on—the patient lying, at her request, upon her back—the fundus of the uterus rose so, that the axis of the uterus was perpendicular, and the os was brought opposite the sacral prominence, against which the child's head was pushed. The indication was very clear—to keep the uterus and its propulsive force in a line with the axis of the strait. This was done by the swathe I have just described; and in less than fifteen minutes after its application, the child was born.

To illustrate the great elongation of the ligaments of the uterus in this case, I may mention that, the next morning I was sent for in great haste to see the patient. I found her perfectly swathed as after childbirth, but above the edge of the swathe, just at the end

of the sternum, was a hard sensitive tumor which alarmed her very much, and put me at loss at first to account for it. On removing the swathe, I found it was the contracted uterus which had slipped up into that unusual position.

Case II.—Mrs. F. æt. 20; primipare; of firm muscular fibre and compactly built; was seized with pains at full time, early in the morning. At 8, the os uteri was dilated to size of a dollar, head presenting naturally. At 11, membrane ruptured. At 12, head well down, the pains frequent, lasting and severe. At 3, the head forced down to the periteneum at each pain, but receding upon cessation of it. The pains undiminished in severity. At 4, no advance; symptoms of exhaustion. At 5, there still seemed to be no improvement in the advance of the child—the head would be forced down, and immediately recede to where it started from. The pains were lessening in frequency and force, and the strength and spirits of the prospective mother were giving way. The swathe was applied and tightened upon each pain. The first effect was to prevent the recession of the child's head to a very great degree, so that each pain, instead of having to repeat the work of the last, begun almost where the other left off. The pains also were more prolonged. Delivery was accomplished in forty minutes after the application—the patient during that time expressing herself as in much less suffering than she had been immediately before the application of the swathe.

Case III.—Mrs. M. has had four children; of small and delicate make, relaxed fibre, and somewhat debilitated by recent sickness. I found her in active labor, suffering from excruciating pain in the back, where, she told me, her pains usually were, but enduring them with great patience and forbearance. The head presented naturally—the dilatation was ample; but in spite of the severity of the pains to the patient, they did not exert much propulsive power. The thinness also of the abdominal walls, and the slightness of the muscular tension of the whole frame seemed to promise but little assistance to the contractions of the uterus from this source. The swathe was applied, and, as if under the influence of some powerful sedative, the pains in the back immediately ceased. This had a very remarkable effect in cheering the patient. The pains acquired greater duration, and their propulsive efforts seemed doubled in strength. The labor was completed in less than half an hour, leaving the patient in a condition greatly contrasting with that in which her last labor had left her—when she was exhausted in mind and body, disposed to hemorrhage, and requiring professional attendance for several hours after the child was born. The perfect and immediate cessation of the excruciating pain in the back was very remarkable, my patient alluding to it for months after. I have never since met with such entire relief in this particular, but invariably relief is given to a great degree.

As my conviction of the propriety and utility of this application in parturition has induced me to use it freely, I might give a relation of many more cases, but the three above sufficiently illustrate the object of its use and what can be attained by it.

1st. To direct more favorably the propulsive efforts of the uterus itself.

2d. To exert an additional force in overcoming the resistance of the soft parts. But in this case it must be noted that—the force exerted is not one of action, to force the child's head downward; but simply of resistance, to resist the influence of the elasticity of the soft parts in pushing the child's head upward, so as to require a large part of the next pain to bring the head to the point where the last pain left it, and leaving but a small portion of the pain to propel it beyond this point. This qualification will wholly exempt the application from the charge of its exerting any unnecessary force additional to that already supplied by nature.

3d. To give a tonicity to the abdominal muscles, when this quality is wanting; on the principle of a bandage to an enfeebled limb.

4th. To supply a substitute for the inconvenient and but partially effective method of applying pressure by the hand at the small of the back in order to relieve the excruciating pain felt in that region.

I have always used the swathe manufactured at the time in the manner above mentioned, but the suggestion will occur that a more perfect contrivance might be made which would save the necessity of so many folds of cloth around the body, and which would adopt itself more smoothly and equally over the abdomen. A material for such a contrivance presents itself either in strong linen *cut bias*, or, for a portion of the apparatus at least, in the shirred gum elastic cloth.

*Boston, April, 1850.*

## CALOMEL—ITS VALUABLE PROPERTIES TO THE PROFESSION.

BY A MEDICAL HERETIC.

When a physician is ignorant of the patient's disease, it is very convenient to be able to prescribe medicine, which, whatever the cause may be, is sure to suit it. Suppose for instance, that a person has an enlargement of the abdomen, and it cannot be ascertained whether it is caused by a collection of air, water, pus, or fat; give calomel. If there be air, calomel is *anti-tympanitic*. If there be water, calomel is *anti-hydropic*. If there be pus, it is *anti-purulent*; if there be fat, it is *anti-steatomous*. Do you not understand these terms? It is of no consequence. You would not

be wiser if you did. They are technical designations of occult qualities, appertaining to therapeutical agencies. Perhaps you do not comprehend this? If you did, you would be wiser than ourselves and that is needless. We do not profess to teach this subject, but to treat it. We are medical, and medical treatment of course, is obscure.

In a case of fever, lately attended by one of the 'academy,' it was supposed to be 'almost scarlet fever.' As calomel was white and the fever red, it was good medical logic to give calomel and cool it down. The philosophic practitioner appeared to think that he had cooled the patient down too low, on the third day, and therefore prescribed some whiskey punch, by way of heating the fever up again a little. The patient recovered from fever, calomel and whiskey at last—thanks to an uncommonly good constitution.

It is a very common mode of accounting for every disorder of the stomach and bowels, which the doctor can neither explain nor understand, to be bilious. Now this biliousness is as incomprehensible and inexplicable as the unknown disorder; but then it is a name to prescribe *at*. It is as certain that calomel is the remedy for biliousness as that biliousness is the disorder. The medical logic runs thus: If it is not biliousness, what is it? If calomel will not cure it, what will? Therefore give calomel.

In *tic douloureux*, a disease which is as painful as it is obscure to a mere medicine man, calomel is most successfully employed, on the strength of another medical syllogism. We do not know the cause of *tic douloureux*, nor do we know the mode in which calomel acts; therefore calomel is the remedy.

In cholera, of which the doctors seem increasingly to know less, they have found that the best medicine is calomel, and that the best mode of administering it, is increasingly to give more. When they knew a little about cholera, they gave a few grains now and then. Now that they know much less, they give teaspoonfuls, and by the time that the disease comes again, we may expect, that, as according to the law of progress, the 'Academy' will then know absolutely nothing, they will increase their remedy in proportion to their ignorance, and give tablespoonfuls. Decidedly, calomel is the remedy!

In *diarrhæa* and dysentery, where the bowels are soured until they are unable to contain their secretions, their constituent fluids, or even the blood itself, calomel is given because it is ordered to be given by the medical authorities. Do you ask why? Because of that self-sufficient spirit, which indulges in the unhallowed license of reasoning. For once, however, we stoop to answer the impertinence of a question, and we hope to answer it finally. Calomel is given, because—and we wish to emphasize our *because* with the importance due to its merits—because, they do not know what else to give!

In diabetes, where a great quantity of water passes away, and in dropsy, where scarcely any passes, calomel is equally useful. In diabetes, some organic change has taken place in the stomach, bowels, and kidneys, whereby the food which is taken is converted into a low sort of sugar and water, and is passed off rapidly, leaving the body to emaciate and waste. Now, calomel is known to act upon the organization and produce a change in its composition. Witness the change of *bone* into *cartilage*, and even *pus*. If it change the composition of the stomach and kidneys, the diabetic symptoms cease. True, the stomach may be ulcerated, or the kidneys be absorbed; but what of that, the diabetes has been stopped. If the calomel do nothing, it is of no use. If it do more than is needed, it is only a proof of its great power.

In dropsy the blood appears to be too fluid, lacking the elements necessary to solidity. Now, the experiments of Magendie conclusively prove, that calomel can act upon the blood as well as on the solids. Moreover, that scientific disease, salivation, produced by the administration of mercury, sufficiently attests that we have the power to inspissate the fluids of the body. The saliva, which in the natural condition, is almost as thin as water, under the influence of mercury becomes as thick as jelly. Why may not calomel thicken the whole of the fluids of the body? Try! You can but *kill* your patient, and he may *die*. How much better for a man to make his exit by science than by disease. Give calomel!

In dyspepsia, or indigestion, when nothing goes right, and nobody knows why, it is a perfectly philosophical deduction that something is wrong. It may be the blood, it may be the solids, it may be the stomach, it may be the liver, it may be the spleen, it may be the brain. The whole case appears to be a doubtful one—"a may be." Does it not strike every medical logician that the treatment of a disease should be in accordance with its condition? What better mode of treatment could be pursued than the "may be" one? Give calomel! "May be" it will do good. If you do not give it, "may be" some one else will. "May be" the patient will get better, notwithstanding the calomel, and you, "may be," will get the credit. The worst which "may be" is, that the calomel "may be" fatal to him, but if it be, you have only carried out the theory of a medical "may be" to its *therapeutical conclusions*.

In all cases of inflammation of the vital organs, as the heart, the lungs, the brain, &c., calomel is of manifest importance. Inflammation is generally supposed to consist in a greater amount of vitality, or life, than is good. On this account, some physicians bleed, in order to reduce the inflammation, and others give calomel. Nothing can be more philosophic than this treatment, provided the theory of inflammation be true. Bleeding reduces and destroys life; and so does calomel. Bleeding does it mechanically; calomel chemically. Bleeding is surgical; calomel is medicinal. Calomel is the

weapon in the hands of scientific physicians. The proofs of its power to kill, and therefore of its anti-phlogistic properties, are numerous and undoubted. Thousands die yearly in attestation of its powers! Can such a medicine kill a whole man, and not be relied on to kill inflammation in his lungs? Bah! Only give enough, and you will subdue any thing or body.

But it is time that we treat of the more recondite qualities of calomel. No one, except a thoroughly initiated medicine man, can estimate the value of that property of calomel which gives it such efficiency as an "alterative." A patient is affected with something which the doctor can neither comprehend nor cure; but by the aid of calomel, he can bring on some other complaint, which will subside after a time, when he ceases to give the remedy. Here is comprehension and cure together. In the meantime the real disorder is obscured and overlooked, or has time to get well, or is changed to something else, and there is the opportunity to make out a case, and—a bill.

It is this "alterative" property of calomel, which makes it so valuable in "liver complaints." If a person have a pain in the right side and shoulder, and be "bilious," (we see you jump up to ask what we mean by bilious, and we reply very promptly that we don't mean anything!) of course such a person has his liver out of order. Of course, it is requisite to put him under an "alterative" course of calomel to rectify the disorder of his liver. What the disorder of the liver consists in is no business of yours, any more what the "alterative" quality of calomel implies. Medical logic has decided that "calomel is alterative," and alteratives are required in liver disease;—therefore give calomel.

Some of the alterative effects of calomel are very apparent. We have known stout, hearty persons altered to lean, feeble ones. Some, whose stomachs were capable of taking and digesting any kind of food, were rendered incapable of digesting anything at all; others, who were always regular in their bowels, were so altered, that they found the necessity to regulate them the future business of their life. Some have a moderate sized liver, altered to a large one; others are so altered as to lose a large portion of their liver, already diminished. Some find out that they have kidneys, who never knew it before; and many can define the exact boundary of their stomachs, by the uneasiness which they feel, who formerly did not know that they had a stomach.

The alterative effects, however, are more sensibly experienced by night. Many who could formerly sleep the clock round, experience such an alteration, as not to be able to sleep at all. Those who formerly were incapable of comprehending what rheumatism is, are now capable of defining it. Their bones and ligaments now become so intensely sensitive that they are obliged to preserve them from the softest touch of the air, and a bed of down is as rough as

thorns to them. They once knew not what a cold sweat meant. They now never have a warm one. The alterative properties of calomel are undoubtedly great.

There is, however, one valuable property in calomel above all other medicines. It is this: If there is nothing the matter with the person who takes it, there very soon will be; and although before its administration, it might be impossible to know or say what was the matter—if anything,—it will be very easy to do both both, after it has been given. Decayed teeth—bad breath—foul stomach—irregular bowels—pains in the bones—weakness and weariness—are a small portion of a large catalogue of ailments which are most distinctly traceable to calomel. Dyspepsia, dropsy, and piles or fistula, may be very easily procured, by any one who will undergo a course of calomel.

If a medical man cannot find enough of disease to employ him, let him give calomel to that which he does find, and he will most assuredly find more. It may be proper in some cases to give sarsaparilla as well; but that depends upon whether the doctor sells it. If he does, let him give it by all means.”—*Scalpel*.

TENACITY OF THE VITAL PRINCIPLE.—We sometime since, says the St. Louis Union, published a statement from the Philadelphia Bulletin, under this caption, to the effect that a young man of that city had received a ball in the frontal region, which appeared to have entered the brain, and yet the young man recovered. To this statement we added that Ex-Governor Boggs, formerly of this State, carried *four* balls, or slugs, in the occipital region of his brain.

The Peoria Telegraph publishes these accounts, and adds:

“If this is an important question, testimony like the following may be furnished from this town. Last summer a lad in a house was struck by a ball from a huntsman’s rifle at a distance. The ball passed through the cranium a little above the temple, and seemed to enter the brain. The boy fell upon the floor and part of the brain oozed out. The physicians probed to some depth but could find nothing. They trephined upon the other side in the direction of the ball—the dura mater was untouched, and no traces of the ball found. The boy was soon well and appears totally unhurt.

That large portions of the human brain may be *removed* without producing death; or impairment of the intellect, is a fact well known to the scientific world. An instance occurred in this vicinity some years since. Dr. Addison Philleo removed from the cranium of a boy at Edwardsville, Ill., whose skull had been fractured, several ounces of the substance of the brain, with the membranes attached, and yet the boy recovered, and, it is said, manifested greater intelligence after, than before the accident.

From the Philadelphia American and Gazette.

## THE HUMAN BRAIN.

The question whether the intellectual faculties have any dependence upon, or bear any proportion to, the relative weight and magnitude of the brain, is one that has long engaged the attention of philosophers, without, however, having been in any degree satisfactorily decided. The notion of such dependence and such relation, however, is an extremely common—and therefore, doubtless, a very natural one; it is proverbial to say of a man of great mind that he has a big head, and of a weak man that he has a small one; and when we hear of the brain of such a savant as the celebrated Cuvier having been found to weigh some half a pound more than the average of ordinary brains, and remember how diminutive those of idiots often are, we feel almost that the point is settled, and the theory established as a law of nature. General observations, however, are not so favorable to the hypothesis as isolated ones; and the further the scrutiny is carried, and the more exactly the experiments are performed, the greater appears to be the difficulty of ascertaining any precise rule on the subject. This, it seems to us, is shown very clearly by the researches of our distinguished townsman, Dr. S. G. Morton, who has taken the lead of all physiologists in the practical study of the human skull, particularly in regard to its capacity, and has, by his numerous publications, added vastly to the sum of our knowledge, and obtained a world-wide reputation, which was never better deserved, because never more laboriously earned.

The last tables published by Dr. Morton present results which are highly interesting, although some of them are in opposition both to preconceived opinions and to the supposed rule of relation. Thus the general fact is true that there is a difference in the size of the brains of the different races of men, the most cultivated races having larger brains than the uncultivated. The Caucasian family, for example, have brains averaging a capacity of 92 cubic inches; while those of the Hottentots and Alforians only average 75. The Chinese have an average of 86; the aboriginal Americans 79. But in opposition to all this we have the equally general, and somewhat incomprehensible fact, that the barbarous races now in existence have larger brains than the civilized nations of the early ages. This is so far true, that the semi-savage Arabs of the desert now boast brains of 89 cubic inches, while the old Egyptians, the builders of the pyramids, had brains of but 80 inches; and our wandering red men of North America, including the "Diggers," "Poor Devils," or Shoshonees, as they are variously called, of the Rocky Mountains, rise to an average of 84 inches, while the ancient Peruvians and Mexicans, who were semi-civilized, dwelling in cities and worshipping in temples, had but 75 and 79 inches.

There are other facts, which appear from these tables, of an

equally curious character. Dr. Morton divides the modern Caucasian group into six families, of which the first in order, as in brain, is the Teutonic family, represented in his lists by Germans, English and Anglo-Americans. Of these the first and last named run up to 90 cubic inches, while the English exceed both by no less than two cubic inches. Cousin John will, perhaps, exult at his fancied superiority; and Jonathan may stare and feel indignant. Neither, however, should be precipitate. There is another and still more anomalous fact exhibited in these tables, which will suggest equanimity and caution; which is that the native Africans, savages though they be, have a similar excess of one cubic inch of brain over their civilized descendants in the United States, the former standing at an average of 83, the other only of 82 cubic inches.

These are facts wholly irreconcilable with the idea of the intellectual powers being proportioned to the mass of the brain. We have every reason to know that neither the English nor the African race has degenerated in any way, physically or intellectually in the new world.

The experiments of Dr. Morton are directed to ascertain the cubic contents of the brain. The older physiologists attended to its weight, and they constructed tables, though very imperfect ones, showing the average—or supposed average—weight of the brain, as compared with the rest of the body; and this in the lower animals, as well as in man. Now every one knows that the relative weight of a child's brain is greater than that of an adult; and this is an initial fact, which, of course, does not speak very favorably for the theory. By a table, (taken chiefly from Haller and Cuvier,) in Prof. Dunglison's well known work on Physiology, it appears that the brain of a child, at six years old, equals 1-22d part of its body, that of an adult, 1-35th part. Unluckily for human dignity, although some of the monkey and baboon tribe sink as low as 1-104th part, others of that race have brains of 1-22d, or as large in proportion as a child's. The game cock and dolphin tread—and swim—close on the lord of creation's heel, their brains being 1-25th part the weight of their bodies. The little canary bird, however, beats man and monkey, dolphin and game cock, its brain weighing only 1-14th; while he, in turn, retires in disgrace before the insignificant humming-bird, whose brain expands to the immensity of 1-11th of his whole weight—as Dr. D. informs us, on the authority of the late President Madison. We find, from this table, that the bat is a respectable animal; so is the bear and the hedgehog, the mole, the rabbit, the ox, the sheep, the donkey, the goose, and the dignified creature that furnishes us Virginia hams and lard oil; for they all come before, having bigger brains in proportion than the horse and elephant; both which, however, have more intelligence than all the others put together. With these examples before us, we shall cease to wonder at—or, at all events, to lament—the degeneration of brains in North America.

## CLAIRVOYANCE AND PSYCHOMETRY.

We had the pleasure on Tuesday evening of attending a select party at the house of Dr. J. R. Buchanan, for the purpose of witnessing a series of experiments in clairvoyance and psychometry.

Among the persons present were Judge Hall, Wm. Adams, L. A. Hine, E. S. Haines, Esq., Dr. Owens, and the editor of the *Columbian and Great West*. After a general conversation on the objects of the gathering, Dr. Buchanan proceeded to a series of experiments with Dr. Owens. A portion of manuscript letter was placed on the Dr.'s forehead, and he proceeded to give his impressions of the character of the writer. He spoke of him as a man of decided talent—of sternness, force, and independence of character—a liberal man, who would court popularity but would not sacrifice opinion for popularity—a man of literary ability—if a clergyman, he would be “hard on the sinners”—he should think he was an Abolitionist.

The manuscript was that of Rev. John Pierpont.

Another letter was placed on the Doctor's forehead, and he described the writer as a man of talent—a man of considerable reputation—inclined to literature—both a prose writer and a poet. He did not think he would rank as a poet quite as high as Bryant, but there was great polish and considerable sublimity to his writings. He was a man who pruned his writings sometimes too closely. In a poem he would count very correctly every syllable of every line; labor for complete finish. Too close pruning was one of his faults; he was “over tasty.”

The manuscript was that of Longfellow.

Another letter was then placed on the Dr.'s forehead. After stating that he did not get a distinct impression of the character, he described the writer as a man of talent and address. He was an ambitious man; as a speaker, he was popular. He was a man of high aspirations; he would not object if he could reach the Presidency; he might be an Abolitionist; he was a disappointed man.

The manuscript was that of Henry Clay.

A committee was appointed to select other tests of the Dr.'s impressibility. A paper was placed in his hands. In a few moments he said it contained tobacco. The answer was correct. Another paper was given him. He described it as a medicine that in large doses would agitate the stomach—in small doses it would settle it—it had a soothing effect on his lungs. The medicine was *ipeca-cuanha*.

Mrs. Bushnell, the well known clairvoyant, was present. Dr. Buchanan impressed her. She was requested to give Mr. L. A. Hine's character. She proceeded to an investigation of his mental peculiarities, and gave him a very fair “setting out”—bitting off

his well known notions very aptly. Mr. Adams and Dr. Owens were also described, so far as we know the gentlemen, very correctly.

When Dr. Buchanan was about to awaken her from the clairvoyant state, she bid him stop, and entered upon a description of the appearance and character of the Dr.'s father, many years deceased. She gave a very correct description of his personal appearance, as compared with a portrait that was afterwards shown the company. After speaking of the Dr.'s father as spiritually present to her, she entered upon a lecture upon spiritual conditions. Her opinions and illustrations made very distinct impressions on our mind, but we have not space, nor perhaps would it be proper to give them here. We requested permission to ask the lady a few questions. It was granted. We asked her if we had recently lost a relative. She said we had—that it was a person heavier than we are—that he was at a distance west—that he was going farther west—that he resembled us very much—that he must be a brother—that he died suddenly of a disease of the stomach. She described his appearance perfectly—gave the peculiarities of his mind, and stated that he was in pursuit of one object by which he hoped to “shine in the world”—that when he died he expressed many regrets—and she described effects and mementos we know he had with him when he died, as perfectly as we could have done it. Her impressions of *all* the matters in reference to him of which she spoke, were correct, as near as we can judge.

We give no opinion on this demonstration of clairvoyance. We state facts; but to our mind, the experiment was satisfactory that Mrs. Bushnell is a wonderful clairvoyant. She will remain in our city some weeks, and designs giving a few public lectures in a clairvoyant state.—*Daily Times*.

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### DEMONSTRATIVE MIDWIFERY—THE BUFFALO MEDICAL JOURNAL.

Our valued and esteemed cotemporary, of the Buffalo Medical Journal, seems to have roused quite a professional warfare, by his approval of a specimen of demonstrative midwifery, exhibited before the graduating class of the medical department of the University of Buffalo. And we notice, too, in connection with this controversy, that the clergy, with their usual instincts and propensities for medical matters, have stepped forward to take a part in the affair, so that our friend Flint, if he should die in the warfare, will have the gloomy consolation of dying with the benefit of clergy.

We are really at a loss to understand the reasons for the extraordinary position assumed by the seventeen physicians whose names are appended to a letter, which appeared in the March number of the Buffalo Medical Journal, in which letter there is a bitterness of denunciation altogether unwarranted we think, by the circum-

stances. Such strong terms as "unprofessional in manner, and grossly offensive, alike to morality and common decency," are rather strong for use towards gentlemen, quite as able as the letter-writers to appreciate what is professional, and what accords with morality and common decency. In our judgment, the letter-writers have agonized the matter quite enough, to say the least.

That there are circumstances which would make demonstrative midwifery open to such denunciations as we have quoted, we readily admit, but one of the plainest and most sensible rules of logic forbids us from arguing against the use of anything, from its abuse. As far as "we understand" the case that drew forth the denunciatory letter, there was no departure whatever from professional manner, nor from "morality or common decency." These are relative terms; what might be considered very indecent by one virtuous female, by another, might be looked upon in a very different light. In the instance before us, the female acted voluntarily; no improper means were taken to procure her consent, and she was satisfied and pleased with the professional ministrations she received. Surely her judgment is worth something in a matter of this kind; may we say that her satisfaction far outweighs the ponderous displeasure of her volunteer champions? There is nothing in the curriculum of a college that needs demonstrative teaching more than midwifery, and we regret that the opportunities for demonstration are so very limited. The seventeen physicians of Buffalo are evidently not disposed to enlarge its means, and their views savor very much of the popular prejudices against dissections.

Dr. Bennet speaks very sensibly on a kindred subject, and his remarks may well be applied to the matter before us. He says: "In Paris hospital practice, the objections which exist in England, to examination by the touch, or by the speculum, either are not to be met with, or are not allowed by those physicians and surgeons who pay special attention to uterine diseases; consequently, little more difficulty is experienced in appreciating, by their means, the symptoms furnished by the uterine organs, than in resorting to any usual means of investigation in diseases of other parts of the economy."

The indisposition of English physicians to investigate uterine disorders is thus referred to by Dr. Bennet: "That this laudable sense of propriety is, however, often carried much too far by the members of the medical profession with us, is well known to all who specially study uterine pathology." Is the practice thus commented on calculated to advance or retard medical science, or its healing powers? The answer is obvious, and that answer meets the case in the medical college of Buffalo.

We cannot withhold from Dr. Austin Flint, the expression of our warm approval of his dignified, professional course. That he has the right side of the question, the strength of argument, and the force of professional precedents, we are well convinced.—*West. Jour.*

## HYDROPHOBIA.

M. Buisson has written to the Paris Academy of Sciences, to claim as his, a small treatise on hydrophobia, addressed to the Academy so far back as 1835, and signed with a single initial. The case referred to in that treatise was his own; the particulars and the mode of cure adopted, were as follows:—

He had been called to visit a woman, who, for three days, was said to be suffering under this disease. She had the usual symptoms—constriction of the throat, inability to swallow, abundant secretions of saliva, and foaming at the mouth. Her neighbors said that she had been bitten by a mad dog about forty days before. At her own urgent entreaties, she was bled, and died in a few hours after, as was expected.

M. Buisson, who had his hands covered with blood, incautiously cleansed them with a towel which had been used to wipe the mouth of the patient. He had then an ulceration upon one of his fingers, yet thought it sufficient to wipe off the saliva that adhered, with a little water. The ninth day after, being in his cabriolet, he was suddenly seized with a pain in his throat, and one still greater in his eyes. The saliva was continually pouring into his mouth; the impression of a current of air, and the sight of brilliant bodies, gave him a painful sensation; his body appeared to him so light, that he felt as though he could leap to a prodigious height; he experienced, he said, a wish to run and bite, not men, but animals, and inanimate bodies. Finally, he drank with difficulty, and the sight of water was still more distressing to him than the pain in his throat. These symptoms recurred every five minutes, and it appeared to him as though the pain commenced in the affected finger, and extended thence to the shoulder.

From the whole of the symptoms, he judged himself afflicted with hydrophobia, and resolved to terminate his life by stifling himself in a vapor bath. Having entered one for this purpose, he caused the heat to be raised to 107 deg. 36 sec. Fah., when he was equally surprised and delighted to find himself free of all complaint. He left the bathing room well, dined heartily and drank more than usual. Since that time, he says, he has treated more than eighty persons bitten, in four of whom the symptoms had declared themselves, and in no case has he failed, except in that of one child seven years old, who died in the bath.

The mode of treatment he recommends is, that the person bit should take a certain number of vapor baths, (commonly called Russian,) and should induce, every night a violent perspiration, by wrapping himself in flannels and covering himself with a feather bed; the transpiration is favored by drinking freely of a warm decoction of sarsaparilla. He declares, so convinced is he of the

efficacy of his mode of treatment, that he will suffer himself to be inoculated with the disease. As a proof of the utility of copious and continued perspiration, he relates the following anecdote: A relative of the musician Gretry was bitten by a mad dog, at the same time with other persons, who all died of hydrophobia. For his part, feeling the first symptoms of the disease, he took to dancing, night and day, saying that he wished to die gaily. He recovered.

M. Buisson also cites the old stories of dancing being a remedy for the bite of a tarantula; and draws attention to the fact, that the animals in whom this madness is most frequently found to develop itself spontaneously, are dogs, wolves and foxes, which never perspire.

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### DROPSY OF THE BRAIN TREATED WITH IPECACUANHA LINIMENT.

The following account of the use of an ointment of Ipecacuanha is copied from a report of Dr. Hannay in *Brathwaite's Retrospect*:

The infant was in its eighth month, and the head had acquired a size much beyond natural. It presented an unnatural expression, looked languid and inactive; squinting, vomiting and costive bowels. It had been several times attacked with convulsions, after which it lay comatose for several hours. The fontanels were large and full. I directed diuretics (nit. pot. and pulv. ipecac.) as I have a notion that to increase the urinary discharge is on many accounts very advantageous in this disease. But it is to the effect of a liniment composed of powdered ipecacuanha root, from which benefit was derived in this case, that I request space for a short memoir of my trials of this remedy, first suggested to me by my accomplished colleague, Dr. Easton, Professor of Materia Medica in Anderson's University. To that gentleman I sent the following results of my experience of this new counter-irritant, and beg to offer it as the therapeutic parts of my gleanings. The formula I adopt is as follows:

R. Pulv Ipecac; Olive oil 23 each.

Lard—half an ounce. Rub the whole together so as to form a liniment.

The part we wish to irritate is to be rubbed freely with this liniment for fifteen or twenty minutes three or four times daily, and enveloped in flannels. This produces, in about thirty-six hours, or sometimes sooner, very numerous small papulæ and vesicles, seated on a deep red base of irregular extent. They become flattened in a short period, and assume the pustular character. Many of them run together; are confluent. The part feels hot to the hand of another, and a tingling sensation, never amounting to pain, is experien-

ced by the patient. The eruption endures very vividly for a few (three) days, during which the pustules become covered with a scab-like scale, and fall off, leaving no mark. They never ulcerate, as do the pustules from the tartrate of antimony. I regard the ipecacuanha as a very valuable addition to our counter-irritants. It is not over severe, as the tartrate is occasionally found to prove. Yet with all this moderation, it was very efficient and extremely manageable. In feeble, young and very irritable persons, it will, I feel assured, prove a very suitable counter irritant. I specially beg attention to the use of it in the head diseases of a chronic kind in infants and young children. Many of these cases follow the suppression of eruptions and scabbed disease of the scalp. Now the ipecacuanha liniment produces a scabbed state of the scalp, as nearly resembling the affections in question as can be imagined, and maintaining a counter irritation on the surface which I have proved, I think, to be a very valuable agent of this nature.—ED.

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IMPROPRIETY OF FREQUENT OPERATIVE INTERFERENCE IN MIDWIFERY—BY DR. R. COLLINS, DUBLIN.—[Dr. Collins gives an account of 3847 labors attended by the late Dr. Joseph Clarke, of Dublin, in which he used instruments remarkably seldom. Dr. Collins says:]

It may be observed he only used the forceps once, and that without completing the delivery. If we seriously reflect upon the happy results to the mothers, from the practice pursued by this distinguished physician, as regards the use of instruments, and then carefully examine the succeeding section upon children still born, and find here equally happy results (as of the 3816 single births, there was only forty-two children still-born, of those that had arrived at the full period of gestation, or in the singularly small proportion of one in 91,) we cannot fail to discover a number of astounding truths, sufficient to warn our artificial advocates, and make them pause until they can supply their professional brethren with a series of facts equally satisfactory.

How seldom should most practitioners be found to use instruments, if the successful course pursued by Dr. Clarke were universally aimed at. Is it not worthy of our best consideration, with the invaluable statement before us, that, in an extended practice in the upper ranks of life perhaps unexampled, there is not *one single instance of death* resulting from laborious or protracted labor! This is a practical fact which ought to be carefully recollected, and seriously weighed, by most of our continental brethren, who use instruments in every fifth, tenth, fifteenth, twentieth or thirtieth labor under their care, with the object of expediting delivery; as also by some of our own countrymen, whose unsound doctrines, inculcating mischievous interference to promote hasty delivery, the unquestionable truths here recorded clearly demonstrate to be most un-

justifiable and most uncalled for. Should not this inexpressibly important record forever silence those who venture to publish crude and fanciful opinions, unsupported by any data from their own experience, affording similarly happy results. It affords me infinite satisfaction to supply this truthful registry of facts for the universal and serious consideration of the profession. These truths speak in language the most convincing, and must, when studied, leave an indelible impression.—*Med. Gaz.*, July 20, 1849, p. 122.

**WASHING LIQUOR—The Secret Out—Twelvetrees' Recipe.**—Some one in New York is advertising a wonderful secret in the way of a labor-saving mixture for washing clothes. A remittance of one dollar, says the advertiser, will insure a return of the *recipe*. Now we have the pleasure of presenting our readers with the "wonderful secret" in full, "free gratis for nothing," acknowledging, however, our indebtedness for the same to the Liverpool Standard, from which we extract the following:

**Washing Liquor.**—A correspondent who calls himself the "Washerwoman's Friend," says: "There is now a washing liquor sold at Sheffield at the most extortionate price—beautifully labeled—but for the benefit of washerwomen, who are generally the really deserving, we will impart the wonderful secret, which has been obtained from head quarters, viz.: Mr. Twelvetrees. One pound of soda, one quarter of a pound of lime, one half of a pound of soap. The soda and soap are boiled together, and the lime alone, in two quarts of water; and then after being boiled are used as required. This recipe can be as well manufactured by a poor washerwoman as by a scientific chemist.

There now, will not all thrifty housekeepers thank us? We have no doubt that if we had advertised that we would impart this most important of secrets for fifty cents, every one of the eighteen hundred families in Jersey City and Van Vorst would have jumped at the chance. We only say try it—the recipe—and if you find it good, act in regard to the *half dollar* as your sense of justice dictates.

A more definite form of the recipe is as follows, which we take from one of our English files—the Greenock Advertiser—and for which our lady readers we know will thank us, the men too, when they think upon the horrors of *washing day*.

**Recipe.**—Dissolve one quarter of a pound of lime in boiling water, straining through a flannel bag; dissolve separately one quarter of a pound of brown soap, and one quarter of a pound of soda—boil the three together. Put six gallons of water into the boiler, and when boiling add the mixture. The linens which must have been steeped in cold water for twelve hours, are wrung out, and stains rubbed with soap, and put into the boiler, where they must boil for thirty-five minutes. They are then drawn, (the liquor be-

ing preserved, as it can be used three times,) placed in a tub, and clear boiling water poured over it. Rub them out, rinse them well in cold water, and they are ready for drying. By this process, two-thirds of the ordinary labor of washing is saved; bleaching is dispensed with entirely; the clothes are much cleaner and are less worn than by the ordinary mode of washing, and the mixture in no way damages the fabric.—*Jersey City Tel.*

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UNHEALTHY CONDITION OF THE WHITE HOUSE.—President Fillmore, by the advice of his physicians, has taken apartments for the night in Georgetown, in consequence of the unhealthful condition of the White House. Of its unhealthfulness there can be no doubt. It is believed that almost every inmate of President Tyler and President Polk's families, white and black, were sick there; and there died Generals Harrison and Taylor, who entered its walls well; while from there, with the seeds of disease lurking in his frame, went President Polk, to die a short time afterwards. And there too, died the first Mrs. Tyler. The cellars of the White House are exceedingly damp at all times, and from the basement story a chilling atmosphere strikes one, whenever the basement doors are opened. One feels at once that such air is unwholesome. Added to this, the malaria from the Potomac, without an intervening object to break its effect, comes up full upon the south side of the White House, in all its unabated, unbroken power. The Long Bridge, as it is called, over the Potomac, actually dikes up the water and makes the river look like a huge mill dam, while the greenness of the sluggish waters on its borders demonstrates to every one what must be the condition of its atmosphere. There should be a light bridge across the Potomac—a high, arched and capacious bridge—so as to let the waters take their natural current unimpeded, and the cellars and basement of the White House should be drained, ventilated and made thoroughly dry.—*Baltimore American.*

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THE DISEASE OF PRESIDENT TAYLOR, AND ITS TREATMENT.—The newspapers are engaged in investigations of the cause of President Taylor's death, and we think that the treatment he received at the hands of his physician is a fit subject for remark. On the Fourth of July he was exposed to the hot sun for two hours, then ate freely of raw vegetables and fruit, drank a glass of milk, and was soon attacked with cholera morbus. Calomel and opium were administered. The momentary effect, doubtless, was good—but the result was an intermittent fever. The error was in giving calomel and opium—stringent medicines—and in following up that treatment. Calomel and quinine were freely given on Monday and Tuesday, the last days of his life. The great error appears to

have been in using the medicines to shut in the disease—to irritate rather than to soothe the symptoms, thus creating a dangerous, and, as it proved, a fatal fever. The common course of allaying cholera morbus, by opium and other stringent medicines, is much to be censured. Any physician can stop the first and most inconvenient symptoms of bowel diseases, but all should be aware of the terrible consequences of such allopathic treatment. President Taylor's case, doubtless, was a delicate one; but it appears to have been within the power of medical intelligence to have met it successfully. We must deplore the cause of his death, as well as the lamentable result.—*N. Y. Herald.*

### BENNETT ON CANCER.

*On Cancerous and Cancroid Growths.* By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and one of the Professors of Clinical Medicine in the University of Edinburgh. Edinburgh: Sutherland and Knox, 1849. pp. 260.

Dr. Bennett understands by a "cancerous" growth a structure containing certain cells infiltrated among fibres. These so called "cancer cells," which the author minutely describes, are not distinctive of a malignant growth, and closely resemble young epithelium or cartilage cells. When grouped together, however, their appearance is highly characteristic, as may be at once seen by glancing over the numerous beautiful wood-cuts scattered through the work. If the cells are few in number, the tissue is hard, (scirrhous;) if they are abundant, it is soft, (encephaloma;) and if they are collected together in loculi combined with a viscous fluid, it constitutes that rare form of disease called colloid cancer.

The term "cancroid" has been given by Dr. Bennett to growths which more or less resemble cancerous ones, which are continually mistaken for them, and yet do not correspond with them in structure. Every practical man must be satisfied of the value of this distinction, and of the necessity of improving our means of diagnosis between tumors which are really cancerous and such as are only cancroid. The work contains valuable cases, which show that practitioners of the greatest experience are frequently in the habit of confounding fibro-nucleated, epithelial, fibrous, enchondromatous, fatty and tubercular growths, or certain forms of them, with true cancer. Dr. Bennett has taken great pains to point out how these may be distinguished from cancer and from each other, and he has figured the structure of each as seen under the microscope, as well as given ample directions for examining them.

The work is divided into two parts. The first part contains fifty-six cases of cancerous and cancroid growths, in which the symptoms, post-mortem examination or appearance of the tumor, and

the minute structure as shown by the microscope, are carefully detailed. As the professor expresses his conviction, that in the present state of our knowledge no mere verbal description of ultimate tissue is sufficient to communicate correct impressions of them to others, (a conviction, by-the-by, in which we feel satisfied the great bulk of our readers partake,) exact copies of the structure referred to have in every case been represented with the most scrupulous fidelity. The illustrations, indeed, all of which are original, and have been copied from nature by the author, give a peculiar value to the book, and will render it a standard of reference to the surgeon and to the morbid anatomist. We would point to the wood-cuts, illustrative of observations, 7, 15, 22, 27, 30, 33, 36, 37, 47, 55 and 56, not only as beautiful specimens of wood engraving, but to many of them as representing for the first time forms of structure hitherto altogether unknown.

These fifty-six cases, Dr. Bennett tells us, have been selected from an immense number of observations in his possession, with a view merely of exhibiting all the varieties of growth with which he is acquainted. In several places we are informed that it would have been easy for him to have increased their number, but as it was not in his power to add other histological facts of importance, their publication has appeared to him unnecessary, (p. 31.) In another place it is stated that the author has notes of about 300 specimens of cancerous growths alone, which at some future period may be made available to a trustworthy statistical inquiry, (note, p. 219.) Indeed, it cannot be doubted, that during the five years which Dr. Bennett acted as pathologist to the Royal Infirmary of Edinburgh, an immense field of observation was thrown open to him, and we are bound to observe no one could have cultivated it with greater perseverance, or produced from it works which are better calculated to secure a permanent reputation. In the second part the author gives a systematic account of our present knowledge of cancerous and cancroïd growths, in which he contrasts prevailing opinions with the facts recorded in the first part, and endeavors to ascertain what useful deductions may be drawn from his previous observations. With this view, he treats; in successive chapters, of the histology, chemical composition, general anatomy, general pathology, statistics, diagnosis, prognosis and rational treatment. It would exceed our limits to follow Dr. Bennett through each of these subjects; we shall content ourselves with alluding to a few of them. Under the head of Statistics, the author observes, that to arrive at correct results by the numerical method, it is necessary that the individual facts should be positive and well authenticated. Now, this is not sufficiently attended to in medical statistics. Books and journals are ransacked; so-called cases of cancer or other forms of disease are added together, or arranged in tables, which, with all the appearance of arithmetical accuracy, are in point of fact falla-

cious in the extreme. Thus, Tanchon collected 9118 cases of so called cancer from French mortuary registers, and these have served as the foundation for conclusions by Dr. Walshe and others. But, says Dr. Bennett, nothing can be more erroneous than to suppose that any disease whatever, *really* exists because it is the opinion of medical practitioners that it does so; and there can be no doubt that cancerous tumors (as, indeed, is demonstrated in the work before us) are continually confounded with fibrous, cartilaginous, fatty, tubercular, and other forms of canceroid growth. As exact observations accumulate, however, Dr. Bennett anticipates that the most important results will be obtained by applying the principles of statistics to cancer. At present, he thinks our materials are not sufficient to enable us to arrive at trustworthy results, in so much, as far as *his reading goes*, that there are only 526 cases on record in which the structure of morbid growths has been examined, including all the forms of cancerous and canceroid formations. Until further observations are accumulated, therefore, the author thinks it most judicious to avoid giving special descriptions of cases in individual organs. It would be well if our medical statisticians would imitate the author's caution in this particular.

On the subject of diagnosis, Dr. Bennett's observations will be found most valuable; but as it would be impossible for us to make them intelligible without the numerous figures to which he continually refers, we cannot enter upon them. We entirely coincide in the following remarks:

"Hitherto, the diagnostic value of a microscopic examination of cancerous and canceroid tumors has not been very extensively tried in practice. It was evidently necessary, before arriving at this, to investigate their structure, and obtain an amount of information that might serve as a basis, not only for further scientific research, but for useful purposes in the investigation of disease. The labors of those who have studied the subject may, I think, now claim some consideration from such of the profession as are desirous of founding their practice on an accurate diagnosis. To the surgeon and accoucheur especially, whose cases present them with morbid growths within their reach, such labors will prove valuable; and they are the persons who ought now to prosecute the inquiry, and render the results which have already, or may ultimately be arrived at, practically beneficial in the detection and treatment of disease."—p. 222.

As regards the prognosis, while Dr. Bennett agrees as to the great mortality of cancer, he denies that it is necessarily fatal, as is generally believed. He thinks it equally unpathological to talk of any disease as being *invariably* fatal, or *invariably* curable; for the most innocent sometimes kill, and the most malignant sometimes terminate in cure. He gives four cases where cancer was anatomically found to have undergone spontaneous cure, and says that this

result may take place by the formation of a fibrous cicatrix, a fatty mass, or a calcareous concretion. The section on Degeneration of Cancer, page 210, ought to be studied in an especial manner.

In the chapter on treatment, Professor Bennett does not enter into any surgical details, but alludes to general modes of practice under the heads of—First, Means of Retardation and Resolution; secondly, Means of Extirpation, and thirdly, Means of Prevention.

Cancer is dependent for its power of growth, extension, and redevelopment, on the cells it contains. It follows, that to retard the growth of the cancer cell, when once formed, is to retard the advance of cancer itself, and that to render it non-productive is to arrest its progress. Now, all growth in the vegetable, as well as in the animal world, is dependent upon certain external circumstances which are more or less under the control of man, such as an elevated temperature, a proper supply of moisture, room for expansion, and certain localities. Dr. Bennett therefore alludes in succession, as means of retardation and resolution, to the influence of cold, dryness, pressure and locality.

The means of extirpation are,—first, excision of the part; secondly, chemical agents which destroy texture. With regard to the former, the author takes a more favorable view than many surgeons are in the habit of doing. He argues, that as there is no possibility, at an early period, of knowing whether the growth may or may not ultimately become cancerous, prudence demands that so soon as it becomes evident that the means formerly alluded to have failed to arrest its progress, an operation should be had recourse to. As regards the propriety of excising advanced tumors, he says,—

“The practical rule, which pathology and experience unite in causing us to adopt, seems to be this, that so long as a cancer remains fixed (limited?) in a part which is capable of being removed, and the strength of the patient is not too much reduced, so long is the surgeon warranted to interfere. If this applies to cancerous, it does so with tenfold force to canceroid growths, which everything that we know warrants us in asserting are much less fatal and malignant.”—p. 245.

Under the section of Means of Prevention, Dr. Bennett brings forward a suggestion, which we give in his own words:—

“As excessive cell-development must materially be modified by diminishing the amount of fatty elements which originally furnish elementary granules and nuclei, the circumstances which diminish obesity, and a tendency to the formation of fat would seem *a priori*, to be opposed in the cancerous tendency. Fat, however, is essential to a healthy nutrition in the economy, and there will always be a difficulty in so regulating ingesta, as while, on the one hand, we prevent such an excess of adipose formation as not to favor excessive cell growth, on the other, we may sufficiently contribute to the healthy nutrition of the tissues. In most cases of cancer-

ous and cancrroid growths, however, it seems to me a prudent step to diminish all those dietetic substances easily converted into fat, including not only oily matters themselves, but starch and sugar.

"But there is another source of fat in the economy, originating in the secondary digestion of the tissues, which we may operate upon with greater chance of success. By preventing accumulation from this source, we not only invigorate the system, and keep the functions in order, but cut off one of the supplies of that material which keeps up excessive growth. This we can only do by taking care that the excretory organs properly perform their functions, and that the matter excreted bears a full, or even increased proportion to the ingesta. By paying attention to the function of the lungs, skin, liver, and kidneys, and by promoting their action, we shall accomplish what is most necessary to obviate, a cancerous tendency, and the disposition of the disease to return. It may be stated, that this is only saying, in other words, attend to the general health. But health is too often judged of by the appetite, amount of ingesta, and robustness of an individual, rather than by a due amount of the excretions, and a spare but active constitution. If a tendency to fat be antidote to tubercle, as I believe it is, sparseness may possibly be considered opposed to cancer. In the one case we should do all we can to bring nutrition up to and above the average; in the other, down to and below it."—pp. 250.]

The author himself calls this hypothesis, and does not claim for its consideration more than analogy warrants.—*Lond. Lancet.*

## SULPHUR IN CHOLERA.

*On Sulphur as a Remedy in Epidemic Cholera.* By JOHN GROVE, M.R.C.S. &c., London: Ridgway. 1848. 8vo. pp. 47.

THIS little treatise is from the pen of a correspondent of THE LANCET, whose contributions we always receive and insert in our pages with pleasure; for they are lucid in style, and the motto "*res non verba*" may be fairly applied to them—if, indeed, it is ever applicable to a literary production. Mr. Grove is not solitary in his advocacy of sulphur as a remedy for cholera. Our readers will recollect, that we not long since devoted some space to the analysis of an able pamphlet, by Mr. Blacklock, of the Madras Medical Establishment, who was equally sanguine as to the good effects to be derived from its internal administration. The "sulphur mixture" which Mr. Grove uses consists of *pure* precipitated sulphur, a scruple; sesquicarbonate of soda, a scruple; compound spirit of lavender, two drachms; and water, five ounces and a half. Mix. A quarter part for a dose. The amount of sulphur in each dose we should have thought scarcely adequate to produce an effect sufficiently powerful to combat the violence of the deadly malady, supposing it to stand really in the position of an efficient antagonist to

the disease. However, Mr. Grove furnishes us with a table of 101 cases, all of which, except three, in which death ensued, were successfully treated by him, and he further appends a table of successful cases, in which the same remedy was used by Mr. Thomas Johnson, of Weymouth. Mr. Grove remarks—

"The cases mentioned in the table were all treated with either ether and opium at the commencement, followed by the sulphur mixture; by the sulphur mixture combined with opium, or by the sulphur mixture alone. The dose of ether and opium for an adult was of æther. sulph. co. one drachm or one drachm and a half, tincture of opium, half a drachm, in a glass of water; to be repeated, should it be vomited, in a few minutes; and if the second dose be rejected, the sulphur mixture to be commenced and repeated every quarter of an hour until retained; then every three or four hours. . . . In cases of diarrhœa, should they be recent, I exhibit the sulphur mixture alone. The first dose almost invariably relieves; and I order it to be taken every few hours for a day or two. . . . Should the diarrhœa have been some days on the patient, I usually add ten minims tincture opii to each dose of the mixture, as it affords to the sulphur a better chance of being absorbed, and at the same time allays that irritability of the bowel which, after a continuance of diarrhœa for some days, is engendered even under ordinary circumstances."—p. 34, 35.

He adds, however, "I do not consider the sulphur as a remedy when the collapse is fairly set in."

Mr. Grove finds that the sulphur produces a rapid determination to the surface.

"After a dose or two doses of this medicine have been taken, the whole body soon becomes under its influence, every portion of the skin exhales the peculiar odour of that substance, and a genial warmth and moisture pervade the whole surface."—p. 27.

The testimony of Mr. Johnson in its favor is very strong, and he states—

"What has most particularly struck me is, that you have no consecutive fever after its administration, let the case be ever so severe. Not one case has proved fatal."—p. 41.

Mr. Grove believes in the existence of a close analogy between cholera and other epidemic diseases, and he starts the following points:—

"Should it be proved, as I anticipate, that sulphur is an antidote to the cholera poison, it is not unlikely that the same remedy may be available for other epidemic diseases. . . . I cannot see why one agent should not be efficient in neutralizing all poisons which are capable of generating epidemic disease; for we may infer, that if the poisons be not identical, yet in all probability they have a similar type; and whether they are composed of animal matter in a state of decomposition, having the power of inducing catalytic ac-

tion in organic liquids, or whether they consist of minute vegetable germs, there is but little reason to apprehend that more than a modification of one type performs the extraordinary work."—pp. 25, 26.

We know, indeed, that sulphur is destructive to some forms of organic life, and if the production of cholera be dependent on minute fungi, or cellular formations foreign to the system,—an opinion rapidly gaining ground,—we can readily understand, in our present uncertainty on the matter, that sulphur might act beneficially, by reason of destroying these parasitic substances.

Mr. Grove is not only a believer in the fungous theory of cholera, but he has entered laboriously, and in a highly meritorious manner, into the field of microscopic researches on the subject.—In another part of this *LANCET*, our readers will see some representations which we have had with all speed engraved for the present number, delineating what has actually fallen under Mr. Grove's observation. Here has been traced the progressive increase and development of the fungous cells, in the urine of a patient who had just recovered from the collapsed stage of cholera; and, within the present week, Mr. Grove has personally shown to us the same specimens under a microscope. We believe it is the intention of Mr. Grove to forward, as speedily as practicable, other specimens to our office, to be seen and examined there by other members of the profession.

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We cannot dismiss Mr. Grove's pamphlet without reprinting entire his conclusion, which, though treating on a subject only collaterally connected with the rest of its contents, is so truthful and excellent, that we cordially recommend attention to it on the part of both the profession and the public. Until the medical profession be put upon a different footing as regards its connexion with the body politic, the interests of science and of society must continue to suffer.

"On looking over what has been said in the preceding pages, I have felt how imperfectly the task imposed upon me has been accomplished. The active employment of a general practitioner's life leaves him little time for severe study; and under the present system of medical affairs, much less than might be afforded under better arrangements.

"The time occupied in dispensing medicines and keeping day-books and ledgers should be applied to making a systematic arrangement and record of cases, in studying works on medicine, and reading those on general literature, (for refinement of mind is by no means an element to be despised in the character of the medical practitioner,) and in the practice of chemical manipulations, materials for which he will find ample means supplied to him even in a very moderate practice. Indeed, in the advanced and rapidly ad-

vancing state of science, it requires no inconsiderable portion of time to keep pace with the progress of any branch of scientific knowledge; how much more difficult, then, must it be to the medical man who has to grapple with chemistry, physiology, pharmacology, pathology, and many other ologies which come within the range of medical inquiry, to accomplish a duty great in itself, without the drudgery of ordinary business.

"Until our profession, *as a whole*, shall have cast of the trammels of trade, it will neither obtain the merit, nor secure the esteem of which it is capable, because the people, generally speaking, look to the physic, not to the physician's talent, as that which is to be paid for. The medical practitioner is therefore associated, in their minds, with tradesmen; and if his account is asked for in detail, a rigid attention must be paid to the items of draught, mixtures, pills, powders, and lotions, or he will perhaps hear of it again, and not in the most pleasant manner. His accounts at present must be based on that principle, or the law affords him no security in case of disputes. Much more might be said on this subject, but let me apply the observations to our present position as regards epidemic cholera.

"The result of the peculiar method of obtaining remuneration for services rendered by our profession, is clearly shown to be at the expense of additional professional acquirements, and in a commercial country like this, that such a state of things should have existed is not to be wondered at; but in our enlightened times, as the present are considered, what system can be worse than one which causes a professional man to occupy his time in the business of a pharmacist and a book-keeper, instead of storing his mind with useful information. The public are clearly the losers by this system; and nothing can be more certain than that at the termination of the present epidemic, when statistical information might have afforded materials for an able digest of all that had occurred, during the prevalence of cholera, connected with medicine or otherwise, it will be found, as after 1832, that statistical records will not avail in furthering the advancement of medical science, from the simple fact, that no well-concerted method has been applied to meet this desideratum.

"The professional men, as they are at present engaged, have neither the opportunity nor the inclination to devote themselves, *as a body*, to professional attainments: their mode of conducting business almost precludes the possibility of success, even under the most strenuous exertions. The great bulk of the practices of this country average from £300 to about £800 per annum; they are generally conducted by single individuals. What an amount of toil and labor has to be borne to obtain these incomes, small as they are; the mental anxiety suffered when much sickness and mortality prevail, or during attendance upon any dangerous cases, can scarcely be conceived by those who are unconnected with the profession.—

Let any man ask his professional adviser what leisure he finds during the year; he will then discover the cause of differences of opinion, want of unanimity, uncertain results of inquiries upon important subjects connected with public health, and all the attendant train of evils inseparable from the present state of medical affairs."—*London Lancet*.

## REMOVAL OF TUMORS, CANCERS, WARTS, ETC.

BY N. L. FOLSOM, DOVER, N. H.

In the removal of encysted and fatty tumors, cancers, fungoid growths, *nævi*, warts, corns, piles, &c., by the use of potash, it may be prepared as follows: Put a pint of boiling water in an earthen mug, or other vessel, that can be easily covered tightly; put into this water enough of pulverized crude potash to saturate the water; let it remain in that condition on a hot stove from six to twelve hours. Then dip off the clear liquid, and stir in enough wheat flour to make a thick, stiff paste, and it is fit for use. It should be kept corked tightly in a glass jar, and it will keep for any length of time. The advantage of preparing the potash with flour instead of eggs and other substances, is that it will not spread beyond where you have placed it, and by using a sharp pointed instrument gently, where you have applied the paste, to make an issue, or for any other purpose, you can destroy the flesh a quarter of an inch deep in an hour and a quarter, so that you can scrape it out, leaving a fine issue. You can extirpate a wart with it in about the same time, so that it will never return. By the same process you may remove a *nævus*, a suspicious pimple on the lip or face, without frightening patients in the least, as they are not usually much frightened at anything pertaining to surgery except the knife. And I think the paste will much more effectually remove them than the knife. After using the paste for any purpose whatever, poultices should never be used, as we are then much more liable to have inflammation; but we should use diachylon salve, common adhesive plaster, or the basilicon ointment. The advantage of *simple* potash over potassa cum calce is, that it produces very much less pain and inflammation. An encysted or a fatty tumor may be removed with the paste, producing little or no bleeding, and by using the scalpel but very little.

To remove one of the above tumors with the paste, you will chafe a strip over the middle of the tumor with fine sand paper, the length you would make an incision if you were to remove the tumor with the knife. Then apply the paste about a quarter of an inch wide, where it has been sand-papered. After the paste has destroyed the integuments down to the tumor, which you will ascertain with your pointed probe, you will make an incision through the dead flesh, and with the handle of the scalpel turn out the tu-

mor, which may be done, in many instances, without further using the knife, or producing any hemorrhage, and with very little inconvenience to the patient. Then dress the wound with adhesive plaster, and basilicon ointment. If at any time adhesions are found between the tumor and the sac, you can put a little paste in between the sac and the tumor if the patient will not allow you to use the knife. By the above process you will be able to lull the fears of your patients, and get more tumors to remove, than if it was understood that you were to remove them with the knife. This paste is the best and most convenient form, I think, to use the caustic potash, for any purpose whatever. With your probe you can put it any where you please, into the mouth, nose, vagina, anus, &c., &c., and destroy just where and what you wish.

The cancer doctors use common potash, potash made from prickly-ash bark, and potash from sorrel, &c., to make their plaster cancers of, some using one, and some another.—*B. M. and S. Jour.*

**CREAM OF TARAXACUM.**—[We quite agree with Dr. Collier when he says that “remedies are enhanced in value, when they are found to combine simplicity with efficacy; and hundreds of pounds are paid for ext. taraxaci in public and private practice, and nine tenths of it are all but inert, sweet, and decomposed in the process of preparation.” He gives his own method of using dandelion for the cure of hepatic and dropsical disease, which we are disposed to think very favorably of.]

Cut the fresh roots of dandelion, free from any adherent earthy matter (previously washed and slightly scraped) into transverse slices. Sprinkle any quantity of these, while moist, slightly with spirit of juniper, and express them in a tincture press. The cream thus expressed will keep any reasonable time for the purposes of the practitioner in the hottest weather. The dose, a table spoonful or more, twice or thrice a day, will probably produce two or more diurnal biliary evacuations. It may be diluted, or put up in the form of draughts, with any of the diuretic waters or infusions, or with a solution of cream of tartar. The great objection to its use will be that it costs nothing, and may be made by every one, without pharmaceutical mystery or expense.—*Braithwaite's Rel.*

**DEATH FROM THE STING OF A “YELLOW JACKET.”**—Last week, a son of Mr. John Gilpin, of Centre township, in this county, 12 years of age, came to his death in the following singular manner: While pounding, or mashing apples to make cider, a “yellow jacket,” flew into his mouth and stung him at the top of the throat, and in twenty minutes he was dead! Swelling set in immediately, which completely closed the windpipe, and death was produced by suffocation.—*Cambridge (O.) Times.*

**A NEW SYSTEM OF MEDICAL PRACTICE.**—A London correspondent of the Tribune, gives the following account of a new method of curing diseases, invented by a Swedish poet, which consists in bodily exertations, either voluntary or applied from without:

"A subject which is now talked of here as a piece of progress, is the new system of Mechanical or Motor Medicine, called 'Vinesipathy, or the cure of diseases by Specific Active and Passive movements.' It has been practiced for forty years in Stockholm, and is this year for the first time becoming prominent in England. There is a good pamphlet on it under the above title, by Georgu. The method consists in applying external motions, passive and active exercises, &c., to the body; and in rendering these so special, that you can operate on the various inward organs, on parts of these specifically. Friction, posture, percussion, motion are all made use of; and the science has so far advanced, that already as many as a thousand different movements have been devised for the purpose moving and jogging the failing parts and powers within.

There are thus languages of *nudges* to remind brain, liver, spleen and all of their neglected duties. The effects produced approve the plan, and stamp it as an art and science. It is exercise, contact, admonition pursued into details, whereby disease is literally for the first time handled. One important general truth which accrues from it is, that operations from without are propagated inward, and that by scientific knowledge, you can send in messages to particular parts, which are received and heard just where they are wanted, and no where else. This practice recognizes motion for the first time as an important element in the living frame, and throws the chemical and molecular views, which are dead and chaotic, into the back ground, bringing forward the physical and mechanical, which are large enough to be living; and founding upon them a method of curation. It is remarkable that this laying hold of the mobility of the frames also comes from a Swede, Ling, the poet."

**A DISGRACE TO HIS SPECIES.**—A friend has just related to us a curious fact in natural history respecting a dog. In North Attleboro' in this State, there is kept in a manufacturing establishment, a large mastiff who takes as much comfort in a quid of tobacco as does the most inveterate lover of the weed. So habituated has he become to its use, that he must have it, and will sit all day in the centre of the shop chewing away with appetite and a good relish. He became thus like a man, by playing with 'old sogers,' as the ends of cigars are professionally termed. In such play he would occasionally find a 'soger' in his mouth, until at length a taste was formed for the tobacco which has since increased, and now he is what he is. We believe this to be the only instance on record, of any animal but man, and one species of worm using the weed from the pure love of it.—*Boston Cabinet.*

## Part 3.--Editorial.

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### MEDICAL SCHOOLS.

The Rochester School has been decidedly improved by the selection of Dr's L. Reuben and L. C. Dolley, in place of Dr's B. S. Heath and C. J. Kenworthy. Dr's Reuben and Dolley are gentlemen of education and respectability, and decided medical reformers. Dr. D. is a graduate of the Eclectic Medical Institute.

A new edition of the announcement of the Louisville (Reform) School has been received, which is not only handsomely printed, but improved in its style and character, with its objectionable passages omitted; an evidence of good sense and good taste which is quite commendable.

Dr. STORM ROSA has been appointed Professor of Obstetrics in the Cleveland Homœopathic School.

Dr. DAN'L DRAKE has been appointed Professor of Theory and Practice of Medicine in the Louisville Medical Institute, and Dr. EVE, of Georgia, Professor of Surgery. The use of the Hospital has been equally divided between the Louisville Medical Institute and the Kentucky School, formerly of Lexington.

The Memphis Bulletin, which is the organ of the Memphis School, claims that their College is just as "*orthodox and Allopathic*" as any in Philadelphia or New York—and not controlled by Eclecticism or any other ism. This is not official as it is not based upon any official declaration of the Faculty—but it looks very queer considering the circumstances. However, time will bring all things to their true position; mean time comment is unnecessary.

The following is the language of the Bulletin; what degree of importance is to be attached to it may be judged from the fact that the editor is a Professor of the Memphis Institute, and one of the most active members of the Faculty, though not a medical man.—I had not intended at first to make any reference whatever to this matter, but I perceive that in all the recent publications emanating from gentlemen connected with that school, there is not one sen-

tence which places the school upon the Eclectic platform, but on the contrary there are many expressions designed to parry off the charge of being Eclectic and propitiate the favor of the old school party. Hence, I deem it but justice to the readers of this Journal and the true supporters of Eclectic Reform to republish the following semi-official manifesto from the Memphis School. Unless the members of that Faculty repudiate this announcement in a distinct and emphatic manner it is impossible to avoid the conclusion that it does represent the position of the school. At the present time I have no sufficient reason for believing that they will, but several reasons for believing they will not. I have nothing farther to say at present upon this subject, but merely wish to enable that Faculty to define their position as they think proper, and to keep my readers duly apprised of the progress of events.

“Scarcely a day passeth that we do not receive one or more letters, enquiring whether the Faculty of the Memphis Institute is not what is termed *Botanic*, and whether it does not teach that doctrine.—Others enquire whether Eclecticism is not the prevailing doctrine taught in our Institute; and some have gone so far as to enquire whether the absurdities of Homeopathy are not taught as is the case in the Eclectic College at Cincinnati. We have invariably contradicted all such reports as may have a tendency to create the belief that this College advocates any of the new *isms* of the day. It is as standard in its teachings as any similar institution in this country; and the believers in the doctrine of Allopathy need not hesitate to patronize our institution, as the greater number of our Faculty are acknowledged Allopathic Physicians, and two of them of thirty years’ practice. It is now the custom in most Colleges, to teach any new discovery of the day, whether it be the result of the labors of Allopathy, Homeopathy or Eclecticism. A truth is a truth wheresoever it may be found, irrespective of the person who discovered it; and truths, so far as they exert a bearing upon Medicine or its collateral sciences, are taught by the Professors of the Memphis Institute as such, totally careless by whom they may have been discovered. Still the Faculty wish the public to understand its position on the Medical platform, that those at a distance may know where to place it, and to act accordingly. That the Professors of this Institute have adopted what is termed the Botanic doctrine is not true, for with that and steamism they have no friendship, nor do they teach it or recommend it in their lectures. What is termed Eclecticism may, and probably does, contain some remedies new to the medical profession, and some methods of cure which experience has proven to be more safe and efficacious than by the old ones. These will be fully commented upon by the Professors,

and what is really valuable given to the students, while all the remedies in use by the regular medical profession, will be dwelt upon—their therapeutic and pathological qualities thoroughly explained, and everything connected with them taken cognizance of.

"Thus it will be perceived that the Professors of the Memphis Institute are not "Eclectic" nor "Botanic," but that they expound the doctrines of Medicine as taught by Physick, or Rush, or Mott, and all those who are considered standard in Medical science. But instead of affiliating with any of the new fangled *isms* of the day, they stand as far aloof as any College in this country, and consider themselves as emphatically orthodox, and as decidedly Allopathic as any of our brother Colleges in Philadelphia. These explanations we make that the public and our professional brethren may know upon what platform we stand, and then be prepared to contradict the reports of certain individuals who are industriously circulating scandal for the purpose of injuring this Institute."—*Memphis Monthly Bulletin*.

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### MEDICAL CHEMISTRY.

In accepting the department of Medical Chemistry and Cerebral Physiology it has been supposed by some that I may not occupy the field in which they have been pleased with my labors heretofore, but I would remark that Medical Chemistry is intimately connected with Physiology and the Institutes of Medicine; consequently I shall still be occupied in presenting those important physiological principles which I have heretofore taught in reference to the body as well as the brain. Medical Chemistry in perfection might be styled the Institutes of Medicine, for it contemplates the action of remedies upon the constitution as well as the molecular action of its fluids and organs. This subject is truly a vast and important field of labor, but requires a great amount of original research to do it justice. It cannot be properly taught without going far beyond the limits of the books.

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### CRANIOLOGY.

The craniological remarks in this Journal copied from a Philadelphia newspaper illustrate well the folly of *savans* and the *unfitness* of scientific men of the spirit which generally prevails for the cultivation of Anthropology. Medical professors almost everywhere have discarded the study of Phrenology as a regular department of Medical Science, and when they give any attention to craniological subjects they appear to be out of their proper element.

Dr. Morton, for example, has spent a great amount of labor in measuring and depicting a number of skulls—and his costly work on national crania has given him a high reputation, but after all what is it worth? A living skull is worth in every respect more than a dead one, although it may not look so formidable or anatomical, and if Dr. Morton had measured a few hundred living heads, (which can very easily be done,) he would have done just as much for science as he has by his Craniological researches which have so much pretension. Indeed a living skull is vastly more useful to the student of Anthropology, because it is associated with a character and constitution which we can observe and understand. But the measurement of the skull of an unknown individual, however accurate it may be, cannot throw much light on Phrenology—such measurements are barren and unmeaning facts, scarcely worth the time spent in taking them. Had our medical professors occupied themselves in accurately measuring the heads of men of marked characters and of marked physiological peculiarities, there can be no doubt that they would have made contributions to science of great value; but they have generally scorned this simple direct road to the truth. A few hundred living heads properly selected as representatives of national characteristics, and properly measured would have been more instructive than any such craniological works as Dr. Morton's. But such investigations might have been reported in one respectable essay, and would not have made so voluminous and imposing work.

The statistics of Dr. M. are evidently quite fallacious, and worth less than the observations of a good practical phrenologist. For example, he makes American heads inferior in cerebral development to the English. This is a mere hap hazard conclusion. If a few large or small heads had been added to either of the two classes they would have changed the result. Heads from the north of Great Britain are decidedly larger than those from the south; the heads of the higher and more intelligent classes are generally larger than those of the lower class of laborers. So in the United States, larger heads will be found in the middle states than in the north or south. It is obvious, therefore, that it would be easy to select a group of heads which would represent incorrectly the national character, and that no measurements would be worthy of any regard in reference to national character, unless they were so extensive and

so carefully selected as to embody a fair average. The assumptions that the English brains are larger than the Anglo American, and the native African brains larger than those of the African race in the United States, are not warranted by the meagre collection of facts which is furnished by Dr. Morton's *Crania*. A respectable practical phrenologist could do more to settle such questions in one month by diligent measurements than has been done as yet by all our savans.

The idea referred to by the editor of the *Gazette*, that the intellectual powers are proportioned to the entire mass of the brain is not entertained by any phrenologist, or any one who has much knowledge of such subjects. The intellectual powers belong to the front lobe alone. It is not at all unreasonable or improbable that the modern Arabs of the desert have larger brains than the old Egyptians who built the mounds. These Arabs have greater personal force of character and animal energy than the hordes of slaves who were ruled by the old Egyptian monarchs. That the ancient Peruvians had smaller brains than our North American savages, is what we should expect from their character. They were a feeble and easily conquered race—certainly far inferior to our North American Indians in strength of character, although from the predominance of the frontal over the occipital organs they made a greater progress in civilization.

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CORRESPONDENCE.—Dr. P., of South Bend, Ia., says: "I have been in this place since about four weeks after I left the Queen City, and have been doing a fine business—have treated from ten to twelve hundred cases since I came here with the loss of but one case—a child, which was in *articulo mortis* before I saw it.—Therefore I think I can say I have been very successful in practice so far, and have had no occasion to draw upon Homœopathy, but have found Eclecticism amply sufficient in all cases. I cannot but look back with pleasure to the all-important truths taught me by our esteemed and lamented friend, Dr. Morrow. The good people in this part of the country are very favorable to Eclecticism."

Dr. B., who has been traveling in Ohio and Indiana, says: "I have found the universal cry of the people to be, 'send us an Eclectic physician.' I can designate a dozen or more places where a thorough going Eclectic could find a profitable situation."

THE

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## AMERICAN ECLECTICISM:

AN

### INTRODUCTORY LECTURE.

*Delivered by Professor J. R. BUCHANAN, on Monday evening, November 4th, 1860, in the Hall of the Eclectic Medical Institute.*

GENTLEMEN:—We have assembled to-night under impressive circumstances. Of the corps of teachers of Eclectic Medicine who occupied these halls last winter, ALL have not again assembled. The oldest veteran of our corps, who bore the heaviest responsibility of this great enterprise is no longer with us. In the midst of his noble labors, he has been called away. From this life, which he devoted to the good of mankind—to the redemption of his fellow beings from the evils of pernicious medical errors—he has been promoted to a higher sphere of existence. His spirit will not be weighed down by any pressure of remorse in contemplating his past life. On the contrary he will look back to a long series of good deeds—to thousands restored to life and health by his wise ministrations, and to the healing knowledge widely diffused by his pupils. He has carried with him a vast fund of happiness in the contemplation of his past career—and as we are permitted to trust that the departed are not entirely unconscious of the progress of this life on earth—he may look down with blissful emotions upon the progress of that great cause of which he was the WESTERN HERO, which is still going on conquering and to conquer in the bloodless triumphs of benevolence and peace. In contemplating his career we may learn a lesson which it impressively teaches—to fix our aims in the outset of life upon a lofty object and pursue it with an unwavering firmness—never regarding the popular disapprobation, silently whispered around us, or gathering in stormy opposition, but going on bravely in the consciousness that the right must ultimately triumph.

Such was his course, and the memory of MORROW is richly embalmed in our hearts!

GENTLEMEN, we have again assembled to perform the arduous task of reviewing and becoming familiar with the immense mass of facts and principles, which constitute the science of medicine.

As medical men it will be our duty hereafter, to stand up with all our armor between our friends and the terrible assaults of every devastating pestilence, or insidious disease which many assail their lives. The lives and the health of thousands of our friends and fellow citizens, depend upon the preparation which we make this winter, to shield them from suffering and death by our medical resources.

Under this solemn responsibility, we act—and every day that is lost, every hour that is unprofitably spent, must impair our skill, and must to that extent, endanger the health or the lives of those who are to be entrusted hereafter to our care.

He who assumes these solemn responsibilities, and trifles away his time by idleness, or studies his profession carelessly, no matter what may be his personal virtues, is guilty of a gross dereliction of his duty, and like the sentinel who falls asleep on his post—he must be regarded as a *criminal*.

But you know the value of time; you know that you have not an hour to spare, and that you have only a limited time to prepare yourselves for the responsibilities of the profession: I trust therefore we shall all go to work this winter, as Nelson's sailors went into battle under the inspiring motto, "England expects every man to do his duty."

And in these walls gentlemen, we expect something more than is usually expected in a medical school, we do not ask of you merely to follow implicitly in the footsteps of your predecessors, and to master the details of a particular mode of practice. We ask you to perform the more difficult part of medical philosophers; we ask you to study and compare the various doctrines found in the text-books of our profession and with discriminating sagacity to select the good and reject the evil. We ask you not merely to be learners by memory, but to exercise all your reasoning powers in an impartial manner. We ask you not only to learn how to practice, but to understand all the reasons for the method, which you adopt. We ask you not only to learn the common resources and principles of the medical profession, but to learn a great many resources and principles not found in your text books.

We therefore most earnestly hope that you will appropriate these four months of our session daily and nightly to your studies, and to nothing else; and as it is impossible to master the knowledge to be acquired in a single course of lectures, our laws imperatively require two courses, and as it is very difficult indeed even for the best disciplined to acquire a perfect or an accurate knowledge of

medical science in two courses, we most earnestly hope that you will not stop short of attending three full courses of medical lectures.

Do not think this too much. For a common country practitioner, desiring only to make a living by his trade, like a farmer or mechanic, two courses may be enough, but for the man who aims to excel—to honor himself and to do good to his fellow beings, three courses are little enough. The most eminent men in the medical profession have generally spent a greater time than usual in their course of studies, and attended several of the best schools and hospitals, before they felt prepared for their high calling.

It is not merely to support yourselves and to benefit your patients that you should prepare; for you have other responsibilities to your country at large. You belong to what has been appropriately termed "*The Vanguard of the Army*,"—that portion of the medical corps whose motto is progression. You are participants in the great and benevolent enterprise of medical reform, and upon you it will devolve to carry the broad banner of *American Eclecticism* over this continent. Upon you it will devolve to carry out a new system of practice under the eyes of jealous and skeptical observers, and to be prepared to meet every test of your skill and knowledge. Upon you it will devolve to meet captious opponents and to prove not only by practice but by argument, that your doctrines are true, and that American Eclecticism is no crude theory.

Let us then understand clearly before we begin our winter's course what is American Eclecticism—what is it to be an Eclectic physician?

I cannot better illustrate the relative position of a philosophical Eclecticism and a one-sided system of medical philosophy, than by relating an anecdote which although old and familiar, is peculiarly adapted to our purpose. The story goes that in the olden time two valiant knights traveling to and from the Holy Land, came together in opposite directions at the crossing of roads, where stood a statue bearing a burnished shield. They paused to admire its sculpture and after a courteous salute one of them spoke admiringly of the statue and its golden shield. "Golden!" replied the other contemptuously, "it is but a silver shield, if I can see correctly." "It certainly is gold," was the reply, "whoever says it is of silver lies." "Then by St. George!" said his antagonist, "if you are no coward you shall meet me in combat." They withdrew to fight. As they were about to commence their tilt, an aged pilgrim came along, who asked why two good christian knights should make war on each other thus, when all their strength was needed for the foe! "The lie has passed," said the first knight, "my adversary has pronounced yonder silver shield to be of gold, and given me an unpardonable insult."

"Indeed," said the pilgrim, "and will you shed each other's blood for such a difference of opinion? The cause of your differ-

ence is this: you have traveled different roads, and have each, as you stood in different positions seen but one side of the shield. To you it appeared as silver—to him as gold—but know, air knight, that I have dwelt upon this spot, and I have often looked upon both sides of the shield. I know that what you say is true, and also what your opponent says is equally true.” “True!” said the knight indignantly, “if you endorse what my opponent says, you endorse the insult and the lie, and unless you leave this ground immediately with your insulting mediation, I will transfix you with my lance.” The old man grieved in spirit, yet anxious to prevent the effusion of blood, resorted to the other knight, hoping to explain away the difference and propitiate their anger. But all was in vain. Each adhered to his one-sided view and fought for his dogmatic opinion. Neither would examine both sides of the question with Eclectic impartiality, nor listen to a fair explanation of their differences from a more philosophic mind.

Thus it is in the science of medicine. Our *materia medica*, like the gold and silver shield, presents two aspects—every drug is capable of acting either with the Homœopathic or with the Allopathic relation to disease. They who approach the subject from the road of old and common experience perceive distinctly the Allopathic aspect of therapeutics, while others who approach from the direction of subtle philosophy and novel experiment, perceive the Homœopathic aspect. Each party like the turbulent old knights refuses to recognize what the other sees, and contends that therapeutic science has but one true aspect. Each pronounces the other totally wrong, and falsehood, knavery and imposition are freely charged, while the harmonious Eclectic philosophy which looks upon all aspects of the question with impartiality is indignantly repelled by each, because it will not take part in their petty quarrel and endorse the ribaldry of either party against the other.

Eclecticism calmly tells them that each is in possession of a partial truth, but that both are in error when they deride and denounce.

Hence we perceive, an Eclectic physician is not an Allopathist nor a Homœopathist nor a Hydropathist nor a Chrono-Thermalist nor a Botanical nor a Mercurial physician. He is simply an independent practitioner of medicine, who is not willing to be classed and labelled with any restrictive and peculiar term. He submits to the name Eclectic, merely because it is a free, liberal term, which does not signify anything exclusive or sectarian, and which leaves him in the position of an untrammelled enquirer into all truth. He derives his claim to the title of Eclectic from the fact that he believes there is no system of doctrines ever established by man, which is not pregnant with truth, and that there is no class of medical practitioners who do not by their clinical experience acquire valuable knowledge; consequently he studies all systems and consults with all practitioners, and fraternizes with all honorable men in the pur-

suit of truth. He is willing to learn from every author, from every physician, from every human being. Therefore he may claim to be considered Eclectic.

Who then is, and who is not an Eclectic? He who gains the most extensive knowledge of his profession, of all its doctrines and resources, is the best Eclectic, and he is not an Eclectic who falls in with any author or party with so partizan a spirit as to denounce and to exclude from his respectful attention other writers or other systems; to denounce and exclude Homœopathic, Allopathic, Hydropathic, Botanic or Chrono-Thermal doctrines, is a violation of Eclecticism, and to adopt any one of these systems exclusively is still farther wrong.

In defining the positions of the various medical parties in the world, you perceive that this is an essentially new position. Consequently it requires a new name, and the name which I would propose for a true Eclectic system is a name expressive of its universal, comprehensive character. That name is *PANTOPATHY*.

It is the fashion to name systems of medical practice from the mode in which they cure, or from the agents which they apply to the treatment of disease. That system which uses remedies capable of producing results analogous to the conditions of the disease to be treated is called Homœopathic. All other systems which are not guided by this analogy are commonly called Allopathic, as they bring to bear upon the disease something capable of producing morbid phenomena different from those of the disease.

Looking to the relation between the disease and the remedy, we may say that philosophically speaking, there can be but three principal forms of this relation, or in other words, three methods of treating disease. The remedy must either directly oppose and overwhelm the disease, (which is Anti-pathy,) or it must coincide in tendency with the disease, (which is Homœopathy,) or it must take an intermediate course, and neither coincide nor oppose, but simply produce a different action or diversion as in counter-irritation. This method in strict propriety is called Allopathy.

Each of these methods is rational, and in practice each has been successful, for they have all been extensively tested.

To take the simplest illustration of the different methods of treatment, let us suppose a violent local inflammation to have arisen. The first and most obvious suggestion of common sense is to counteract the symptoms by an agency exactly opposite, to overcome the heat by cold, the pain by anodynes, the relaxation of the parts by astringents, and the debility, if it exist, by stimulants. Such is the common treatment, and we know that it is perfectly successful if correctly applied. But to simplify the matter let us look at one feature of the case alone. The inflammation is accompanied by heat and excitement, hence common sense suggests a cold and sedative application, or in other words, cold water or ice. By this

means we overwhelm and keep down the inflammatory action. But experience has also proved that if we can overwhelm inflammation antipathically by cold, we can as successfully relieve it Homœopathically by heat. Although caloric excessively applied would aggravate any inflammation, yet the gentle application of it which the Homœopathic law requires is decidedly curative. Thus by the application of warm water or steam we may control inflammation as well as by cold water or ice. If we adopt the antipathic treatment by cold, we must be steady, bold and efficient; in other words, our practice must be heroic, for if we are not efficient we aggravate the disease. If the cold is not efficiently applied it only stimulates reaction and urges the inflammation to greater intensity. If it is not kept up steadily, the inflammation may rally in the intervals and rise higher than ever. Or if it is discontinued too soon, the reaction will arise, and the disease assume its full force. The application therefore must be bold, firm, steady and lasting; just as if we had attacked a dangerous enemy, when we must not only knock him down, but keep him down and crush him completely, for fear that if we allow him to react and rise he will destroy us. Hence, as I said before, the antipathic practice is necessarily heroic.

But Homœopathic treatment is necessarily gentle. For if we apply a remedy coinciding with the disease, the more we give, the more the disease is aggravated. If we apply heat to an inflammation a heroic practice would be destructive, but if we apply it gently as in warm water or steam, it exerts a beneficial influence, and does not aggravate the disease.

Hence arises the broad distinction between Antipathic and Homœopathic treatment of disease. The antipathic must be heroic or it does no good; we only worry the disease and make it worse unless we give efficient doses and conquer it. But the Homœopathic treatment if it should attempt the heroic would be destructive—it does good only by its gentleness.

To illustrate this matter by a comparison,—a boy comes home from a quarrel in a furious rage, cursing and swearing vehemently. His father comes in and undertakes to check him on the heroic antipathic plan. He orders him to be silent, and threatens him with a flogging forthwith if he does not mend his manners and put on a more smiling countenance. If the old gentleman is a good practitioner with the rod, his antibilious prescription succeeds at once, although it is not very pleasant to the patient. But if the father is absent, the mother treats him homœopathically. She does not oppose him but listens to his story, pretends to get very angry herself with the boys who abused her darling son, and coincides with him so well that his excitement passes off and he is restored to good humor by the Homœopathic sugar-pill of his mother's sympathy; and there is no doubt that he prefers this method of treatment.

Or to take another illustration, let us compare a disease to a run-

away horse. If we wish to stop him, there are three classes of practitioners—first, the antipath steps into the middle of the road right before the run-away horse, seizes him by the bridle and heroically stops him on the spot, and leads him back to his place. The Homœopath having more dexterity than strength, runs alongside of the horse, takes hold of his bridle and runs on with him as fast as he can. As soon as he gets hold of the bridle, the horse slackens his speed, and in a short time he comes to a halt and quietly walks back with his dexterous Homœopathic master.

Another practitioner not so heroic as the Antipath nor yet so pliable as the Homœopath, rushes to the head of the horse and seizes the reins, but does not attempt to stop him at once, neither is he willing to run along with him. He turns him to one side, and changes his direction as fast as he can until he is completely turned, or perhaps he drives him into a corner of the fence where he is obliged to stop because his road has come to an end. Thus, the Allopathic practitioner controls a local inflammation by a cathartic acting on the alimentary canal—by a blister on some other part of the body, by an opiate, a stimulant or an alterative which does not act directly or inversely on the disease, but which changes the condition of the whole body and gradually changes the action of the morbid part. If a disease be located in the lungs or the spinal column, the Allopathic practitioner does not act directly on the morbid part with either the Homœopathic specific or the antipathic specific, but he endeavors to divert the headlong power of the disease from its existing channels and run it out to the surface where it must terminate because it can get no farther. He therefore applies a rubefacient or a blister or an irritating plaster over the chest or over the spine and after a time he finds that the morbid action has diminished at its original location and that the physiological and pathological activity is concentrating on the surface where it terminates its progress, leaving the patient free from his disease.

These are simple illustrations of the three great methods of therapeutics, Antipathy, Homœopathy and Allopathy; but these three methods are necessarily subject to variation and commingling. Thus the Antipathic plan cannot always be specifically antipathic, but must be more or less *Allopathic*. The Homœopathic prescription cannot always be strictly Homœopathic, but must often partake in some degree of the *Allopathic* character, and if we should attempt to carry out the Allopathic plan we would find all of our prescriptions leaning either to Homœopathy or to Antipathy.

Hence although the science or art of therapeutics may be theoretically divided into its Antipathic, Homœopathic and Allopathic departments, we shall find that practically no such division is possible. To make such a division is degrading to the intelligence and dignity of the medical profession. A thoroughly educated

medical man is acquainted with all the resources of his art and does not confine himself to any portion.

The attempt to subdivide the art of healing and establish different classes of practitioners has been made only in modern times and has not entirely succeeded nor can it ever succeed. The three great methods of healing disease have always been adopted by the medical profession and used indiscriminately, without any reference to their philosophic distinction, aiming only to cure the patient.

In modern times, Hahnemann discovered that one of these modes or laws of cure, viz.: the Homœopathic, was vastly more important and more susceptible of general application than any of his predecessors had supposed. He accordingly devoted himself with great boldness and assiduity to the investigation of the *materia medica*, and extended the applications of the Homœopathic law to the entire practice of medicine, excluding from his system of practice the Antipathic and Allopathic modes as unscientific and unworthy of preservation.

Had the labors of Hahnemann in the development of Homœopathic therapeutics been prosecuted in a more catholic or liberal spirit—had he been content to bring in his contributions to the great treasury of human knowledge without denouncing the labors of his predecessors, and disparaging all other laws but the Homœopathic, we might regard his career with unmingled admiration. Notwithstanding his error in this respect, we must ever regard him as standing high among the world's benefactors, among the diligent contributors to practical medicine, and the reformers of an old, unscientific and destructive mode of practice.

The leaders of the medical profession with their usual haughtiness and dogmatism, rejected the experimental investigations of Hahnemann, while he and his followers with similar dogmatism and prejudice rejected and denounced all other resources beyond the one great Homœopathic law, "*similia similibus curantur*."

But even the fierce bigotry which has attempted to draw the line between these two parties, cannot subdivide and separate our therapeutic resources. Homœopaths may vow that they will use nothing which is not strictly Homœopathic, and they may come very near to fulfilling their vow. The great body of the medical profession inaccurately called Allopaths may resolve that they will not countenance Homœopathy, and that they will be exclusively Allopathic, but in vain. The medical profession never has been, and never will be exclusively Allopathic. From the time of Hippocrates down to the present day every work upon the practice of medicine (excepting those of Hahnemann and his followers) embodies in its code of practice the three great laws of Antipathic, Homœopathic and Allopathic therapeutics. Never until the time of Hahnemann was a medical practitioner limited to one of these laws of cure.

Homœopathy then, so far from being the exclusive property of that sect which has become so infatuated with its beauty, is, and always has been and always will be, the common property of the profession. We act upon the Homœopathic law when we relieve inflammations and fevers by warm water or the vapor bath—when we relieve vomiting by ipecac or lobelia—when we cure a diarrhœa by a cathartic—inflammations by stimulants, cholera by sulphur, agues by quinine, small-pox by vaccination, dysentery by podophyllin, drowsiness or coma by opium, delirium tremens by brandy, rheumatism by cold water, nightsweats by diaphoretics, cholera by camphor, rheumatism by macrotin, &c., &c.

If we should carefully review the system of potential drug practice which has been taught in this school, we should find that a large portion of it was decidedly Homœopathic, and if we should examine the therapeutic system of any of our popular text books of practice, we should find a great number of Homœopathic prescriptions.

How absurd then must it be for medical men to allow themselves to be separated and circumscribed by the artificial distinctions of party spirit; to be labelled Homœopathic or Allopathic, when from necessity the great body of the profession always have used and always will use the three great curative laws whenever and wherever they deem either law the best adapted to the case. American Eclecticism repudiates all such restrictions and endeavors to reach the quickest, best and surest cure for the patient, no matter whether it be by the Antipathic, Homœopathic or *Allopathic* law, or by no law at all that human philosophy has yet discovered. Our business is to cure our patients, not to indulge in any stubborn prejudice which may interfere with our success. It has been by the indulgence of such prejudices that the medical profession has been kept back from its proper progress, and whenever we indulge them we cease to progress and fall into the old quagmire of medical hunkerism which has heretofore engulfed the strongest minds of the profession and rendered their labors of so little avail for human welfare.

Casting aside all the trammels of authority, of sect and of party, American Eclecticism aims to be in its philosophy all comprehensive or Pansophic, and in its practice boldly and unqualifiedly Pantopathic.

We claim it as our duty and our right to use all the resources which God and Nature have placed within our reach—all the resources of the Universe that we can understand and use for the relief of disease.

Yet, so limited are the powers of the human mind, and so imperfect is the present crude condition of medical science, it is almost impossible to render a medical college truly a Pantopathic school of medicine, in which all of its pupils should be thoroughly instructed in all the resources of therapeutics. The most that can be done at present is to teach the proper use of those therapeutic

agencies to which we attach the greatest value, and with which we have the greatest familiarity. Few medical graduates accomplish more in their collegiate course than to attain a mastery of the most essential portions of professional knowledge. Hence, however extensive may be our conceptions of Pantopathic medicine, we can do but little more at present than to lay the foundation upon which the physician may build in his subsequent career. We can familiarize his mind with the physical and mental constitution of man in health, with the principal features of his various diseases, and with the best methods of potential treatment by medicine. We can impart the true liberal philosophy of the art of healing and show in what manner to receive and profit by a vast variety of resources which may not be comprised in a course of medical lectures, and the thorough mastery of which requires all the energies of a long and industrious life.

When I say that it is impracticable at present to impart successfully all the resources of the healing art, I speak from experience. We have made the attempt during our last session to give to our course a more extensive encyclopediac character, but we have found the task too severe—the course too extensive. We have fallen back within the limits of what can be more easily accomplished, and I believe the change is generally gratifying to those who are seeking the acquisition of professional knowledge.

But although it may be impracticable at present, it is not essentially, by the laws of nature, impracticable to give to a collegiate course of instruction a true PANTOPATHIC character. On the contrary, if medical science were more philosophically arranged and understood, a truly Pantopathic course imparting more extensive knowledge would be but little more laborious than the course of instruction which is now attempted. I earnestly hope to see the time ere long when all the resources derived from Homœopathic, Neurological, Hydropathic and Chronothermal researches may be harmoniously presented, and successfully learned in a single course of instruction. This cannot be done by bringing together the exclusive partizans of the different systems, but must be accomplished by surveying them all from the Eclectic position of an impartial philosophy, and giving to each its proper connection in a Pantopathic system.

The accomplishment of such a task, would place the Eclectic system in marked contrast to the systems of exclusiveness which now prevail. And it is only by continual progress that the Vanguard of the Army can maintain the post of honor. A considerable number of the supporters of Old School medicine claim, at present, to be Eclectic, and the name will become still more fashionable. All of the present peculiarities of American Eclecticism are beginning to find some sympathy in the ranks of Old School medicine. The native *materia medica* is investigated by commit-

tees of medical societies—the abuses of routine practice and heroic remedies are generally deprecated—the mercurial panacea is losing its hold upon the affections of practitioners as well as of the people—physicians are beginning to discover that cholera and typhus fever do not necessarily require calomel, and that bathing is a very important therapeutic resource. The President of the American Old School National Medical Association was pleased to announce the increased use of cold water, and the diminished use of calomel. The abuses of mercury, iodine, cantharides, antimony, the lancet, &c., have been frequently examined and general depletion by the lancet is manifestly losing a great amount of its popularity. In the last American Journal of the Medical Sciences, Dr. Dietl's statistics are reported, showing that out of three hundred and eighty cases of pneumonia, treated partly by bleeding alone, partly by tartar emetic alone, and partly by diet and rest alone, the lancet lost over twenty per cent., and tartar emetic lost over twenty per cent., while diet and rest, or nature alone lost only about seven per cent.—in other words, both antimony and the lancet, not only proved to be entirely useless in the treatment of pneumonia, but each of these agencies prolonged the duration of the disease, and rendered it nearly three times as fatal as it would have been by relying upon nature alone. When facts like these are published in the leading medical journals, it is obvious that the spirit of Eclecticism is beginning to pervade the old professional ranks.

Yes gentlemen, a new spirit is beginning to pervade all ranks, and medical science partakes of the stirring influence of modern progress. It is learning to drop its barbarisms to depend on something else besides the lancet and the knife, mercury, antimony, arsenic, lead, copper, and a very scanty supply of the most heroic drugs, arbitrarily chosen—learning to use a few of the innumerable safe and gentle agencies which the great Creator has lavished around on every hand—learning to use the health-giving waters which spring from our hills, and the potent but safe medicinal plants which are scattered in boundless profusion on every plain, and mountain side and valley throughout our country—each leaf and flower and root pregnant with healing power for the sick—each plant, indeed, like a special messenger from Heaven, an angel sent to relieve some form of human suffering—standing there on the hill-side, as the rainbow stands in the Heavens, the beautiful emblem of the kindness of the Creator—and every year it comes forth again in all the beauty of its form, full of medicinal balmy juices, waiting patiently for the time when the true physician shall come and reveal its powers to man, and enable it to fulfill its great mission of benevolence to mankind.

More than ten thousand such angels adorn our hills and valleys, and patiently bide the time when man shall be sufficiently enlight-

ened to understand and receive the benevolence of God, which streams forth like the light of the sun to all lands, and requires only that we shall open our eyes to receive and enjoy its brightness.

And our eyes are being opened—opened to a new world of wonders. The people of the present generation are learning every year the folly of antiquated dogmatism—and the grandeur of the destiny which the Creator is developing for man by his unceasing law of progress. We are learning, too, that our would-be oracles and wise men, who assume to be the leaders of mankind, are but blind guides in our new career. The great men of the generation which is not yet passed away, laughed at poor John Fitch, of Kentucky, and Rumsey and Robert Fulton, when they built their steamboats, but we have lived to see these floating palaces bearing millions of wealth throughout our country—bearing an inland commerce greater than that of Carthage and of Rome, and all the cities of the Mediterranean Sea. And when it was proposed a few years since to cross the ocean with these steamships, the learned Dyonisius Lardner and others demonstrated that it was utterly impossible; but other men, who were neither Doctors of Divinity nor Doctors of Law accomplished the task and crossed the ocean by steam.

I can remember, too, when it was thought by our rulers a very impracticable thing to carry goods and passengers by railroads and by steam cars, yet soon these roads were built, and now they are binding nations together, and girdling the world around with iron, and soon we shall hear the whistle of the steam car in our streets, which starts from the Atlantic Ocean and rushes on its iron way, swifter than the winds, to the Californian coast of the Pacific Ocean, scaring away on its track the wild buffalo of the plains, and the gray eagle of the Rocky Mountains disturbed in its ancient solitude.

And I can remember, for it was just twenty-five years ago, when railroads and locomotives were visionary things, that my father built a steam engine and fastened it to the body and wheels of a wagon, and drove it by steam through the streets of Louisville—about *three miles an hour*—the wonder of the multitude.

Now rail cars fly thirty miles an hour, and before the public mind is entirely at ease as to outstripping the wind, the magnetic telegraph is built, and sends intelligence swift as the light of the Sun from city to city, and already it is proposed to connect Europe and America by the magnetic link across the Atlantic Ocean.

But while mineral magnetism thus brings distant lands together, the magnetism of the living mind is speedier by far. The exalted intellect of man in clairvoyance needs no metallic wires to lead it to any portion of the world. The clairvoyant watches the fate and describes the condition of friends in distant lands. He trans-

cends the bounds of time and space, tells you the past history of your own life—reveals the form and features of your departed friends—and looks deeply, not only into your mind, but into the interior constitution of your body, and the diagnosis of your diseases. Clairvoyance was, and still is pronounced a delusion by the world's would-be leaders, but it still exists, and manifests daily its wonders. As Gallileo, when condemned by the Inquisition for his astronomical doctrines, stamped his foot on the earth, and exclaimed, "It still moves," so we may say of clairvoyance, it still moves on in its destined mission to enlighten man.

About twelve years since, I believed it possible to improve the art of painting by making the sunlight paint an image. In a short time, before I had made any experiments, Daguerre had made his discovery, and now Daguerreotypes or Talbotypes are taken on paper almost as fast as by printing. I turned my thoughts to another channel, and in four years from that time, I discovered that mental daguerreotypes might be obtained by placing the autograph of any writer upon the forehead of one of an impressible constitution. The wise leaders of the world, of course, do not believe at once, but the enlightened and liberal receive the truth. The distinguished poet and divine, Pierpont, has beautifully expressed his opinion of Psychometry in the following lines, from his poem on Progress. In this poem, which was delivered at the hundred and fiftieth anniversary of Yale College, he refers to the various great inventions and improvements of modern times, and after alluding to Daguerre, refers in a more complimentary manner to myself and to the art of Psychometry, which he considers as far superior to Daguerreotypy as mind is to matter. Of Psychometry he says in conclusion :

"Mysterious science! that has now displayed  
'How fearfully and wonderfully made'  
Is man, that even his touch can catch the mind,  
That long has left material things behind!  
Fearful the thought, that when my clay is cold,  
And the next Jubilee has o'er it rolled,  
The very page that I am tracing now,  
With tardy fingers and a care-worn brow,  
To other brows by other fingers prest,  
Shall tell the world, not what I had been deem'd,  
Nor what I passed for, nor what I had seem'd,  
But what I *was*! Believe it, friends, or not,  
To this high point of *progress* have we got,  
We stamp ourselves on every page we write!  
Send you a note to China or the pole—  
Where'er the wind blows, or the waters roll—  
That note conveys the *mesure* of your soul!"

Fifty years ago Gall was laughed at for studying the skull and talking of Craniology—now Gall's anatomy of the brain is an established science—and phrenology is established in the public mind.

Ten years ago, the Gallian Phrenology was the limit of human progress. In '41 I announced the discovery that the organs of the human brain could be excited and made to reveal their true character. It was regarded as a hoax, and scientific journals refused to publish the narrative. The story was pronounced miraculous; but the excitement of the organs of the brain has since been demonstrated, publicly and privately, throughout Europe and America, and now we recognize an almost illimitable number of organs in the human brain, and Phrenology is no longer a science of probabilities—it is now a science of experimental accuracy.

A time was, we recollect, when operative surgery was a work of blood, and pain, and horror—but for many years, mesmerised patients have escaped all pain, and wake up to find their limbs cut off as in a dream, and in the last three years, we have acquired the power of conveying all to the land of dreams (by anæsthetics) to rest unconscious of the surgeon's knife, and wake up restored.

Fifty years ago, the abuses of heroic medicines and the murderous career of the knife and lancet were flourishing in all their glory—but a German physician arose, and demonstrated, by practice, that he could lay aside all of these heroic agencies, and neither bleed nor blister, nor give any perceptible medicine, yet cure his patient with nothing in the world but the smallest possible sugar pills, charged with some mysterious quality, by a new process. His plan was tried by physicians, hospitals and governments, and universally patients got well twice as fast as they did under the old heroic practice.

And as if this were not enough to confound the learned men who govern and mislead the world, we have since seen a man without any medical education rise up on a farm in Silesia, and, without using a single medicine, with nothing but water and a wet sheet, surpass in curative skill all that the medical world had done up to that time. Physicians, Lords, princes and Philosophers obeyed his mandates and were cured. And now let me ask if all that the learned physicians of the world had done for several thousand years with pills and potions, drugs and chemicals, colleges and libraries, was thus eclipsed by a poor German peasant with a tub of water,—is it not time to lay aside the lumber of antiquity and the false guidance of those who assume to be infallible, and who are always wrong in reference to every great scientific improvement.

I trust there will be another and a greater revolutionary movement on this continent.

We have had in Europe and America colleges and libraries with-

out number, liberally endowed and devoted to the healing art—yet Priessnitz with his tub of water could eclipse their most learned graduates in the art of curing disease. The pomp and learning of the ancient profession have signally failed—if we are ever to have a true medical college, it must be by coming nearer to nature, and by original observations. It must be among the untrammelled spirits of young America that a true science of healing shall be born.

Fifty years ago the red man and the wolf had their home here on the north of the Ohio river. Thirty years ago I wandered on this spot—then a green common north of the city, which lay nearer the river. During those thirty years since my childish feet trod this ground, a city has sprung up which bids fair to be the inland metropolis of the continent. During those thirty years a system of medical practice has sprung up which bids fair to take possession of this continent. That system of practice has established its collegiate halls here in the centre of this city. Both are young and their resources undeveloped. Both are American and aim to lead America. Both are in a medium position, between north, south, east and west—between Homœopathy, Antipathy, Allopathy and Hydropathy.

And this great central city, and this great central system of medicine, are destined to flourish together. Our college has been chartered five years, and already, out of about forty medical colleges in the United States, we have in numbers surpassed thirty-five, leaving only five of larger dimensions.

In a few more years we hope to rise beyond all competition, and to render this college of American Eclectic medicine, beyond all dispute, the leading medical college of the land, and with your efficient and zealous assistance, gentlemen, we hope to accomplish this great enterprise, before our first gray hairs have warned us of the lapse of time.

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NOTE.—In the foregoing lecture the terms Allopathy, Homœopathy and Antipathy are used in their strict scientific sense. Popular usage has appropriated the term ALLOPATHIC to the doctrines and practice of the old school party, yet as this designation is manifestly very erroneous, it should be avoided by medical men. Both the old school and the new school or Eclectic systems embrace the three great laws of therapeutics. They should be distinguished, therefore, by other terms, as Old School and New School, Conservative and Progressive, Mercurial and Eclectic, Hunker and Radical, &c.

## Part 2.---Miscellaneous Selections.

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### COMPARATIVE VALUE OF SULPHURIC ETHER AND CHLOROFORM.

BY W. T. G. MORTON, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

It is now nearly four years since the first demonstration, by myself, that the inhalation of sulphuric ether possessed the remarkable property of annihilating pain during dental and surgical operations, and that this inhalation was attended with no risk to life. The use of this agent may now be fairly considered as an essential preliminary in all operations, or conditions of the system, in which pain forms an important element. After the first experiment on myself, in the middle of September, 1846, I waited impatiently for some one on whom I could make a more extended trial. Towards evening, a man residing in Boston, whose certificate I have, came in suffering great pain, and wishing to have a tooth extracted. He was afraid of the operation, and asked if he could be mesmerized. I told him I had something better, and saturating my handkerchief gave it to him to inhale. He became unconscious almost immediately. It was dark, and Dr. Hayden held the lamp, while I extracted a firmly-rooted bicuspid tooth. There was not much alteration in the pulse, and no relaxation of the muscles. He recovered in a minute, and knew nothing of what had been done to him. This was on the 30th of September, 1846. This I consider to be the first demonstration of this new fact in science. As soon as the man whose tooth I had extracted left my office, I consulted Dr. Hayden as to the best mode of bringing out the discovery. We agreed it was best to announce it to the surgeons of the Hospital; but as some time would elapse before an operation, I thought it best to procure some assurance which would induce my patients to take it. I therefore called upon the man who had taken it, and found him perfectly well. *I then called on Dr. Warren, who promised me an early opportunity to try the experiment.*

In the mean time I made several additional experiments in my office, with various success. From them I select the following, as examples of its varied effects:

I gave it to a lady, but it produced no other effect than drowsiness, and when breathed through the apparatus it produced suffoca-

tion. I was obliged to abandon this mode, and obtaining from Mr. Wightman a conical glass tube, I inserted a saturated sponge in the larger end, and she breathed through that. In this way she seemed to be in an unnatural state, but continued talking, and refused to have the tooth extracted. I made her some trifling offer, to which she assented, and I drew the tooth without any indication of pain on her part, not a muscle moving. Her pulse was at 90, her face much flushed, and after coming to she remained a long time excessively drowsy. From this experiment, I became satisfied of what is now well proved, that consciousness will sometimes remain after sensibility to pain is removed.

I afterwards gave it to a Miss L., a lady of about 25. The effect upon her was rather alarming. She sprang up from the chair, leaped into the air, screamed, and was held down with difficulty. When she came to, she was unconscious of what had passed, but was willing to have it administered again, which I did with perfect success, extracting two molar teeth.

Agreeably to his promise, on the 16th of October, Dr. Warren requested my presence at the Hospital to administer the ether to a patient who required an operation on the neck. I applied the apparatus for about three minutes, when the patient sank into a state of insensibility. An incision three inches long was made in the neck, and a difficult dissection among the important vessels and nerves of this region was commenced, without any expression of pain. Soon after, he began to speak incoherently, and appeared to be in an agitated state during the remainder of the operation. On asking him if he had felt any pain, he replied in the negative, adding that he knew the operation was proceeding, and compared the knife to a blunt instrument passed roughly across his neck.

On the next day, October 17th, a tumor was removed from the arm of a female at the Hospital, by Dr. Hayward. In this case I continued the application during the whole of the operation, which lasted seven minutes; there was no sign of pain, though there were occasional groans during the last stage, which she said afterwards arose from a disagreeable dream.

I continued to administer the ether in my office; the following cases which occurred successively there, in about an hour, of which Dr. H. J. Bigelow took the following notes, are good examples of the usual results produced by the inhalation of ether, and of the feelings and expressions of patients under its influence:

"A boy of 16, of medium stature and strength, was seated in the chair. The first few inhalations occasioned a quick cough, which afterwards subsided; at the end of eight minutes the head fell back, and the arms dropped, but owing to some resistance in opening the mouth, the tooth could not be reached before he awoke. He again inhaled for two minutes, and slept three minutes, during

which time, the tooth, an inferior molar, was extracted. At the moment of extraction the features assumed an expression of pain, and the hand was raised. Upon coming to himself he said he had had a 'first-rate dream—very quiet,' he said, 'and had dreamed of Napoleon—had not the slightest consciousness of pain—the time had seemed long;' and he left the chair, feeling no uneasiness of any kind, and evidently in a high state of admiration.

"A girl of 16 immediately occupied the chair. After coughing a little she inhaled during three minutes, and fell asleep, when a molar tooth was extracted, after which she continued to slumber tranquilly during three minutes more. At the moment when force was applied she flinched and frowned—raising her hand to her mouth, but said she had been dreaming a pleasant dream and knew nothing of the operation.

"A stout boy of 12, at the first inspiration coughed considerably and required a good deal of encouragement to induce him to go on. At the end of three minutes from the first fair inhalation, the muscles were relaxed and the pupil dilated. During the attempt to force open the mouth he recovered his consciousness, and again inhaled during two minutes, and in the ensuing one minute two teeth were extracted, the patient seeming somewhat conscious, but upon actually awaking he declared 'it was the best fun he ever saw,' avowed his intention of coming there again, and insisted upon having another tooth extracted upon the spot. \* \* \*

"The next patient was a healthy-looking, middle-aged woman, who inhaled the vapor for four minutes; in the course of the next two minutes, a back tooth was extracted, and the patient continued smiling in her sleep for three minutes more. Pulse 120, not affected at the moment of the operation, but smaller during sleep. Upon coming to herself, she exclaimed that 'it was beautiful—she dreamed of being at home—it seemed as if she had been gone a month.' "

Early in November, 1846, I applied to Dr. Hayward, for leave to administer it in a case of amputation, which I learned was to take place at the Hospital. The surgeons of this institution, in accordance with the established principles of the profession, which forbids them to use or encourage the use of any preparation of the composition of which they are ignorant, declined its use till informed of its composition. I immediately wrote to Dr. Warren, disclosing the whole matter, and presenting to the Hospital the fullest right to use my discovery for the benefit of the institution. Accordingly I administered the ether on the 7th of November to a female patient at the Hospital, on whom Dr. Hayward performed the operation of amputation of the thigh; it was entirely successful in preventing pain, the woman asserting that she had been wholly ignorant of the operation. On the same day I administered it in a long and painful operation performed by Dr. Warren, of excision

of a portion of the lower jaw, in which the patient's sufferings were very much lessened.

On the 12th of November I administered ether to a patient from whom Dr. J. Mason Warren removed a tumor of the arm; the vapor was inhaled for three minutes, when insensibility came on; the inspiration being continued, the patient was entirely tranquil during the whole operation.

On the 21st of November, I again administered it to a patient of Dr. J. Mason Warren, from whom he removed a tumor covering nearly half of the front of the right thigh; the operation was completed in two or three minutes, though there was some struggle during it; after its completion the patient remained quietly on his back, with his eyes closed. After he had lain about two minutes, Dr. Warren roused him by the inquiry, "How do you do to-day?" to which he replied, "Very well, I thank you." He said he believed he had been dreaming; he dreamed that he was at home, and making some examination into his business. "Do you feel any pain?" "No." "How is that tumor of yours?" The patient raised himself in bed, looked at his thigh for a moment, and said, "It is gone, and I am glad of it." It was then inquired if he had felt any pain during the operation, to which he replied in the negative. He soon recovered his natural state, experienced no inconvenience from the inhalation, was remarkably free from pain, and in three days went home into the country.

After the claims of ether had become fairly established, another anæsthetic agent, *chloroform*, was introduced by Prof. Simpson, of Edinburgh, as a means of destroying the pains of parturition. This new agent soon created a strong impression in its favor, and has been by many substituted for ether. Its alleged advantages are its more rapid and intense action, its smaller dose, and its more agreeable taste and smell. Extensive trial, both in this country and in Europe, has, I think, proved its great dangers; several deaths have been caused by it, while there is no well-ascertained fatal result traceable to ether. For this reason, many surgeons, and among others Dr. George Hayward, of this city, have denounced chloroform as dangerous, given up its use, and returned to sulphuric ether with increased confidence.

The question, then, is that of the comparative *safety* of sulphuric ether and chloroform. This question can only be settled by experience, and by comparing their effects on the system; such experience has been accumulated to a great extent, and it is the object of these pages to show that the conclusions drawn from it prove the great superiority of sulphuric ether to other anæsthetic agents. My own experience in the application of the former, which has been considerable, and probably unsurpassed by any in extent and freedom from accidents, will supply abundant materials for its full consideration. For the effects of chloroform, I shall depend on the published accounts of the best authorities.

To make a just comparison, it will be necessary to say a few words on the physiological and pathological effects of ether and chloroform.

Though the general effects of ethereal inhalation are similar in nearly all cases, yet certain idiosyncrasies, or certain conditions of the system, modify the phenomena, as they do of all other medicinal agents. Instead of quiet and sleep, you often see excitement, agitations, or even slight delirium. In some cases small doses will etherize, in others it requires a large dose to produce unconsciousness. Sometimes, while pain is annihilated, the intellect and the senses are unaffected; the circulation, respiration, muscular action, secretions, and consequent phenomena, are variously modified. Besides idiosyncrasy, no doubt many of these anomalous or discordant phenomena are owing to improper quality or quantity of the ether, or some defect in the manner of administration. It is of the first consequence that the ether should be *pure* and highly concentrated. As a general rule, about two ounces should be used to begin with, this being sufficient for full etherization in most cases; and it is better to induce this rapidly by a large dose, than gradually by a succession of small ones. To secure a due proportion of atmospheric air to the lungs, a simple bell-shaped sponge is preferable to complex inhalers. Early experiments were attended with disagreeable results, from the supposition that it was necessary to inhale ethereal vapor alone, instead of atmospheric air charged with this vapor. The effects of ether are usually produced in from three to five minutes. On removing the sponge, and allowing the introduction of pure air, recovery takes place in about the same time. That there is no danger in prolonging the state of etherization for a considerable period, the records of midwifery fully prove. After recovery from this state, the brain and nervous system are rarely inconvenienced by the excitement, if the ether have been pure; even headache is uncommon, and nausea or vomiting, delirium, or convulsions, are quite rare, unless it is inhaled soon after eating.

The symptoms indicate two distinct stages of etherization, or rather the complete and the incomplete. As the latter is all that is required for the dentist's operations, in which no important nerves or vessels are wounded, it is important to be able to recognise it. After the cessation of the slight cough which leads the patient to reject the sponge, the respiration becomes more rapid and audible; the pulse is natural, or slightly accelerated; the pupils are unaffected; the muscular apparatus is somewhat excited, and the movements more or less disordered; the inspirations become deeper, till at last insensibility comes on. In this stage we meet with the most curious affections of the intellectual and sensitive functions, in which sensation is destroyed while the intellect is untouched, the pain perceived but not recollected, or the will active and the power of motion lost. These are now known to be cases of incomplete etherization. The completed stage is characterized by a perfect relaxa-

tion of the muscular system; the pulse becomes slow; the pupil often dilated; the respiration often snoring. The sign to suspend the application is the diminished force and frequency of the pulse, and even before this, the muscular relaxation.

Ether undoubtedly acts in the first place as a stimulant, and finally as a narcotic. Magendie and Orfila have offered strong reasons for believing that the anæsthetic state is analogous to intoxication from alcohol. Both produce the same excitement and subsequent insensibility; both act principally on the nervous system through the medium of the circulation; both may be detected in the blood by undoubted tests. It may, then, be called an intoxication, quickly produced, and as quickly disappearing.

Much has been written by physiologists on the order in which the various parts of the nervous system are affected; and there seems to be some discrepancy of opinion at the present time. M. Flourens, (in a memoir before the French Academy in Feb., 1847) maintained that the action of ether on the nervous centres is in the following order: the *cerebral lobes* first are affected—in other words, the seat of the intellect; then the *cerebellum*, when *equilibrium* of motion is lost; then the *spinal marrow*, with loss of sensation and afterwards of motion; finally, (if the experiment be carried to this extent) the *medulla oblongata*, cessation of respiration, and death.

My own experience leads me to adopt very nearly the conclusions of Dr. Brown, that the various parts of the nervous system are affected, in cases of complete and normal etherization, in the following order: 'The *cerebellum* first, then the *cephalic ganglia*, the true *spinal marrow*, the *ganglia* of special sense and the *cerebro-spinal system*, and lastly the *cerebrum proper*; though it is not probable that the *cerebrum* is ever fully etherized, from the occurrence of dreams; total insensibility of the *cerebrum* would be nearly equivalent to death, or complete etherization of the *medulla oblongata*.

It has been a question whether ether produces its effects through the nervous or vascular systems. The first (*stimulant*) effect of ether is without question due to the conveyance of its action by the *par vagum* to the *medulla oblongata*, causing increased respiratory movements and quickened pulse; but as far as experiments yet prove, the *narcotic* effects of ether are produced through the blood-vessels. This is easily understood when we consider the great extent of the internal pulmonary surface, its vascular net work, and the ease with which air is taken up; once introduced into the pulmonary blood, it would be very soon sent by the heart to the cerebral organs, and produce speedy narcotism. Unlike alcohol, ether taken into the stomach does not produce its specific effects. This has been proved by the experiments of Flourens; and this we should expect from the less extent and absorbing power of the gastric surface. Whether the ingestion of *ether vapor* into the stomach would be equally ineffectual, has not been proved; we know that the injec-

tion of the vapor into the *rectum* is speedily followed by insensibility.—See *Comtes Rendus*, *Avril*, 1847, p. 605.

When we consider the immense number of cases in which ether has been administered, and the exceedingly few and trifling accidents consequent on its use, we may fairly say that its inhalation is unattended with danger. I have administered it in thousands of cases without a single alarming result, to persons of every age, temperament, and condition of bodily health. The experience of Dr. George Hayward, of this city, is to the same effect. He says (*Boston Medical and Surgical Journal*, April 10, 1850,) "I have administered it to persons of all ages, of every variety of constitution, and in almost every state of the system, and I have never known in a single instance a fatal or alarming result. I have given it to infants of seven weeks old, and to individuals of 75 years, with entire success. There is reason to doubt whether death has in a single instance been produced by it, when it has been properly administered."

Its advantages as an anæsthetic agent are its perfect safety, the ease with which it is administered, and the absence of ill consequences. Nausea, vomiting, and irritation of the air-passages, rarely occur unless the ether be impure, or be improperly administered; excessive narcotism may be remedied by cold water externally, and stimulants internally, which will soon excite the respiration to free the lungs from the ethereal vapor. The pungent and disagreeable odor of ether is a trifling objection compared with its advantages over chloroform in point of safety. I may again quote Dr. Hayward in this connection, who says: "I should give it the preference over every other article with which I am acquainted, that is used for the purpose of producing insensibility."

I leave it to surgeons and physicians to speak the praises of ether in the various surgical, medical and obstetrical operations in which it is now universally used, whenever the relief of pain is an object of importance; I shall only allude further to a few results of my own experience in dentistry, which may not be uninteresting to the profession. I will here introduce a table showing these results for a short period of my practice, which will enable me to show the nature of the operations, the quantity of ether required, the time for producing and the duration of unconsciousness, with the general effects on patients of different ages and temperaments. [Table omitted.]

From these cases, forty-four in number, we see that both sexes are affected in the same manner; that ether may be given at all ages; that for ordinary operations the quantity required varies from one-half to two ounces; that insensibility is produced in from one to four minutes; that recovery takes place in less time, proportioned to the severity of the operation; that it is well borne by every variety of temperament; that the pulse, when affected at all, is generally slightly quickened, rarely slower than natural; and that for the most part

those under its influence remain perfectly quiet, and undisturbed by nausea or vomiting.

*Chloroform*, or the perchloride of formyle, which was at first extensively employed as a substitute for ether, till numerous fatal accidents led to its more limited use, was first brought into notice as an anæsthetic agent by Dr. Simpson of Edinburgh, who is entitled to the greatest praise for his scientific endeavors to improve our knowledge of anæsthetic agents. He says it possesses over sulphuric ether the following advantages:—it is more powerful, 120 drops being sufficient to produce insensibility; he has seen it produced “by six or seven inspirations of thirty drops of the liquid;” its action is more rapid and complete, and generally more persistent; it is more agreeable to the taste and smell. He might have added, if experiments then had allowed, that it is also *very much more dangerous*, and its very danger consists in its so-called advantages. We have reason to believe that the chloroform used by Dr. Simpson is a purer and superior article to that commonly used here; this may account for the favor with which he views it. To counterbalance its agreeable taste and odor, chloroform is of an acrid caustic nature, and is apt to excoriate the skin. According to Dr. Hayward, its administration is generally followed by headache and vomiting which continue for hours, with restlessness and want of sleep. Several cases came to his notice where it was taken in small quantity for dental operations, in which the brain and nervous system were affected to an alarming extent. Convulsions have frequently attended its use, as detailed by Dr. J. C. Warren (*On Chloroform*, Boston, 1848.)

The physiological effects of chloroform are of the same nature as those of ether, only greater in degree, more rapidly produced, less to be calculated on, and therefore more dangerous. That the partizans of chloroform were too hasty in maintaining that it always produces a calm sleep, without agitation or excitement (which was one of its alleged advantages,) we may quote the distinguished surgeon Roux, who (*Comptes Rendus*, Dec., 1847,) gives details of operations under its influence, performed by himself, in which the involuntary movements (in a state of complete insensibility) were so violent that they were with difficulty managed; in another case the patient's recovery was attended with the same excitement, disordered intelligence and loquacity, which have been set down as peculiar to ethereal inhalation.

Velpeau, though allowing the rapidity and certainty of its action, says that the duration of the insensibility is such as to render it dangerous in unskilful hands. A woman who had inhaled it for only two minutes, remained for eighteen minutes without giving the least sign of sensibility. Its strength is such that an animal dies under its influence in two minutes, that would require the influence of ether for twelve minutes. As a general rule, a *drachm* of chloroform is considered equivalent to an *ounce* of ether. The very fact of its

quick and certain action renders it formidable if prolonged carelessly; it is impossible to know exactly when to stop, and the fatal blow may be given before we are aware of the danger.

M. Dumas, the eminent chemist, considering the extreme power of this substance (see authority last quoted, p. 891) and its liability to abuse, remarked that chloroform ought to be classed among the *poisons*, whose sale is forbidden *by law* unless on the prescription of a physician; and recommended the police to attend to the subject.

These, and many other authorities which might be quoted, sufficiently attest the great danger of chloroform; and unfortunately there are many cases of *death* which can only be attributed to this powerful agent, though administered with care to healthy persons, in very small quantities, and by cautious practitioners. Even the death of a *single* individual should open the eyes of its advocates to the dangers of its use; but when upwards of *twenty* fatal cases can be clearly traced to the action of chloroform, it seems unjustifiable practice to submit a patient to its dangers, especially when we have in sulphuric ether an agent equally *effectual* and perfectly *safe*.

Malgaigne, in his Report to the French Academy, says that chloroform possesses a poisonous action peculiar to itself, which action, by being too much prolonged, may cause instant death; we can never be certain of being able to control it within the bounds which produce mere *insensibility*, when the passage from this to *death* is so sudden and so near.

Dr. Hayward, alluding to the undoubted fatal cases from the use of chloroform, says, "I know not how a conscientious man, knowing this fact can willingly take the responsibility and expose his patient to this fearful result."

To show the danger of chloroform, its power, suddenness of action, symptoms and morbid appearances, the table in Dr. Warren's work (above quoted) containing ten fatal cases: may be consulted with advantage. Of these ten cases there were four operations connected with dentistry, viz.: extraction of stumps, toothache, &c.; two had never used any anæsthetic agent before; while the third had used chloroform frequently without bad effects, yet she died instantly at last while under its influence—showing that previous use with impunity is no security against a final fatal result. The time of inhalation in most of the cases was about *one* minute, from a sponge, handkerchief or apparatus; the quantity varied from twenty drops to half an ounce; death ensued in two cases instantly, in the others in from one to ten minutes—showing the fatal issue cannot depend on the quantity inhaled, nor on the manner or duration of the inhalation, but on an instantaneous poisoning of the nervous centres. The symptoms in most of the cases were paleness of the face, discoloration of the lips, disordered respiration, extremely feeble pulse, with relaxation of the limbs, preceded in some by rigidity or slight

convulsions; in two cases, in which the heart and liver were enlarged, the face is described as of a livid hue. The morbid appearances varied according to the quantity used and the duration of its influence in most of the cases, though in some the poisonous action was so quick that the appearances could not be attributed to the influence on the blood: thus, congestion of the brain, heart and lungs, was found in some who had inhaled but a small quantity for a short period; while in others, under the opposite conditions, these organs were natural. A remarkable fluidity of the blood was a constant phenomenon. It is very evident that the cause of death is not asphyxia, but sudden poisoning of the nervous system, or an instantaneous paralysis of the heart's action.

In the same Journal (for Sept. 30, 1849,) may be found an interesting account by M. Robert, of the Hospital Beaujon, Paris, of four cases in which the administration of chloroform was followed by extreme agitation, in two of the cases ending fatally, as he believes, from pulmonary emphysema produced by this excitement.

Chloroform, injected into the arteries, causes in the muscles supplied by such vessels an increased amount of contractility, which may justly be called a partial and uninterrupted *tetanus*; and this it does by a special action on the muscular fibre, and not by any direct action on the blood or on the nerves. Experiments, going to prove this, may be found in the *Comptes Rendus*, for April, 1849.

As to the relative safety of sulphuric ether and chloroform, we may justly conclude, from the numerous data now existing in the annals of medicine and surgery:—

1. That there is an immense preponderance of testimony in favor of sulphuric ether, both during and after its application.

2. While there is but one case, and that not well ascertained, in which ether has been accused of producing fatal results, there are not less than twenty, and probably many more, in which the fatal result is clearly traceable to chloroform.

3. Chloroform has caused death in the young and the old, the strong and the weak, the healthy and the diseased; and cannot be said to be safe in any condition of the system.

4. Chloroform is much stronger and more prompt in its action than ether, and less volatile; which renders it impossible to calculate its effects, and difficult to avert danger in season to save life. The anæsthetic effects of ether gradually subside when its use is stopped; but the less volatility of chloroform often causes an aggravation of the symptoms, after the inhalation has ceased.

5. Chloroform may kill directly by its action on the nervous system and the blood, or indirectly by asphyxia.

6. There are certain idiosyncrasies, which cannot be known in advance, in which a very minute quantity of chloroform has produced, and will again produce, death.

7. In females and children, in whom there is generally a greater

susceptibility of the nervous system, the action of chloroform is quicker, more complete, and therefore more dangerous.

8. Chloroform has produced instant death from syncope, or cessation of the action of the heart; it is therefore extremely dangerous in cases where the heart's action is enfeebled by lingering disease, by fear, by valvular or aneurismal disease, by old age, by sudden or large losses of blood, or any other cause of weakness.

9. There is no reason for diminution of confidence in the efficacy and perfect safety of sulphuric ether; while there is unanswerable reason why chloroform should be abandoned, as its use involves the risk of a *fatal result*, which can neither be foreseen nor prevented, from the immediate suspension of the powers of life during its administration, or consequent changes in the nervous and vascular systems.

10. That while sulphuric ether will produce *safely* all necessary results expected of anæsthetic agents, no one is justified in submitting his patient to the risk of his life by using chloroform, simply because it is more agreeable, more powerful, cheaper, or more portable.

The above conclusions will apply to chloric ether as well as to chloroform, with a due modification for the inferior strength of the former, and for the fact that as yet no fatal effects have followed its use, as far as I know. Many surgeons speak highly of it as an anæsthetic agent, and are satisfied of its safety. But as *chloric ether* is a tincture of *chloroform*, or a mixture in variable proportions of the latter with alcohol, it must obtain its anæsthetic effects from chloroform. Alcohol cannot diminish the danger in idiosyncrasy or in conditions where chloroform has proved fatal. Though its odor is more agreeable, the quantity required to produce insensibility is as great as that of sulphuric ether, and the same time is required in both; it also irritates the skin, is more apt to produce nausea and vomiting, and greater disturbance of the nervous system. Says Dr. Hayward, "I cannot divest myself of the belief that chloric ether is an unsafe anæsthetic agent. \* \* \* I fear that if it be used with the same freedom that sulphuric ether is, we shall soon have to record some very different results. \* \* \* We cannot be by any means certain that death, when not looked for, may not follow its exhibition."

19 Tremont Row, Boston, Sept. 3, 1850.

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*On the Passage of Hydrogen through Solid Bodies.*—M. Loyer states that he has passed hydrogen gas through gold and silver leaf, through double folds of tin leaf, and through thin laminæ of gutta percha obtained from a solution of the latter in chloroform. The same author, however, adds that he has not been able to effect its transmission through the thinnest plate of glass.—*London Medical Gazette*.

## KOUSO FOR TAPE-WORM.

KING'S COLLEGE HOSPITAL.—*Continued success of the Kousso in promoting the expulsion of Tape-Worm.*

(Under the care of Dr. BUDD, and Dr. TODD.)

In former numbers of *THE LANCET*, have been cases noticed in which the Kousso was found very efficacious for procuring the expulsion of the *tænia solium*. This plant is now acknowledged to be so useful in tape-worm, that it seems almost unnecessary to adduce new cases; we shall, however, just sketch a few of those which were lately benefitted by the Kousso, as they present various features of interest.

The first case, as taken from Mr. Jordan's notes, runs as follows:—Rebecca R., twenty-two years of age, is a native of Wapping; she went to Devonport when seven years of age, but only stayed there about a fortnight, with this exception she has constantly lived in town, generally at Wapping, but about eighteen months ago she spent a year at Peckham. Patient's sister, who has been dead nine years, also suffered from tape-worm, which remained upon her to the time of her death. Patient likewise knows of a neighbour of hers in Wapping, close to her own home, who suffers from the *tænia*. This latter person and the above mentioned sister are the only people she knows to be thus affected. The water is supplied by the New River Company to the whole neighbourhood.

Patient was quite healthy until about two years ago, since which time she has had great pain in the side and stomach; her appetite was good, but she used to feel sick on first getting up; she had, however, no idea that she had harboured a tape-worm until a week before Christmas, when she first passed joints of it, and from that period, such joints have been passed almost every day.

Twice since she first noticed the joints she has passed long pieces of the worm, once after opening medicine, the other time without any such agency. She has never taken any turpentine nor any other remedy expressly for the worm.

Patient was admitted under the care of Dr. Budd, and took the Kousso at half-past nine in the morning the day after her admission; and, after taking a dose of castor oil in middle of the day, the worm was passed with a motion, at a quarter to five in the afternoon. This entozoon was nearly three yards in length, and the narrow segments approaching to the head were attached to it, though not the head itself. The medicine gave patient a slight feeling of sickness, which soon went off again. Her appetite was bad on the day she took the Kousso, and she felt weak. With the exception of the tape-worm, patient seems to have generally had good health, she has only a slight cough. Her mother and sister died of phthisis, but patient's appearance is remarkably florid and healthy.

The day after admission this woman left the hospital in good condition, without passing any more of the worm.

The second case was admitted under the care of Dr. Todd. The subject is a young woman, native of Scotland, *four months advanced in pregnancy*. She complained to Mr. Steele, the house-physician, that she was in the habit of passing long round worms, but when she brought the joint, which she had lately evacuated, they were found to be pieces of the *tænia solium*. When the nature of the worm was ascertained, the patient was admitted into the house, and took the Kousso in the morning; at seven in the evening she went home, and a quarter of an hour after she had reached her residence, she passed five yards of the worm.

The third case was sent to Dr. Todd from the country. The patient is a middle-aged woman residing at Bow, who took the Kousso at three o'clock in the afternoon, and left the house immediately afterwards, promising to bring the worm as soon as she should evacuate it. The next morning she brought a tape-worm measuring about six yards in length.

The fourth case, who was admitted under the care of Dr. Budd, is that of a man, about forty-six years of age. His health has, in general, been pretty good; last winter, however, he was attacked by cholera, and treated in King's College Hospital. Whilst labouring under this disease, patient did not pass any joints of the tape worm, though previous to his being visited by the epidemic he had now and then evacuated portions of the *tænia*. When convalescent, he took some oil and turpentine, and by the agency of this medicine he voided a few joints. From that period he continued passing joints, and was admitted under the care of Dr. Budd, May 3, 1850. Patient took the Kousso in the morning, and had two doses of house medicine during the day. At six o'clock in the evening, he passed a tape-worm of a very great length, since it measured nearly ten yards. The next day he voided a piece, six inches long, which came evidently from very near the head. It is to be regretted, as we stated before, that this medicine is so expensive; still, when it is considered how rapidly and effectually it promotes the evacuation of the *tænia*, the 17s. 6d. can hardly be looked upon as a high price; the more so, as, in hospital practice, the patients need stay in the house but a short time. It will be extremely interesting to keep an eye upon these patients, in order to ascertain whether the benefit is of a lasting or a temporary kind.—*Lancet*.

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A FRUITFUL MOTHER.—The census taker in the western part of Scioto county, Ohio, informs the editor of the Portsmouth Dispatch, that he visited a family in which the mother had recently given birth to her *twentieth* child. He says it was a sight worth beholding to see the youngsters running about the house, ranging from small to great, like the pipes of an organ.

## ON THE USE OF WATER-PILLOWS.

*To the Editor of THE LANCET.*

SIR,—I have been appealed to by Mr. Hooper, of Pall Mall East, relative to a letter which he has shown me in "THE LANCET" of a late date, with a comment of the editor upon it; and as he subjected himself to considerable expense, in the year 1846, in endeavoring, at my suggestion, to make a safe and durable water-cushion for various purposes, I feel that I ought not to refrain from stating that he then succeeded to my satisfaction, that since that time I have used it with great benefit in private, and have had several in use at St. George's Hospital for nearly two years, by permission of the governors.

Having thus done only justice to Mr. Hooper's zeal, I cannot perhaps better recommend the water-cushion which he made for me, to the notice of the profession, than by repeating the substance of some remarks which I made to the students of St. George's Hospital in May last, in part of a clinical lecture on the case of a boy, with disease of the cervical spine, who had been lying on one of these cushions from the time of his admission, with large sloughing sores on the sacrum and trochanter, from pressure on the spinal marrow. I remarked, that those who were most sensible of the great advantages and comfort of Dr. Neil Arnott's hydrostatic bed, were also best acquainted with the circumstances which prevented its employment in some of the very cases in which it was most required, independent of the expense of frequent renewal of the India-rubber sheeting, which was easily injured by very trivial causes; that in the case of this body, and of all cases of disease about the cervical region, the bed was contra-indicated, because the least pressure on any part of the bed was liable to alter the position of the body, while the head remained quiet on the pillow, or *vice versa*, and that every movement so effected made the diseased cervical region the centre of motion, although the very part in which rest was most desired; that for exactly the same reason the water-bed could not be used in fractures of the thigh, either simple or compound; nor even in fractures of the leg, unless they would bear being firmly bound up; nor in many of the more painful cases of ulcerated cartilages of the hip and knee, although in so many of these cases, weak and exhausted, nervous and fat people were very liable to bed-sores from lying in one posture. I said also, that very stout people could seldom employ the water-bed from their not retaining the level posture; and that rheumatic persons also frequently found they could not lie on it, without a return of their complaint, from the dampness and coldness they often experienced. I said that, on these accounts, I had long wished for some better substitute for the water-bed than the soft cushions of wool and hair,

covered with silk, and the air-pillows, of various forms, the hardness of the compressed air in the latter, and the necessity for frequent adjustment with any of them, frequently leading, especially in the hands of awkward nurses, to the very evil they were designed to obviate; that I had often tried the common Macintosh pillows of different shapes, filled with water instead of air and that they would do for the less weighty parts of the body, but that the pressure of the trunk of the body, assisted by the effect of warmth, made it impossible to use them without their soon leaking a little, with constant fear of deluging the bed, and the floor and ceiling below, by sudden bursting of the bag.

I remarked, further, that having received, nearly three years ago, a circular from Mr. Hooper, of Pall Mall East, concerning what Dr. James Arnott had called his current apparatus, I had gone to his house to look at it; but that I had found it useless for my purpose, being of ordinary Macintosh material, however well it might do to lay over inflamed parts, in the manner proposed by Dr. Arnott; that Mr. Hooper, after many trials of different materials, which were all unsafe for use, had made one of thick Vulcanized India-rubber, without any cloth whatever, which had alone answered for what I wanted, and that I had tried it for some time, and then applied to the Board to have some made for the Hospital, where they had been used constantly for a long time, as they (the students) saw in the boy whose case I was speaking of.

I added, that these water-cushions were not only useful, as a most valuable substitute for the water-bed, where the sacrum and hips were threatened with sloughing, or in which sloughing had actually taken place, but that they were often employed where the scapulæ, or spine, or heels, were in danger, when the patient was lying down or reclining; that he might also sit on it when the os coccygis and ischia required defence in this posture; and that in injuries, such as fractures or diseased joints, the arm or the leg was often laid lengthwise, with much advantage, on the same water-pillow, to save the elbow or the heel from the effects of pressure, the water diffusing it so equally over a large surface; and moreover, that with such a cushion, warmth or cold could also be used, if two tubes and stopcocks were fixed to it, as in Dr. J. Arnott's current apparatus, though I myself only used one to fill it with and let out the water, both of which could be done while the bag lay under the patient, beneath his sheet or blanket, or next to his person. I explained also, that the bag was only to be about half filled with water, and that if the person was heavy, it was necessary that the two ends should be folded or compressed by a weight or by some other means, to keep a sufficient quantity of water beneath the body, instead of its being driven into the two ends. I have little to add to what I thus stated a few months ago, except that Dr. J. Arnott informed me, I think, that he was now using Vulcanized

India-rubber in his apparatus for applying heat and cold, whether with some cloth or other webbing I know not; and that for the purpose of bearing continued pressure under the body, I am convinced that those constructed by Mr. Hooper, without any cloth whatever, can alone be relied on as safe and durable, and that Mr. Hooper has constructed a much more convenient stop-cock for the purpose I wanted, than that which he first made in imitation of those used in admitting a current of water by Dr. Arnott.

*Cesar H. Hawkins.*

## ON THE OXIDE OF SILVER AS AN AGENT FOR THE EXPULSION OF TAPE-WORM.

By H. T. WHITTELL, Esq., Surgeon, Birmingham.

I HAVE been much pleased with the reports which have appeared at different times in *THE LANCET* of the efficacy of the Kousso as a vermifuge in cases of tænia. From these reports, the claims of the kousso to a place in our materia medica appear to be thoroughly established, and it is to be regretted that such a valuable agent can only be obtained at a price which must place it beyond the reach of a large class of patients. On account of the high price of this article, and of the need which every practitioner must have felt for a substitute in the place of the common and unpleasant terebinthinate remedies, I am induced to suggest to those who may have this opportunity, a trial of the oxide of silver. I am induced to suggest this remedy in consequence of having seen in two cases under my care the most beneficial results from its employment, and so far as I may form an opinion from so small a number of cases, I am disposed to prognosticate a favorable issue from the trial. The first case which came under my notice was that of a female of middle age, who at different times, for the space of about ten months, had been under my care, complaining of various anomalous symptoms, which were supposed to arise from the presence of worms in the intestinal canal. I administered turpentine on two different occasions for three successive mornings, but although slight benefit was obtained on each occasion, I only succeeded in bringing away some few joints. At the end of the tenth month, I had occasion to prescribe for this patient, who was then suffering from menorrhagia, one grain of the oxide of silver three times daily, with an ounce of mixture containing six drachms of bitartrate of potash in the half-pint. After she had taken the fourth dose, I was agreeably surprised to learn that she had evacuated a large quantity of tape-worm, and that she felt better than she had done for many months previously. After this time she remained free from the symptoms she had before manifested for some nine or ten months. A few weeks ago, she again applied to me for a repetition of the dose; the oxide

was again given, with the same effect as before. In both instances the worms were dead when passed.

The second case is that of a married lady, who came under my care a short time ago, complaining of dyspeptic symptoms. She explained to me that she had suffered from tape-worms for some years, and had taken occasionally medicines, with the view of their removal, but she had never taken turpentine. I prescribed one grain of the oxide three times daily, with a mixture of bitartrate of potash as a purgative. After the third dose she passed a large mass of the worm, and continued to do so for one or two days afterwards, during the use of the remedy. Marked alleviation of the symptoms was the result. In this case, as in the former one, the worm was dead when passed.

Although nothing conclusive can be obtained from these two cases, I think the effects so marked in each, that it would be well for some gentleman who has a large public practice to endeavor to ascertain what may be the value of this agent in the cases named, and if found as successful in other hands as it has been in the two cases given above, the oxide will prove to be an invaluable remedy in cases which at the present time, we all find to be sufficiently perplexing. —*Lancet*.

### THE ATMOPYRE.

One of the most novel of these inventions is suggested by Mr. D. O. EDWARDS, a medical man, not unknown to the readers of *THE LANCET*; it is named the "*Atmopyre*" or *solid gas fire*.

A small cylinder of pipe-clay, varying in length from two to four inches, perforated with holes the fiftieth of an inch in diameter, in imitation of Davy's safety lamp, is employed. The cylinder has a circular hole at one end, which fits upon a "fish-tail" burner; gas is introduced into the interior of the cylinder, with the air of which it becomes mixed, forming a kind of artificial firedamp. The mixture is ignited on the outside of the vessel, and burns entirely on the *exterior* of the earthenware, which is enveloped in a coat of pale blue flame. The clay cylinder which Mr. Edwards calls a "hood," soon becomes red hot, and presents the appearance of a *solid red flame*. All the heat of combustion is thus accumulated on the clay, and is thence radiated.

One of these cylinders is heated to dull redness in a minute or two; but an aggregate of these "hoods" placed in a circle or cluster, and enclosed in an argillaceous case, are heated to an orange color, and then the case itself becomes bright red.

By surrounding this "*solid gas fire*" with a series of cases, one within another, Mr. Edwards has obtained a great intensity of heat, and succeeded in melting gold, silver, copper, and even iron.

Mr. Palmer, the engineer of the Western Gas-light Company, by burning two feet of gas in an *Atmopyre* of twelve "hoods,"

raised the temperature of a room measuring 8551 cubic feet, *five* degrees of Fahrenheit in seventeen minutes.

The heat generated by burning gas in this way is one hundred per cent. greater than that engendered by the ordinary gas flame when tested by the evaporation of water. *Twenty-five* feet of gas burnt in an Atmopyre per hour, produces steam sufficient for *one* horse power. Hence the applicability of the invention to baths, brewing, &c.

The inventor's attention has been chiefly directed to the warming of invalids' apartments, and for this purpose he employs the following apparatus:—

A battery of twelve "hoods" is enclosed in an earthen-ware case, which, becoming heated to 500 deg. Fahrenheit, forms a repository of heat. This is placed in an outer case of china, terra cotta, or any other ornamental ware. The products of combustion are carried away by a small pipe into the chimney. It would be better to let this pipe remain *in alto relievo* in the apartment. The fresh air is brought from outside the dwelling through a tube about six inches in diameter, which communicates, by means of a valvular iron plate, with the space between the two cases. The air ascends in this area in large quantities, is warmed in its transient contact with the inner case, enters the room through large holes in the top of the stone, at a blood-temperature, and spreads equally through the apartment.

This fire presents a cheerful aspect through the wide orifice of the stone, which is covered with glass, and is visible to every inmate. The expense of such a fire is sixpence a day, at the present price of gas; and its application to cooking, evaporating liquids, desiccating aromatic plants, &c., is decidedly economical.

Hydrogen burnt in the "Atmopyre" produces great heat, and a very bright fire.

*Sangrado Redivivus.*—The Spanish Journals narrate the case of a man, aged 70, born at Majorca, of sanguine and apoplectic temperament, who, according to an approximate calculation, has, during a period of fifty-five years, been *two thousand times* bled at the arm, and on each occasion at least a pound of blood has been abstracted. From the age of fifteen this man was obliged to have himself bled every month, in order to combat his tendency to apoplexy. At the age of twenty, he was compelled to have recourse to the operation twice every month; at twenty-five, thrice a month; afterwards, thrice every fifteen days; finally, he has sometimes been bled fourteen times in a month. Even still, he is bled twice or thrice a fortnight to prevent his tendency to apoplexy.—*L'Union Medicale*, Aug., 1850.

## POST-MORTEM EXAMINATION OF THE REV. JOHN NEWLAND MAFFIT.

*Who died from Fatty Degeneration, Ulceration and Rupture of the Heart.*

BY JOSIAH C. NOTT, M. D., MOBILE.

The subject of this case occupied a large share of public attention for many years, and was a man of no ordinary ability or attainment. The case itself is full of interest and instruction to the medical inquirer, and for this reason alone would well merit a page in a medical journal; but there are other and weighty considerations which induce me to place it on record.

The fact is notorious that this gentleman had been arraigned before his church, at the North, to answer charges deeply implicating his character, and which had caused great mortification and distress to his family and friends. He arrived in Mobile about two months ago, and immediately commenced the exercise of his sacred avocations. Immense crowds were attracted day after day by his extraordinary pulpit eloquence. When at the zenith of his success, evil reports pursued him—articles derogatory to his character were re-published in Mobile from the New York Police Gazette—considerable excitement in the town followed, and parties were arrayed for and against him. He became very much excited himself—was much occupied in writing for several days and nights—in writing was suddenly taken ill on the evening of the 27th of May, and died in about seven hours, aged 56 years.

Suspensions of suicide by poison were soon bruited over the town, and some of those friends who had proved true to him through all his heavy trials and afflictions, still confident in his purity and innocence, and fully aware of the confirmation which this charge would add in the eyes of many to the grave accusations already urged, demanded a post-mortem examination, which I made at their request.

Mr. Maffit, at the time of his death, was staying with a friend about three miles from the town; and when taken ill, a young friend of mine, Dr. E. P. Gaines, a well educated and intelligent practitioner, then in the neighborhood, was called to his assistance and has kindly furnished me the following note of the case. The doctor had had no acquaintance with the patient before, nor had I ever seen him previous to the post-mortem.

"Monday, May 27th, 1850, between the hours of 7 and 8 o'clock in the evening, I was called to see the Rev. John Newland Maffit. Found him in great pain, which he referred to the inferior sternal region. Suspecting immediately an affection of the heart, I questioned him if he had ever had any pain in his heart before. He

answered that he had had on several occasions some slight pain in his left side, with a slight palpitation, but not of much moment. Auscultation detected no abnormal sounds, no palpitation, but the heart beat regular and slow.

"He belched up great quantities of wind, but there was no distension of the epigastrium, or tenderness. He vomited occasionally undigested food, but said he had no nausea. He was perfectly cold all over, and bathed in a cold sweat. I administered anodynes and carminatives, applied a warm poultice with mustard, to the seat of pain, endeavored to bring about re-action, by warmth, to the extremities, but nothing gave relief; he still complained of the pain, and would beat his breast with his clenched hands. At 10 o'clock I gave him a large dose of calomel and morphine, also gave several enemas, under which, in the course of two hours, he seemed to re-act and get warm, and he remarked, 'Doctor, I feel better now everywhere else, but that pain still remains—it is a persistent and abiding pain, that seems to press through me against my spine.' All this time his pulse was *regular, full, strong*, but rather *slow*; his strength was good, for he got out of bed several times without help. At 1 o'clock I repeated the calomel and morphine; at 2 o'clock, he said, 'The pain has left my breast and gone to my heart and left arm—do you think that is a good sign?' I asked him, if in changing it still retained its severity, and he answered me 'Yes.' I applied my hand over the heart, but there was no palpitation. He also said, 'Doctor I think I am getting weaker, feel my pulse.' I felt it, and though it beat regularly, it seemed slower and weaker. I left the room for about fifteen minutes, when I was suddenly called in to see him die; his heart had already stopped beating, but he breathed two or three times after I got to the bed-side. The diagnosis throughout was difficult and obscure."

*Post-mortem.*—Stature short, stout, muscular, inclined to be fat, chest remarkably large and well developed. Neither head nor abdomen was examined. *Lungs* perfectly sound throughout, free from adhesions or any signs of disease, acute or chronic. *Pericardium*, fully distended with fluid, and when opened was found to contain blood and serum. This being carefully removed by a sponge, I introduced my hand into the sac, beneath the heart, and on grasping this organ, the contained blood was seen to spirt from a small perforation in the anterior wall of the left ventricle, disclosing at once the immediate cause of death. The heart was then removed from the body for further inspection.

*General appearance of Heart.*—Large, pale, flabby, and coated with fat over the greater part of its surface; the auricles, aorta, pulmonary artery and veins completely imbedded in fat.

*Right Ventricle.*—Somewhat dilated, whole exterior surface coated with fat, muscular substance flaccid and thinner than usual, diminishing towards the apex, near which muscular fibres were en-

tirely wanting, except a few scattered ones on the external surface; the blood here seemed to be retained in the cavity simply by the fat; the coating of fat at different points was from three to five or six lines in thickness.

*Left Ventricle.*—This fatty covering extended from the right over to the left ventricle for about an inch in width the whole length of the septum, and the apex also for about an inch or more was fat. On the anterior, middle portion of this ventricle, commencing at the margin of the fat, was an irregular, bruised looking patch, about the size of a dollar, and on the outer edge of this was the fatal rupture. When cut into, this bruised looking part presented a dark bruised, bloody appearance, not unlike recently-hepatized lung, the fibrous muscular appearance being destroyed. The corresponding internal surface showed evident marks of ulceration, a portion of the substance being excavated and covered in part with a thin cyst; the surface around the patch, on the inside, was red, inflamed, with deposition of coagulable lymph. It is worthy of remark that this spot of the heart, which seemed to be the most diseased, and in which the rupture took place, was more free from fat than any other; it joined the fat portion *abruptly* in half its circumference. This ventricle, I think, was a little dilated. There was nothing peculiar in the auricles except being buried in fat, and the mitral, tricuspid and semi-lunar valves were all perfectly healthy.

Mr. Maffit, as stated, had only been in Mobile a few weeks, and I could get no satisfactory information as to the previous history of the case. He had been, for some days previous to his death, laboring under a slight attack of diarrhoea, but his friends believed him to be in vigorous health. When questioned by Dr. Gaines, he stated that he had had some slight palpitation and pain in his left side. It is remarkable that so much disease should have existed, with so few symptoms to indicate it, though similar examples are on record.

There can be no doubt that organic disease had existed for months, leading inevitably to death. What influences his protracted mental excitement exercised in causing the disease, must remain a matter of doubt; and though the malady is one which marches steadily onward, it is highly probable that its termination was hastened by moral causes.—*N. O. Med. & Surg. Jour.*

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☞ *Broken-bone Fever* is the title of an epidemic which the Charleston Courier says they have a little of there at this time. It usually lasts two or three days, commencing with pains in the legs and knees, and ending with headache and weariness.

## TREATMENT OF INTERNAL HEMORRHOIDS.

Dr. I. P. Garvin, in an interesting article in the Southern Medical and Surgical Journal (March, 1850,) states that he has treated a considerable number of cases of internal hemorrhoids, some of them very severe and of long standing, by the use of cold water, in the following manner:

He directs about a gill of cold water to be thrown into the rectum immediately before *every attempt* to evacuate the bowels, and that this enema be retained several minutes, if possible. This usually produces an evacuation of the fæces, which have been so far softened on their surface, as to permit their escape without the least straining or irritation. After every evacuation, it will be proper to use ablutions of the parts, more especially in such cases as are attended by some protrusion of the bowels.

This treatment is to be continued until some days after all uneasiness is removed. In old or very severe cases, to effect such amendments generally requires several weeks. It is highly important to impress upon the patient, the absolute necessity of perseverance in the use of cold water, even though he should be so far relieved as to feel *almost* well, for if it be suspended too soon, a very slight cause will bring on a relapse. So decided is the relief afforded by this treatment, that few persons would be disposed hastily to abandon it, but for the inconvenience of applying it daily. The ordinary apparatus for enemata are so unwieldy, that they cannot be carried about conveniently. All difficulty from this source may be obviated by the employment of a small pewter syringe with a ring handle to the piston. One which will hold two ounces is very convenient, and may be carried in the pocket, when necessary.

When such enemata of cold water fail to procure sufficient alvine evacuations, the quantity of fluid may be increased to half a pint, or it may be necessary to resort to mild laxatives. Active purgation must be carefully avoided. The patient should be advised, *never* to aid the natural expulsive action of the bowels by straining. If an evacuation cannot be procured without such efforts, it is best to postpone it until aided by the action of a laxative. If the convenience of the patient will permit, it will prove advantageous to change the usual hour for the daily defecation, to a regular hour in the evening—just before retiring for the night. This will obviate the gravitation of blood consequent upon the erect position.

This treatment will usually succeed equally well in hemorrhoids attended by hemorrhage. In this form of the disease, cold water will be found a most efficient astringent.

## IODINE IN FRESH WATER PLANTS.

The improvements of modern chemistry have thrown no inconsiderable light on therapeutics, by showing that many of our old and best popular medicines owe their value to certain substances, the action of which, in a simple state is well determined. Thus it has long since been shown that the active properties of burned sponge are due to the iodine which it contains, and it seems probable that many other remedies of a similar kind derive their efficacy from the presence of the same substance in them.

Mr. Lindlay, I believe, was the first who pointed out the existence of iodine in water-cresses. A French botanist, M. Chatin, has confirmed this fact, and, moreover, shown that iodine, in greater or lesser quantity, forms an element of all fresh-water plants. M. Chatin has likewise ascertained,

1. That plants growing in running streams, or in water agitated by the winds, contain more iodine than those which inhabit stagnant waters.

2. That the proportion of iodine is very small in those plants which are imperfectly, or for a short time, submerged.

3. The proportion of iodine in fresh-water plants does not appear to depend on the nature of the plant itself, or on the place it occupies, in the natural order of vegetable bodies.

From the quantity of iodine contained in water-cresses, the author concludes that the popular idea of their usefulness in cases of pthisis, scrofula, &c., is well founded. The plant which grows in running streams has ever been more esteemed than those which are produced in marshy situations; and here, again, the popular notion is confirmed by chemical research. Conium, also, is a plant which contains a considerable proportion of iodine, and its anti-scrofulous properties have been extolled by physicians of the old and modern school. Amongst the latter may be named M. Trousseau, who considers it a remedy little inferior to the cod-liver oil in scrofula.—*L'Union Medicale*, April, 1850.

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**PUERPERAL FEVER.**—It has of late, been again proposed, in France, to use injections of tepid water into the uterus, to control the fatal effects of the metro-peritonitis following labour. Dr. Roche advocated this treatment in 1844, in the *Gazette Medicale*, stating that he had met with great success by adhering to it, and M. GENSOUL, of Lyons, gave it as his opinion, a few days ago, in *L'Union Medicale*, that phlebitis of the uterus is often brought on by the detritus and clots stagnating in the womb, and that warm douching, in removing these, contributed largely in keeping off the fatal effects of the uterine inflammation.

## THE WATER-CUSHION FOR BED-RIDDEN PATIENTS.

*To the Editor of THE LANCET.*

SIR,—A letter having been published from Mr. Sampson, on the use of the water-cushion, perhaps you will favour me with the insertion of the following statement:—

In the year 1845, Dr. Arnott of Brighton, directed my attention to the subject of water-cushions. He suggested Macintosh cloth as the material for their construction; but I found, after several trials, its unfitness for the purpose, from its want of durability, and tendency to be affected by different temperatures. In the following year, at the desire of Mr. Cæsar Hawkins, I resumed my experiments with various kinds of caoutchouc; amongst others, with the sheet Indian rubber, lined, but with the same want of success. At last I was induced to try the Vulcanized Indian rubber, and the result was most satisfactory. I found that its elasticity was not the least impaired by heat or cold, and that it supported with impunity a range of temperature from that of boiling water to below zero.

These Vulcanized cushions were first used in private practice by Mr. Cæsar Hawkins in 1847, and employed at St. George's Hospital in January, 1848, since which period they have been in constant use there. I understood that they are still as perfect as when I first applied them, and from other parties the accounts I receive are equally satisfactory.

I would also observe that instead of the screw and cork recommended by Mr. Sampson, I have attached to the cushions a tube, with a stop-cock and funnel, which allows the water to be changed, or its temperature modified, without removing the cushion or disturbing the patient.

I remain, Sir, your obedient servant.

WILLIAM HOOPER.

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FEBRIFUGE AND ANTIPERIODIC PROPERTIES OF CHLOROFORM.—M. Delioux lately read to the French Academy of Medicine, a communication on this subject, in which he spoke of the benefit he had derived from the internal use of chloroform in intermittent fevers which had resisted quinine. It would appear from the tenor of the author's remarks, that no unpleasant effects have been witnessed, the only action of the medicine being that of suspending the febrile paroxysms. The usual dose is from thirty to forty drops, given in three portions a few hours before the expected access, taking care that the last dose is given about three hours prior to the fit. In obstinate tertian and quartan fevers the author gives the medicine daily, increasing the dose on the days of the access, and subsequently reducing it.—*L'Union Médicale*, April, 1850.

**SINGULAR TRANCE** — At the village of Farrington, situated about nine miles from Bristol, on the road to Wells, a young woman, named Ann Cromer, the daughter of a master mason, now lies in a complete state of catalepsy, in which extraordinary trance-like condition, should she survive till next November, she will have been for no less than thirteen years. During the whole of this extended period she has not partaken of any solid food, and the vital principle has only been sustained by the mechanical administration of fluids. Although, of course, reduced to almost a perfect skeleton, her countenance bears a very placid expression. Her respiration is perceptible, her hands warm, and she has some indication of existent consciousness. Upon one occasion, when asked if suffering from pain to squeeze the hand of her mother, placed in hers for that purpose, a slight pressure, the mother avers, was distinguishable; and frequently, when suffering from cramp, she has heard her make slight moans. About 16 weeks after the commencement of her trance, she was seized with the lockjaw, which occasions great difficulty in affording nourishment. The unfortunate young woman is twenty-five years of age, and has been visited by several medical gentlemen, who, however, hold out no hopes of her ultimate recovery.—*English paper.*

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**MILK SICKNESS.**—*Ed. O. Cult.:* In No. 16, page 242, of the present volume, I notice an article headed "Milk Sickness," by I. Dille, of Newark, O. Feeling a desire for more light on that subject, I will state a few facts that have come within my own observation, in the hope that they may elicit further discussion. For the last five years there has been more or less of what we call "The Trembles" in our neighborhood. We use this term from the fact that trembling is one of the most prominent symptoms of the disease when brutes are affected with it. The disease has prevailed to a considerable extent this summer, and altogether among cattle ranging at large, or in woods pastures. The first case occurred in the latter part of June, and it continued from that time until the close of the drouth; have no knowledge of any new case since then. It has usually been the worst after or about the close of drouths.—I have been informed by the oldest citizens of this country that it has generally raged during the months of July and August, but occasionally late in the fall. Some of these worthy pioneers say that the Aborigines of this country declared that certain springs produced fever and ague in their horses, or as we call it, trembles—or milk sickness; and some of the Wyandots used to say their horses would die on Hog Creek but would fatten on Sugar Creek; which still seems to be the case, and is no little annoyance to us new-beggers in these backwoods of Ohio. J. MOREHART.

## CHLORIDE OF SODIUM IN CORNEITIS.

Dr. TAVIGNOT, of Paris, lately recommended a collyrium, composed of a solution of common salt, in inflammation and ulceration of the cornea; and Dr. Benoit of Montpellier, has just published two cases of corneitis, in the *Journal des Connaissances Medico-Chirurgicales*, where this collyrium is stated to have been remarkably effective. The first case relates to a lad of fifteen, affected with ulcerations of the cornea on both sides. General bleeding, calomel, frictions with mercury and belladonna, and cauterizations with nitrate of silver, proved of no avail. At last, twelve days, after the beginning of the treatment, a collyrium of common salt was tried; the next day the photophobia had disappeared, and the two ulcerations of the cornea, presenting a grey fundus, could now be distinguished. The same collyrium was continued until complete cicatrization, which took place on the twenty-second day,—as the leucomatous spots were not lying in the axis of vision, the boy had very good sight. The second patient was a woman of forty-two, affected with scrofulous corneitis: the usual treatment, continued for three months, failed, and the common salt effected a cure in twenty-one days.—*Lond. Lancet*.

ICE IN OPHTHALMIA.—Our readers are aware that M. CHASSAIGNAC, of Paris, treats infantile purulent ophthalmia by cold water douching. This gentleman has lately advised, in the *Gazette des Hopitaux*, the use of ice in various kinds of severe ophthalmia. A great number of affections of the eye have been thus treated, ranging from the ophthalmia which succeeds operations for cataract and to external violence, to hypopium and the most intense inflammations of the cornea. The author has arrived at the conclusion that the apparatus of vision is the one which illustrates, in the highest degree, the power of continuous applications of ice. M. Chassaig-nac does not, however, advocate the exclusive use of the ice, and advises the ordinary therapeutic means to be combined with it. It is applied by means of a kind of orbital mask of wire-work, secured by a spring, the pad of which presses on the occiput. The mask is composed of two layers, between which little bags of ice are introduced.

NEW REMEDIES.—Dr. Debow, of Hartsville, Tennessee, mentions that a medical friend of his has been experimenting for some time past with the berries of the *Cornus Florida*, and that he has obtained from them an oil and an extract which he believes will be found to possess active remedial qualities. The gentleman is still engaged in the research, and promises to give us the results of it when he has made more extensive trials with the new remedies. We shall expect his communication with some interest, persuaded as we are that there are valuable medicinal properties in this plant which are not generally appreciated.—Y.—*West. Journal*.

## JARVIS'S ADJUSTER.

An instrument, under this name, for adjusting fractures, and reducing dislocations has been before the profession for some years, but it has not received the attention its merits deserve. It enjoys the confidence, and has received the approbation of a number of eminent surgeons, among whom stands Professor Mott. We have had an opportunity of examining the instrument, and take pleasure in commending it as superior to anything of the kind we have seen, and we feel sure that a correct understanding of its merits, and the use of its powers, would do much towards stopping those suits for mal-practice, that are so annoying to Surgeons, and so injurious to the interests of the medical profession. It is time that some means were adopted for this object. A distinguished Professor in New York, Dr. James Webster, made "the frequency of suits of mal-practice," the subject of an introductory lecture, before the Geneva Medical College, last March, and no one can rise from the perusal of that lecture, without feeling that a better remedy is needed than the one suggested by Professor Webster. The abandonment of a particular class of patients, in order to avoid the risk of suits at law, is scarcely professional. The statistics of Professor Hamilton, and the quotation we made from MacLise, on the developments of broken bones in Dupuytren's Museum are not very creditable to modern surgery, and such things could not exist under the regulations of good surgery. We feel confident that if surgeons use the proper means, in the reunion of fractured bones, no justifiable claim for mal-practice would live long before a jury.

It is somewhat singular that in the Transactions of the American Medical Association, containing Professor Hamilton's deplorable statistics, on fractures, the admirable instrument of Dr. George O. Jarvis, of Connecticut, was condemned, by the committee on surgery. It is well known to our readers, that we prefer the bandage, in the treatment of fractures, to all other contrivances, but we feel no hesitation in saying, that, if we had not acquired, by long continued labors, the requisite art for applying the bandage, there is nothing that so nearly approaches that treatment, in its perfect adaptation to all the requirements of fractures, as Jarvis's adjuster. It has capacity for placing the skilful young surgeon on something like an equality with those who have gained much by experience.

In another number we shall discuss the merits of the excellent instrument of Dr. George O. Jarvis, and endeavor to show its usefulness to surgeons and physicians. The statistics of dislocations and fractures, display the limping gait of modern surgery, and we are solicitous to do all in our power to remedy the evil.—B.—*West. Journal.*

*Temperance and Total Abstinence; or, the Use and Abuse of Alcoholic Liquors in Health and Disease.* By SPENCER THOMSON, M. D. London. Foolscape 8vo. pp. 183.

THIS work is one of those which competed for a prize of £100, offered by Mr. Eaton for the best essay on the "Use and Abuse of Alcoholic Liquors in Health and Disease." The committee of adjudication recommended the publication of this essay. Looking at the real object of the founder of the prize, and at the manner in which this essay is written, we feel no hesitation in declaring our conviction that to Dr. Spencer Thomson should have been awarded the prize instead of to Dr. Carpenter. The work before us really takes a very common-sense and philosophical view of the entire subject. "The endeavour of the author has been, by scientific demonstration, to mark the line between the empirical abuse and the rational application of one of God's gifts to man, placed in his power, not for evil, but for good." Dr. Spencer Thomson has not started with a dogma, and made every effort to bring all his knowledge and experience to prove a foregone conclusion, but he has treated the subject fairly and honestly.

The prize essayist on this subject has distorted facts, strained theories, and jumbled up together fictions and prejudices to attain his object, as the tyrant of old distorted the limbs and bodies of his victims in order that they might fit his bed of torture. Dr. Thomson, we again repeat, should have been the recipient of the prize.

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PROBABLE DANGER FROM THE USE OF COD-LIVER OIL. By Dr. Benson.—At a recent meeting of the Surgical Society of Ireland, Dr. Benson made the following statement regarding cod-liver oil:

It was not to be expected that a remedy of so much power could be used with impunity in all cases. Having such efficacy in checking emaciation, in restoring the wasted flesh, and bringing back color to the faded cheek, it might be anticipated that it would in some cases of phthisis occasion a congested condition of the lung, and even give a tendency, or prove a predisposing cause to pneumonia; and this was, in fact, what he thought he had observed in some instances, and it was to this he begged to call the attention of the meeting.

It so happened that in almost every patient who died of phthisis under his care while using cod-liver oil, he found the lung congested and consolidated, not only in the neighborhood of the tubercles, but through nearly the entire of both lungs. This morbid condition, it is true, is often met with where no oil has been used, but he was struck with the greater frequency of it in the post-mortems he had made where the oil was freely administered. ('Dublin Med. Press.')—*Med. Gaz.*, Feb. 1, 1850, p. 216.

**ON THE NON-IDENTITY OF FLESH AND BLOOD FIBRIN.**—Liebig has lately made some important observations on the properties of the fibrin of blood and of flesh substances, which have erroneously been considered identical. The two substances behave in very different ways when treated with water, acidulated with 1-10th per cent. of hydro-chloric acid. Blood fibrin swells into a gelatinous mass—corrugated by addition of acid—recovering its gelatinous consistence when water is again added. Flesh fibrin, on the contrary, dissolves completely, the solution being rendered turbid only by some fatty particles, which can be separated by filtration; when neutralized, the fibrin coagulate to a thick white mass, soluble in excess of alkali. Common salt added to the alkaline solution produces a coagulum soluble in excess of warm water; the white mass produced by the neutralization is also soluble in lime-water; and the solution, when boiled, yields a coagulum like a dilute solution of white of egg. In some kinds of flesh—as in veal and mutton—in addition to this fibrin, there is another substance, insoluble in water, acidulated with hydro-chloric acid.

Blood fibrin contains more nitrogen than flesh fibrin, hence Liebig doubts whether it serves for the formation of the latter substance. Blood fibrin has other remarkable properties; thus, when completely immersed in water, it rapidly putrefies when the vessel is placed in a warm place. The fibrin in about three weeks dissolves completely, forming a slightly-colored solution, which is undistinguishable from a solution of albumen; not only does a coagulum form when heated, but the coagulated substance, as appears from an analysis of Dr. Strecker, actually possesses the exact composition of albumen ( $C_{53.9}H_{6.99}N_{15.68}S_{1.59}-1.45\text{ Ash}_{0.22}$ ). After the coagulum has separated, an azotised substance remains in solution.

Liebig observes that blood fibrin always contains iron, which can be found in the white ash left on incineration. *Med. Times*, Aug. 1850.

**Generation of Mammalia and Birds.**—DR. DELFRAYSSE, of Cahors, in France, lately made several experiments on various species of mammalia and birds, regarding the influence of the male upon the offspring. He found, by bringing individuals of different species together, that the first coition merely imparts life to the ovum, and that the subsequent ones bestow the colours of the male upon the young; for, the more coition was repeated, the more likeness did the offspring bear to the parents.—These views were submitted to the Academy of Sciences of Paris.

M. PIORY recommends Chloride of Sodium, as a substitute for cinchona in ague, having found it successful in eight cases attended with enlarged spleen. Two doses had, in several instances, reduced the spleen to its normal size.

*The Medical and Clerical Professions.*—In a preamble to a set of resolutions offered at a meeting of the State Medical Association in South Carolina, is found the following:—"Whereas, it has been the custom of physicians to extend to clergymen the courtesy of their services gratuitously, in consideration of the respect justly due their sacred office, but, in consequence of the deplorable fact that numerous clergymen have become the advocates of quackery and imposture, by recommending secret medicines and preparations publicly in the newspapers, and more frequently privately to their parishioners, thus using their extensive influence against the true interests of science and the advancement of the medical sciences more particularly, it becomes the duty of physicians to discriminate between those who are or are not the friends of quackery; it is therefore resolved," &c.

**ACCIDENTAL DEATH FROM CHLOROFORM.**—A case illustrative of the fatal effects of the incautious use of chloroform occurred lately at Sheffield. The subject of it, a young man 21 years of age, retired to bed at half-past eleven. In the night he was heard to moan, but it was concluded that he was dreaming. As he did not appear at the usual time at the breakfast table, a domestic was sent to his bed-room, when he was found lying in bed, life being extinct. In his hands he held a handkerchief, firmly pressed to his mouth and nostrils. It appears the unfortunate gentleman had been in the habit of inhaling chloroform for the purpose of allaying the face-ache. A bottle which had contained chloroform was found uncorked in the watch-pocket of the bed, and in a private drawer two bottles of chloroform were discovered. An inquest was held on the evening of Monday, when evidence establishing the above account was given, and also that the deceased had several times, when he inhaled chloroform, directed William Girt, formerly groom to Mr. Ray, to sit with him, and to rouse him when falling into a state of insensibility, which he had accordingly done. The post-mortem examination of the body showed the blood to be in a very fluid state and very dark in color: the right cavities of the heart were distended with blood, the liver and kidneys slightly congested. No smell from which it could be ascertained that chloroform had been used could be detected.—*London Medical Gazette*, June, 1850.

## Part 3.---Editorial.

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### MEDICAL JOURNALS.

The incessant mental activity of the present age is displayed in the medical profession as well as in other walks of life. An immense mass of medical literature is continually pouring forth from the press of England, Germany, France and America. To read even what is published in our own language would be beyond the power of the most industrious physician who could devote his time to such a purpose, and to purchase the works as they issue from the press would be equally beyond the means of any moderate fortune. Hence arises the necessity for our periodical literature, which enables those whose time and means are limited, to keep pace with the progress of professional knowledge at a very trifling expense of time and money. Every important work is noticed or reviewed, and almost every important discovery referred to or described by the medical periodicals.

The physician who has completed his education in college, is supposed to have mastered the science of his profession as it stands at the time. But in a few years of practice he may find himself far in the rear of younger students. He has not only grown rusty in his attainments, but he is ignorant of many important innovations and improvements, which have been introduced since he acquired his education. To prevent this decline in knowledge, and to maintain an honorable standing, there is but one method that is generally practicable—regular reading.

But it is not merely by reading books; the quantity of book-reading necessary for such a purpose involves a greater expenditure of time and money than physicians are either able or willing to undertake. Medical periodicals alone are adequate to meet the want. Every physician should regard it as his duty to appropriate twenty or twenty-five dollars per annum to maintaining his professional knowledge in a respectable and progressive condition by means of medical journals. Yet it is a lamentable fact, that many, when they

have commenced the practice of their profession, relinquish the cultivation of science, and without taking a single periodical, travel in the monotonous routine of practice, entirely unconscious of the improvements which are in daily progress all over the world.

Such physicians are insensible of the richness of the repast which they avoid. They do not appreciate the great advantages and economies of Medical Journalism. They do not reflect upon the immense number of laborious and expensive medical works which are reviewed and gleaned by authors and editors, and the numerous other sources of knowledge which are resorted to for the purpose of enriching the pages of our monthly and quarterly publications. They do not reflect that for the trifling sum of two or three or five dollars per annum, they are enabled to receive in a compendious form an amount of knowledge—which, by their own most diligent studies and researches, they could not possibly have obtained in a life-time, or by the outlay of many hundreds of dollars. There is, indeed, too great an apathy upon this subject—the importance of medical periodicals has never been sufficiently insisted upon by medical teachers.

An indiscriminate recommendation of all that are published would not be justified by their comparative merits. Still it may be freely affirmed that there is not a medical journal published in the United States or Europe, which is not to an intelligent physician worth many times the price of its subscription. The leading medical journal of the Old World is the British and Foreign Medico-Chirurgical Review. In this able quarterly review, which may be obtained in this country at the very moderate price of three dollars per annum, there is a great amount, not only of useful knowledge, but of profound research in reference to the most abstruse subjects of investigation. This Review is characterized by a greater spirit of toleration, and by much more philosophic and enlarged views of medical science and philosophy than its rival, the London Lancet.

The Lancet, edited by Mr. Wakley, and reprinted in America, monthly, at \$5 per annum, contains an enormous amount of medical reading, three-fourths of which will scarcely repay the time spent in its perusal. From each number a few pages of useful matter may be gleaned, but a large portion of its contents is emphatically *trashy*—consisting of prosy essays with little pith or point. The Lancet is characterized by the most narrow-minded and venomous opposition to all liberal progress, and displays an active hos-

tility, not only against Hydropathy, Homoeopathy, Mesmerism, &c., but against its more dignified and learned neighbor, the Medico-Chirurgical, which it accuses of cherishing and lending aid to medical heresies. Such journals as the *Lancet* should be discarded by every medical liberal.

Braithwaite's *Retrospect*, and Ranking's *Abstract*, furnish a very condensed and comprehensive view of cotemporary medical science, published twice a year, each at \$1,50 per annum.

Of American publications—the oldest and most influential is the *American Journal of Medical Sciences*, published at Philadelphia, quarterly, at \$5,00 per annum. The *New York Journal of Medicine*, published bi-monthly, at \$3,00 per annum, is a cheap and very respectable Journal. Smith's *Boston Medical and Surgical Journal* furnishes about twenty pages weekly, at three dollars per annum. Its articles are generally practical and short. Its editor supports Hunkerism as usual, but will now and then admit a few words in his pages from the other side.

Other respectable Journals are published in Louisville, Charleston, New Orleans, Baltimore, Chicago, Cincinnati, Columbus, St. Louis, Buffalo, &c., almost every respectable medical school being connected with a medical journal, edited by its faculty. Monthly periodicals devoted to medical reform, are published at Rochester, N. Y., Worcester, Mass., and Memphis, Tenn., each at one dollar per annum.

Notwithstanding this great abundance and cheapness of medical literature, it is far from being adequately sustained by the patronage of physicians. The greater portion of our medical journals scarcely even pay their expenses, as their circulation is limited, and many of those who ought to be subscribers, either refuse to subscribe, or impose upon the good-natured credulity of the printers and publishers and pay nothing for what they receive. This has been the case heretofore with the *Eclectic Journal*. Too many of its readers have been reading it at the expense of the publishers—postponing payment until serious doubts might be entertained whether they ever had any design of paying at all. With the commencement of the next volume, the CASH SYSTEM will be adopted, and no Journals will be sent until the money has been received. My readers will therefore please to attend at once to this matter, and if they have any idea of taking the next volume, *remits forthwith*, so as to reach Cincinnati before the first of January.

## Part 1.---Original Communications.

## CHEMICAL RESEARCHES IN ANIMAL AND VEGETABLE PHYSIOLOGY.

BY DANIEL VAUGHAN.

The development of scientific principles which may enable us to trace any of the phenomena of life to the influence of chemical and electric forces, must tend, in a great degree, to advance the state of Physiological knowledge, and to reduce the mysterious operations of vital action to known and determinate laws. During the present century much speculation has prevailed in regard to the part which electricity plays in the human system, and many experiments have been instituted to test its efficacy for the cure of disease, and for accelerating the growth of plants. But from the very limited knowledge which could be obtained respecting this subtle agent, and a still greater ignorance of the nature of vitality, such experimental inquiries could not be pursued in a very systematic manner, and the success attending them has been limited to a few accidental discoveries. Indeed, the good effects which they might be expected to produce by elucidating vital phenomena have been, for the most part, frustrated in consequence of the injudicious manner in which they have been prosecuted by most physiologists, whose researches instead of being first directed to the most simple organic changes, have been generally devoted to fruitless attempts to explain the most difficult and most complicated operations in the domain of life.

From a belief that the numerous facts and principles which the discoveries of late years have brought to light, must render inquiries of this nature more successful than they were at any former period. I have been, for some time, engaged in investigating the office which electricity performs in vegetation and in the most simple functions of animal economy. Humble as the task which I have undertaken may appear, it is, perhaps, as great as chemistry in its present state can furnish the means of achieving; and it does not seem advisable to raise an important structure on a less secure

foundation. The laws of life and the several attributes of the vital principle, though calculated to awaken sublime feelings in the imagination, are generally set forth by writers in too vague and indefinite a manner, to serve as the basis of an exact theory, as nothing will be so conducive to accuracy as to observe such a degree of precision in our inquiries, as may enable us to ascertain the strict accordance of our conclusions with the results of observation.

In my former writings, I have shown that several changes incident to vegetation may be identified with those which should result from the action of electricity. I have likewise shown that the oxydation of the organic matter of the soil, must produce a circulation of electrical currents between the roots and branches of plants. The existence of these currents has been proved by recent experiments. But it now seems necessary to consider whether they are of sufficient intensity to produce the chemical changes which I ascribed to them; as they are far more delicate than those usually employed for the purpose of decomposition with the galvanic battery. From their extreme weakness, the chemical action which they perform has been hitherto overlooked, though their existence in plants has been ascertained beyond all reasonable doubt. We must, however, bear in mind that, in causing a muscle to contract, the most feeble galvanic currents produce a mechanical effect which appears truly astonishing; and currents equally insignificant have been found capable of separating bodies in opposition to the strongest bonds of affinity. This wonderful efficiency for chemical operations is due in a great measure to certain conditions which are presented by the peculiar construction of the apparatus used for the electro-decompositions to which they are applied. But it will appear on a careful examination, that the same conditions are furnished by the peculiar structure of every plant, and in greater perfection than could result from any effort of human skill; and so perfect is the mechanism for attaining the same object in the higher orders of life, that the tissues of men and animals are not only sensible to the galvanic currents generated in their frames, but are even affected by the most feeble manifestation of terrestrial electricity.

To render very weak galvanic currents adequate to chemical action, or to increase the efficacy of those which are more powerful, it has been found necessary that both portions of the solution, in which each wire was immersed, should be separated by a porous partition which, without being impervious to the fluid, may prevent their mixture. The use of an impervious barrier between the wires would effectually arrest the decomposition, which is, however, always facilitated by impeding the communication in this manner. In the electrolysis of a saline solution, when the products resulting from decomposition are retained by the liquid, the use of partitions or some contrivance of the same nature is indispensable

to the success of the operation, even when powerful galvanic currents are employed. But if a compound is separated into bodies, one of which is evolved from the solution in a gaseous form, or enters new combinations by acting chemically on some substance at the pole of the battery, or even on the wire which forms the pole itself, a comparatively small amount of electric power will be sufficient for slowly effecting a decomposition. The porous partitions, though not absolutely necessary in this instance, will be found to exercise a co-operating influence, and a concurrence of all the circumstances favorable to decomposition will render the most feeble currents of electricity capable of gradually disuniting bodies held together by the most stubborn ties of affinity.

The manner in which electro-decomposition is facilitated, in these instances, may be readily explained by supposing that the force of the current is exerted, not only in separating the component parts of a compound, but also in preventing them from reuniting. When, for example, sulphate of soda is submitted to galvanic action, or electrolyzed, the soda separates at the negative wire, and the sulphuric acid at the positive. But the acid and the alkali still remain in the solution, ready to obey the force of affinity, whenever the controlling power is withdrawn. If the galvanic current prevent their combination, it is evident that, after some time, its whole force must be expended in keeping apart the large quantity of free acid and alkali which accumulate at the respective poles. If we suppose that electricity is endued with no passive force to prevent the union of bodies, but is only capable of separating them according as they unite, our ultimate conclusion respecting its efficiency will be the same; for when their quantity has increased to a certain extent, they must reunite as fast as they are separated. In either case it is evident that the great obstacle to the progress of the decomposition proceeds from the disposition of the bodies liberated at each pole, to return to the combination which has been destroyed. But the force of affinity comes into play only when the bodies between which it exists are blended together by a mixture of the solutions which contain them; and it is by retarding this mixture that the porous partition between the electrodes diminish the resistance proceeding from chemical forces, and cause them to yield to a decomposing agent of very inconsiderable energy. This opinion is confirmed by the fact, that the same effect is produced by the evolution of the resulting elements from the electrolyzed solution in a gaseous form, or by the occurrence of such chemical changes at the poles as may prevent their return to the state in which they previously existed.

It will be readily perceived that this explanation is quite independent of the conflicting theories in regard to the mode in which electro-decomposition takes place; for in whatever manner we suppose the bodies to be separated, the consequences I have alluded to

must result from their presence at the poles or electrodes. Pursuing the inquiry farther, it will appear evident, that whatever impedes the diffusion of liquids without entirely preventing it, may be employed to facilitate the chemical operations which galvanism performs. In glass tubes liquids of different kinds mingle together very slowly, and their mixture is retarded as the tube decreases in diameter or increases in length. Accordingly they have been found to assist in the decomposition of bodies by electric currents. When the poles of a galvanic battery are immersed in two glasses containing a saline solution, a communication being made between both by a portion of the liquid enclosed in glass syphons, it will be found, after some time, that the acid has been transferred into one vessel and the base into the other. As the syphons diminish in diameter, they become better adapted to promote the decomposition; and moist cotton fibres or pieces of asbestos in which the conducting liquid is enclosed in much more narrow passages, have been found far more effectual for attaining the same object.

From these principles, it must be readily inferred that the cellular tissue of plants constitutes a most admirable arrangement for the play of galvanic currents, and is calculated to render them adequate to the chemical purposes which vegetation requires. The nature of the present investigation renders it necessary to show the cause from which these currents originate, though their existence in plants have been proved so conclusively by experiments, that we need not rely on theoretical evidence alone. The most simple case in which their presence and their action can be recognized by the light which science affords, is presented by the growth of perennial plants during spring, when the development of the leaves commences. On the elevation of temperature which then occurs, the roots of plants and the organic matter by which they are surrounded, undergo fermentation, by combining with oxygen, and forming carbonic acid and other compounds. From the presence of air and moisture in the soil, this chemical action must proceed with great vigor at the roots, while it will be in a great measure suspended at the stem and branches, which are acted on by the air alone. Indeed, the friction of the air against the branches, and the evaporation from their surfaces, must tend to exempt them from oxydation, by rendering their electric state negative. In this unequal degree of chemical action we recognize one of the conditions for generating galvanic currents. If the bark of a tree has a better conducting power than the wood, (as I shall afterwards show to be the case,) currents of electricity must proceed from the roots to the branches, along the woody portion of the stem, and return to the roots by the bark; in accordance with the laws which govern the production of such currents in the galvanic battery, and determine the direction in which they move. This circulation along the plant, will accordingly continue until it is interrupted by a degree of cold sufficient

to arrest the oxydation of the humus, and thus to remove the condition on which the currents mainly depend.

The superior conducting power of the bark of trees proceeds chiefly from the conformation of its tissues, though the property may in some measure be due to the presence of alkalies and other inorganic bases, which are invariably found in the bark in a larger proportion than in other parts of the plant. But the tubes and sap vessels in the bark are much finer than in the wood; and any fluids they contain must yield more readily to the decomposing influence of galvanism. Now, from the close relation which always subsists between the conducting power of a solution, and the ease with which it is decomposed by electricity, this agent must be conducted by the bark, or by the fluids it contains, much more readily than by those enclosed in the wood. It may be likewise observed that, though it is the moisture they contain that enables living vegetables to conduct electricity, they always conduct it much better than pure water could do under ordinary circumstances. This fact affords a striking illustration of the advantages which the structure of vegetables, and the narrowness of their tubes, afford for the passage of electricity through the fluids they contain; and the effects will evidently correspond to the tenuity which these tubes acquire.

Though the voltaic mechanism of plants and the chemical changes it is capable of producing, may be deduced from the doctrines of galvanism, they will be more readily understood by a reference to the following experiment: Let a piece of zinc be placed in a vertical position, and be acted on by a strong acid at its base, and at its upper extremity by a weaker acid or by water, care being taken to prevent, as much as possible, the admixture of the fluid. A current of electricity will, in this case, descend along the zinc (the more perfect conductor,) from its upper to its lower extremity, and will ascend through the fluid: the metallic salt or oxide, formed at the expense of the lower portion, will be decomposed by the current, and the zinc will be deposited in a pure state at the upper end. These facts considered in connection with the peculiar mechanism of plants, should lead us to conclude that a similar current must descend by the bark of a tree in summer, and ascend by the woody portion of the stem; while the soluble matter arising from the oxydation of the humus at its roots will be deprived of its oxygen by the current, and deposited in the various parts of the trunk, as this chemical action deprives it of solubility.

So striking is the correspondence of these changes with what is to be observed in the process of digestion in plants, in the circulation of their juices, and the evolution of oxygen from them during the day that we can scarcely hesitate to ascribe these functions to the operation I have described. Indeed, so far as regards their dependance on chemical action, we may readily recognize a complete identity between the living principle of plants, and voltaic

electricity. The growth of plants, and the manifestation of their vital properties, commence as soon as the temperature permits the oxidation of the humus; when this chemical action is arrested the powers of life resume their dormant condition; as it proceeds with rapidity the plant seems to increase in vigor, and when it is accelerated by heat or by the application of manures, the invigorating effects are visible in the luxuriance of vegetation which the several parts of the plant exhibit. We could not conceive a better medium than electricity for transmitting to such distances the effects of chemical forces, for propelling the various juices of the sap through vegetable tissues, or for causing the several chemical changes which they undergo; while the structure of vegetables is peculiarly adapted for the successful action of this great decomposing agent. According to the common notion of vital functions, the narrowness of vegetable cells presents more inconvenience than utility for the digestion and for the circulation of their fluids; but considered as the instruments of galvanic action, they furnish the most admirable means of effecting the object for which they are designed.

Without noticing the various absurd and unsuccessful attempts to account for the circulation of the sap, I shall endeavor to show that it necessarily proceeds from galvanic agency. It has been proved by satisfactory experiments, that the sap ascends by the woody cells of the tree, and descends by the bark. This course corresponds so exactly with that which the currents of electricity must necessarily take, as to leave no doubt as to the part they act in causing its motion. Experiments also prove the capability of such currents to effect a similar transfer of fluids. If a solution be divided into two parts by a membrane or a porous partition, all other means of communication being prevented, and the wires of a galvanic battery be immersed in each portion, the liquid will pass through the membrane in the direction of the current, and will rise above its level at one side of the partition while it sinks at the other. A similar result will be observed when a membrane is acted on both sides by two different solutions; and many experiments show that, even in this case, the transfer is due to currents of electricity arising from the unequal action on both sides of the membrane. Another experiment, however, will afford more conclusive evidence in regard to the motive power employed in propelling vegetable juices. When two liquids communicate with each other through a capillary tube, for the walls of which they have unequal degrees of affinity; the liquid which has the greatest affinity will be absorbed most energetically into the tube, driving the other before it. In this case we have all the conditions for producing a galvanic current, from the unequal action at each end of the tube, and the two different conducting mediæ between them; and the current will move in the direction in which the fluid is propelled, and must evidently be regarded as the moving power.

The last experiment has been adduced by Professor Draper to sustain another theory in regard to the motion of the sap. He supposes that the vegetable juices have an affinity for the cells in which they circulate; that this affinity diminishes with the elevation; and to this variation he ascribes the motive power of vegetable fluids as well as the circulation of the blood in animals. It appears, however, that the affinity of the sap for the cellular tissues, and the variation it undergoes, rest on a gratuitous assumption; and even if such an affinity did exist, the chemical action it should occasion would be fatal to the continuance of the circulation for any considerable period. On the other hand, regarding electric currents as the motive power, their production does not require any changes except such as are universally recognized as occurring in the soil, and which do not involve the destruction of the vegetable tissues, but only of the humus which encompasses the roots, and by its decay, is a fertile source of vegetative power. Neither does this doctrine conflict with the fact that the circulation of the sap continues for some time after a tree has been cut down or separated from the soil. The conditions for the circulation of galvanic currents, are still presented by the fermentation of vegetable juices, which proceeds more vigorously at the bottom of the tree than at the branches, where it is prevented by evaporation.

If we admit with Draper that some new agency is required to co-operate with the heart in propelling the blood in the human system, the same principle will show the origin of a motive power much less hypothetical than that which he has described. The unequal action which the air exerts on the blood at the lungs, and at the extremities of the vessels, must furnish one of the conditions for the circulation of galvanic currents. The greater quantity of carbonic acid evolved from the lungs, proves that the oxygen of the air acts on the blood they contain with increased energy; and this evidently arises from the presence of moisture in the air they receive. The disposition which air acquires for acting on all substances is considerably augmented by the presence of water or watery vapor. This curious fact is exemplified in the rapid oxydation of metals by a moist atmosphere in the manufacture of sulphuric acid where the agency of water or steam causes the sulphur to gain an additional equivalent of oxygen from the air, and in the slow combustion of phosphorus which does not consume all the oxygen enclosed around it, unless it be in a moist state. The effect of moist air on organic bodies is still more decided, and it is, perhaps, on this account, that some individuals have been found capable, in dry air, of supporting with impunity a temperature which would instantly disorganize their tissues and destroy life, if the air contained any considerable amount of moisture.

We have several reasons to believe that the difference of constitution which nervous and arterial blood exhibit, must be also attended

with a difference in the power with which they conduct electricity. The less rapid coagulation of venous blood shows that chemical forces exercise less influence on its component parts, and are more easily controlled by galvanism, if the capability of this agent can extend so far; and we have no reason to suppose that organic bodies should be exempt from its action. The venous blood therefore will offer less chemical resistance to the passage of electricity, and will be accordingly endued with a better conducting power than exists in the more highly organized and more coagulable fluid in the arteries. In the blood-vessels, therefore, we have the conditions for the circulation of electric currents, proceeding to the surface of the body along the arteries and returning by the veins; and these currents seem to serve as an important auxiliary to the heart in impelling the blood, especially through the capillaries, while in the lowest species of animals they seem to act in some measure independent of the great central organ.

From the illustration previously given (p. 533) it appears that the chemical action which growing plants perform can be identified with that which might be expected to result from the operation of the galvanic currents originating from the causes I have described. Indeed, these currents could scarcely pass through any compound under the favorable circumstances presented by vegetable tissue, without effecting a decomposition, and the separation of oxygen from vegetable juices is, in fact, nothing more than an exertion of the same power so frequently manifested in the deoxidation of various inorganic bodies. The connection between the action of the Voltaic pile and that of the growing plant, will appear sufficiently obvious, whatever view we may take of the manner in which both perform chemical changes. If, in the decomposition of an oxide, for instance, the negative pole of the battery repels the oxygen, or attracts the element alone with which it is combined, the stem and branches which constitute the negative pole of the plant must manifest a similar repulsion for the oxygen in its juices, or an exclusive attraction for the residual substances of the sap, and in either case a portion of their oxygen will be liberated. If we suppose that the chemical action of electricity depends on the interruption of the current, a separation of oxygen must necessarily result from the manner the current is interrupted in vegetables, especially at the leaves and at the extremities of the roots and branches.

This theory which seems to be the most plausible that has yet appeared in regard to electro-decomposition, will furnish a satisfactory explanation of the absorbent power which the extremities of the roots of plants have been found to possess. If these parts of the roots have a less affinity for oxygen than the adjacent humus has for the same element, the unequal oxydation which takes place must cause currents of electricity to move to them from the decaying organic matter, conveying to them supplies of vegetable food.

But no body can have a less disposition to oxidate than one which is parting with its oxygen; so that, as far as chemical action is concerned, we recognize the conditions for causing galvanic currents to move towards the spongioles of the roots; and for small distances, the conditions in regard to conducting mediæ are presented by the solid materials of the soil. From these principles we may account for the elongation of the roots, the formation of tubers at their extremities, the growth of fruit at a similar position in respect to the branches, and the tendency which roots manifest to direct themselves to rich manures which ferment with the greatest rapidity.

With respect to their capability for controlling chemical affinity, or for arresting its actions, we find, on a diligent examination, a perfect identity of vital and electric forces. In several experiments, Davy found that an acid may be conveyed through an alkaline solution without forming a salt; and even in such circumstances the property of affecting colored tests seemed to be destroyed. We should therefore infer by induction that the currents circulating along growing plants, must suspend the action of oxygen on their juices and tissues, and arrest the process of decay which proceeds with such violence on the extinction of the vital principle when the galvanic action is suspended. Many chemists indeed maintain that, in the experiments of Davy, the acid and alkali actually unite, and are decomposed; or that in such cases they undergo a series of alternate combinations and decompositions, before they are exhibited in a separate form. But we are also at liberty to suppose in like manner, that according as the oxygen unites with the vegetable compounds, it is separated from them by the galvanic currents, and even this process must arrest the progress of decay presenting to it the same barriers which appear to confine its destroying agency during the continuance of life.

From the leading facts in regard to digestion and respiration in plants, we may derive additional evidence respecting the nature of their assimilating power. It has been found by careful experiments, that plants emit carbonic acid, not only at night, but even during the day. If the air surrounding a plant in a glass receiver be entirely deprived of its carbonic acid, a fresh portion of this gas will always be formed, even when the experiment is conducted under the direct rays of the sun; while at the same time if air contained a moderate quantity of carbonic acid, it would be partially decomposed and replaced by oxygen. The cause of these singular facts may be readily explained. It must be recollected that in plants the galvanic currents are generated by the oxydation of the humus, a process in which carbonic acid is produced, but during the day their intensity is increased by the co-operation of the solar rays and by the evaporation from the leaves. Now with the most perfect arrangement that could be contrived, galvanic currents could never separate from a compound more oxygen than was expended in giv-

ing them existence, if they were produced by oxydation. But from the loss of chemical force which must be attendant on all voltaic mechanism, the oxygen consumed in causing the circulation of electric currents, is always less than that which is disengaged by their action. This is true when the decomposing power proceeds exclusively from the chemical action at the roots which consists in the oxydation of the humus. Accordingly, when this is the only agent concerned in the production of galvanic currents, (as is the case at night,) more oxygen is consumed than is liberated by plants, but during the day the quantity liberated preponderates, as at this time, the evaporation from the leaves and the solar light must serve as important auxiliaries to promote the decomposition. On the same principle we may account for the evolution of carbonic acid from germinating seeds, from buds, from flowers and from the fungi; though their growth is evidently attended with the same assimilating process which occurs in other specimens of vegetation. These phenomena have been generally ascribed by vegetable physiologists to an alteration in the functions of plants and in their assimilating process, though the exact point at which the transition takes place has not been clearly defined; and the complete alteration which is supposed to occur, has neither been proved by experiment, nor traced to any discoverable law.

The action of growing plants is not exerted exclusively on carbonic acid and compounds of carbon, but like the galvanic battery, is capable of effecting other kinds of decomposition. According to Sprengel, nitric and sulphuric acid, when absorbed by their roots, are decomposed and deprived of oxygen. When plants grow in a soil containing much common salt or chloride of sodium, they emit chlorine gas, a fact which proves the occurrence of decomposition of the same nature as that resulting from voltaic electricity. The supply of soda in sea-weed is evidently due to an action of this kind, and the same may be asserted respecting the quantity of inorganic substances found in terrestrial vegetables. If these ingredients occur in them in a much smaller amount than compounds of carbon, it arises from the feeble affinity of the latter element for oxygen at a low temperature. In such circumstances the carbon has little disposition to unite with the oxygen from which it has once parted, and accordingly their separation frequently takes place by the slightest effort of galvanic energy, while it requires little co-operation from the mechanism of vegetable tissue. Some time since it was observed by Liebig, Morren and others, that water emitted oxygen, not only in presence of plants, but even when it was deprived of every trace of microscopic vegetation; but instead of investigating the natural causes which might decompose the carbonic acid the water continually absorbs from the air, they have concluded, in defiance to all facts and experiments, that the oxygen is furnished by the minute animals with which the fluid abounds.

The structure of vegetables, at the same time, lends important assistance for the reduction of carbon, and for the various transformations to which it is subject. Indeed, in every department of organic nature an intimate connection may be traced between the fineness of the tissues and the difficulty of the chemical operations they are destined to perform. The formation of oils in the vegetable kingdom requires the separation of the greater portion of oxygen from the carbon and hydrogen with which it is associated, in the substances which serve as the food of plants. It is accordingly observed that oils and oleaginous compounds, when they occur in plants, are found enclosed by glands, which are supposed to secrete them, but which evidently act like the porous partitions to which I have so frequently alluded, and in a passive manner become instrumental in effecting the energetic decomposition to which oils owe their existence. The glands and membranes of animals seem to perform a like office, rendering the affinity of bodies within their reach controllable by feeble agents of decomposition, and the passive agency they exercise may give rise to the production of gastric juice, of mucus, of saliva, of sebaceous matter, of pancreatic juices, and the other fluids which appear to be secreted by the glands of the living body.

As the presence of membranes, however, would be of little utility for these purposes, without the concurrence of electric currents or some agent capable of decomposing organic compounds, it may be necessary to show how these powers might originate. A membrane of very delicate texture and almost impervious to solutions, might bring into play the insensible currents of electricity which pervade the earth, and might render them efficacious for the slow changes peculiar to living beings. But apart from this, it appears (p. 534,) that galvanic currents circulate along the veins and arteries, and these must either cause chemical action themselves, or give rise by induction to other currents which may be better adapted to effect the same object.

Without pursuing this inquiry any farther, I shall proceed to notice briefly the process of ossification which presents us with another interesting instance of the admirable arrangement to be found in organized bodies, for overcoming the force of affinity. The tissues of the cartilages, as soon as they are developed, must render the most feeble voltaic currents traversing them, capable of effecting a decomposition which reduces the phosphate of lime that the blood supplies, from a soluble to an insoluble state. This is probably accomplished by the separation of part of its phosphoric acid. At a more advanced period, the periosteum exerts the same influence in producing a similar decomposition, and a deposit of osseous matter on the external part of the bone. Even the tissues of the muscles and tendons, as might be expected, appear to take a part in promoting this galvanic process, and the effects they produce are visible in

the processes and the elevations which generally occur at their origin and insertion to the bones.

The formation of the shells of the Mollusca has an intimate connection with ossification, and proceeds nearly in the same manner and by the operation of the same forces. The membranes of the animals these shells enclose, afford the requisite conditions for the action of galvanic currents, which are enabled by this means to reduce the lime that comes within their influence to an insoluble form. The deposit of calcareous matter accordingly takes place on the inner side of the shell, to which the lining membrane is attached; and it must be interesting to observe the near resemblance it bears to those metallic deposits produced by the action of feeble currents of electricity, the place of the living membrane being supplied by a porous cup, which serves, in a less perfect manner, to fulfil the same conditions. The membranes of the coral insect perform a similar office in causing a firm deposit of carbonate of lime, and rearing these immense structures which are designed in after ages to sustain extensive tracts of arable land and human habitations.

But though various substances are compelled to submit to chemical decomposition in consequence of the peculiar mechanism of organic bodies, yet the incipient stages of organization could only proceed through the medium of some substance more pliable to the influence of electricity, and ready to yield to its action without the concurrence of organic tissue. Without some substance endued with this property, we could assign no cause for the origin of cells or tissues, as their formation involves a decomposition which can receive no co-operation from the cellular structures yet unformed. The vitalist may content himself with ascribing the origin of all vegetable and animal tissue to some inscrutable agency whose operations are not directed by any known laws of nature, but are altogether dependent on the wise end resulting from the works they are called to perform. But such views, however sublime or ennobling they may be, should not deter us from pursuing our inquiries into the secrets of vital action, and from endeavoring to ascertain the manner in which the great objects of organic changes are attained, and we ought to reflect that men would be deprived of all the advantages which science has hitherto afforded, if they had been content to ascribe all mysterious phenomena to supernatural agency, instead of seeking a clue to their mode of action, in the operation of natural causes.

The properties calculated to render an element suited to take the lead in the changes attending life and organization, seem to be confined, in a great measure, to carbon and its compounds. At a low temperature it possesses so feeble an affinity for oxygen, that it readily parts with this element by the influence of light and electricity, and from the facility with which carbonaceous compounds are moulded into various forms by the latter agent, enable them to serve

as the instruments for causing more difficult decompositions. For this purpose no substance seems capable of serving as a substitute for carbon, in the incipient formation of cells and organized tissues. We have seen, indeed, that several inorganic ingredients submit to the feeble currents of electricity, or to the assimilating forces in living bodies, and they constitute a large proportion of the solids of which the frames of animals are composed. But these transformations take place only when they are promoted by the instrumentality of the tissues previously constructed of organic materials, and in the absence of this fabric there is no elaboration of mineral matter. Ossification is completely arrested by the removal of the periosteum from the bone; the growth of shells proceeds only when they encompass living animals; and the first development of coral takes place only around living insects, though the calcareous cells, when once formed, receive new accessions of lime which their peculiar structure renders them capable of reducing to a solid form. A similar transformation takes place in the consolidation of aqueous deposits, as the physical constitution of the sedimentary strata must act like vegetable tissues or porous partitions, in preventing the mixture of solutions and the play of affinity, and thus contribute to the efficacy of decomposing forces.

The manner in which cells are formed may be more readily comprehended by taking a preparatory glance at the crystalization of salts. By some writers this process is ascribed to the manifestation of some species of vital energy; but a more careful investigation will enable us to trace it to the influence of physical causes. The power which retains salts in solution may be regarded as a very feeble affinity, and its force, when the solution becomes saturated, is so far diminished that it readily yields to the slightest manifestation of electric power. At this conjuncture, the currents of terrestrial electricity separate the salt into crystalline forms, and the direction in which they circulate, determines the position of the planes by which the crystal is bounded. It would appear that the separation of caloric from the salt, constitutes an important part of the electro-decomposition which occurs, and accordingly crystals contain a very small quantity of caloric, as is evident from the degree of cold produced by their liquefaction.

The constitution of organic matter placed in similar circumstances, renders it still more liable to be affected by the operation of such feeble forces. The variation which occurs in the solubility of organic compounds, and in their affinity for oxygen contributes to this object in a remarkable degree; but the effect is principally dependent on their specific gravity, which differs little from that of water. The formation of crystals chiefly proceeds from the reduction of the force with which a salt is retained by water when the solution approaches the point of saturation. But the weight or gravity of the particles of the salt must cause them to separate from

the water before it is possible to attain that degree of absolute saturation, at which the force of affinity, which keeps them in solution, is completely annulled, or reduced to the lowest conceivable intensity. As the specific gravity of the salt, or body in solution, approximates to that of its solvent, this force admits of a greater diminution; it may be reduced to an inconceivably small amount when both are of equal densities, and this change must operate favorably for the interference of the imponderable agents. Now many vegetable and animal compounds, especially albumen, fibrin, gelatin and vegetable extract have very nearly the same specific gravity as water; and accordingly, when their aqueous solutions arrive at a certain pitch of concentration, they yield to the slightest manifestations of galvanic power. The current of electricity arising from any chemical changes in the solution, or from extraneous causes, may, in such circumstances, be adequate to the consolidation of such bodies, giving them a definite form; and it is to this kind of action that we must ascribe the coagulation of the blood, of albumen, and of vegetable extract, as well as the fibrous formations with which the process is frequently attended. But when these substances are connected with the organs of a plant or the living body of an animal, they yield to the assimilating forces peculiar to organism. The galvanic currents circulating along the fibres already formed in a plant, will necessarily generate secondary currents of a sufficient intensity to mould the plastic materials into a new set of cells and tissues.

This process appears to take place in the following manner:—From the solution in which it previously existed, the organic matter is precipitated in regular structures, the form of which will be determined by the currents of electricity circulating in the pre-existing tissues. Whenever these are inadequate to the direct formation of vegetable tubes, the organic matter is chiefly under the control of the galvanic influence emanating from its own decomposition. This action gives rise to a formation of cells around nuclei, where the particles of precipitated matter collect and decompose, and the galvanic currents emanating from these changes constitute the agency employed in constructing cells, and cause the circulation which has been observed in them. The walls of the cells act as barriers to prevent the play of affinity, and they bring the organic matter under the control of less potent assimilating forces by which a number of the cells are transformed into tubes. In this manner, the descending sap, or the solid matter it contains, is moulded into vegetable cells and tubes, which serve for the purpose of effecting transformations of a more difficult character. The first tissue thus formed is of a very frail and perishable nature, being, in a great measure, indebted for its origin to the want of a sufficient quantity of water to dissolve the materials of which it is composed; but it acts an important part in impeding the mixture of the fluids which

form the sap, and thus facilitates the galvanic action which soon calls a more permanent structure into existence. As the water is freed from the matter expended in the latter operation, it acquires the power of dissolving the frail fabric previously formed, which is accordingly dissolved or absorbed, and furnishes the materials for more durable tissues. From this proceeds that partial obliteration which attends the conversion of cells into tubes.

This doctrine does not depend on theory alone. The observations of Schleiden and others have shown that the development of a cell generally takes place around a certain nucleus; that this becomes obliterated as soon as the cells are formed, and that a circulation of currents takes place between the nucleus and the other parts of the cells, in a direction similar to the course of the sap in plants, or to the route which electricity pursues in galvanic circles. The fibres which occur in vegetables appear to be formed by a more direct action of the assimilative agency, combined with the peculiarly plastic nature which organic materials possess.

When we consider that the matter composing the first rudiments of organic forms is moulded with such facility, and that, at this period, it yields to every impression from electric forces, it is not surprising that a common character should be transmitted to each fibre of a plant with such unerring accuracy, and that every leaf of a plant should faithfully bear such a conformation of tissue as may enable us to recognize the kind of plant on what it grew. But the most wonderful manifestation of this law, or the result of the causes from which it originates, is to be witnessed in the manner in which seeds receive the character which enable them to produce plants of the same species as their parents. Now an examination of the seeds of most plants, even by the unassisted eye, will enable us to recognize in them distinct forms of tissue which have been imparted to them during their growth, and which become more clearly marked as they reach maturity. The first impressions which determine the character it is to assume, and to transmit to its posterity, are communicated to a seed at the earliest period of its growth, perhaps on the first development of the pollen grains, or on the transition of the materials composing them from a liquid to a solid form; and the impressions received at this incipient stage of existence, are retained with some slight modifications from the subsequent action of the growing plant.

The germination of seeds, as I have shown in a former essay, proceeds from the unequal oxydation which takes place in the plumule and the rosette, and which is much greater in the latter. This action, together with the concurrence of two different conducting media between the parts of the seed where it occurs, is sufficient to give rise to a circulation of electric currents, which serve as the great assimilating agent for constructing the whole vegetable fabric. I have likewise shown that the development of buds progresses in

the same manner, and is caused by the unequal oxydation of the vegetable juices at those parts of the plant where they appear, together with a similar constitution of the parts for affording a passage to electricity.

The elongation of the branches and young stems, in the early stages of their development, seems to merit our next consideration, since it must be regarded as the most prominent fact connected with the enlargement of vegetable structures. After the appearance of the tender shoots, it may be observed that the softer parts gradually undergo a considerable increase of length, which ceases only when they are much augmented in strength and solidity. This phenomenon reveals to us the existence of a force exerted in the direction of the fibres of plants, serving to antagonize with the force of cohesion; and, like other powers of nature, observing a limit beyond which its intensity cannot extend. From the small mechanical effect which generally attends manifestations of electricity, it would be hardly suspected, at first, that this agent could produce so powerful a strain along the vegetable fibres; nor could the result under consideration arise from the mere introduction of materials into the tissues, as this should occasion an equal expansion in every direction. But there is much reason to believe that the peculiar mechanism of vegetable tissue, by suspending the action of affinity, must increase the energy of its antagonistic or opposing forces, and render them more available for mechanical as well as for chemical purposes. The weight of the atmosphere is only apparent on the formation of a vacuum; and its elasticity can only be recognized on the removal of the pressure which neutralizes its effects. In like manner it would be natural to expect that, on the removal of the conditions which bring affinity into play, electricity with the aid of a suitable medium to exert its action, should be capable of engendering the same amount of power which would arise from the chemical forces which have been excluded from participating in the result, or deprived of their ordinary influence. Though not susceptible of rigorous measurement calculation, chemical forces may be readily shown to be much greater in intensity than might be anticipated. To deprive oxygen of its gaseous form requires no very great effort of affinity, yet it has been found impracticable, by any effort of mechanical skill to effect a similar condensation, or to overcome these repulsive forces from which the gas derives its elasticity. But affinity, though so much superior to other forces, must be considered as less powerful than electricity, on account of the readiness with which this agent performs decompositions. Now the cells and ducts of vegetables prevent affinity from destroying the force of the galvanic current, and this accordingly exerts a strain similar to that arising from chemical forces, but acting only in one direction, and tending to elongate the softer parts of a plant. Indeed, if we suppose that the whole force is exerted only on the flu-

ids of the sap, and also take into consideration the energy displayed in the transfer of elements in opposition to affinity, the fineness of the tubes, and the adhesion of the liquids to their sides; we should conclude that the passage or the transfer of elements through them, should be attended with a longitudinal strain sufficient for the effect I have described.

A clear idea of the nature of this operation may be easily obtained by studying it in connection with an action of the same character, which takes place in the animal tissues, and which, though somewhat more curious and incomprehensible, is referable to the same agency. I allude to muscular contraction, in which we recognize the existence of a strain, similar to that which has been noticed in young twigs, but exerted in a different direction. It is well known that the muscles may be made to contract very forcibly by means of electric currents of very low tension, and this singular phenomena has been generally ascribed to various hypothetical causes; but a little reflection will show that it requires only the exertion of the same power which is manifested in the decomposition of bodies. The appearance of each element at different poles, evidently proceed from a force which solicits them to the points at which they are liberated. In accordance, however, with the facts which experiments on this department of science have brought to light, it does not seem admissible to suppose that either chemical or electrical force exercises any material action, unless at insensible distances; but this principle presents no difficulty to a satisfactory explanation of the operation. This will appear evident from the circumstances attending the decomposition of water. The attraction subsisting between the oxygen and the positive electricity, (even though this force should operate when they are in contact,) would be sufficient to ensure for the galvanic current a passage through the water, while the same attractive power will cause the oxygen to accompany the current and abandon the element to which it had been previously united. The hydrogen must be abstracted by the negative current, which, according to the theory of Dufay, circulates in an opposite direction, and in this manner the decomposition is effected.

The union of the electricity with the elements it transfers, must cease when they arrive at the poles of the battery. Indeed oxygen and the other ponderable bodies could not be caused by any power with which we are acquainted, to partake of the velocity with which electricity traverses metallic wires, or other good conductors; and even much less considerable changes in velocity will cause an impulse sufficient to rend the element from the imponderable medium with which it was associated. Hence arises the disengagement of elements which occurs at the extremities of the wires, or at those places where the current is interrupted. It is evident, however, that a similar occurrence takes place more frequently between

the wires, although it is not generally perceived. A ponderable fluid could be scarcely passed through another, if there were any points of contact or communication between them, without becoming partially blended; and the moving fluid should at least exchange particles with the medium through which it was transmitted. It is, therefore, reasonable to suppose that the particles of oxygen transferred by the currents of electricity are frequently exchanged for others which are encountered in such immense numbers, and are equally exposed to the influence of the imponderable agent. Such an interchange of elements or ingredients occurs in the decomposition, not only of water, but of all compound bodies, and in this manner we may account for the chemical action of galvanism, and the phenomena connected with it, for which the present modes of explanation are admitted to be so unsatisfactory.

From the principles on which I have explained this transmission of galvanic forces in the two last paragraphs, it is evident that the component parts of any compound body subservient to their influence, must be solicited to each pole with a force equal to that which electricity exerts at insensible distances. I have already shown that this is very considerable when the antagonizing force of affinity is partially removed, and this happens in muscular tissues, in which the fluids they contain are prevented from blending together. Accordingly, on the passage of galvanic currents along a muscle, the fluids enclosed in its different parts, and the materials of which it is composed, will be strongly attracted to each extremity, and their powerful tendency to move from the positions they occupy, will be sufficient to cause muscular contraction. It is necessary however that the blood should furnish a suitable supply of fluid materials on which this chemical action is to be exerted, and hence we may account for the fact that muscles submitted to this treatment soon lose their contractile power, but recover it when the operation has been for some time suspended. In these operations there is very little demand for the cohesive force of the muscles, and indeed it may be observed that the passive strength they possess seems wholly inadequate to the strains to which they are subjected. This singular fact has given rise to the opinion that a great diminution of strength takes place in muscular fibre, on the extinction of the vital principle, but even during life, passive strains appear to be equally injurious to them, and betray the frailty of their mechanical constitution, notwithstanding the magnitude of the works they are called to perform.

These facts favor the opinion, that in the living body, electricity plays an important part, in causing the muscular contraction by which the motion of our limbs are occasioned. It must be recollected, however, that the passage of electricity along the muscles will gradually remove the substances to the place to which they are attracted; and that a continuous current must give them a tendency to retain their positions instead of changing it, and can no longer

produce any manifestation of muscular force. The contraction of the muscles, so far as it depends on electricity, requires a frequent interruption of the current, or that its course should be reversed, for the fluids in their extremities will now be solicited to places different from those they have previously occupied. Hence the astonishing effect which secondary currents produce on the muscles, while the primary current, from which they originate, but which always proceeds in the same direction, has a much less contractile influence. Now it is well known, that the direction of a galvanic current may be reversed by merely suspending the chemical action from which it originates, or lessening the rapidity with which it proceeds. Should the nerves possess the power of effecting this object it would be easy to understand the cause of the control they exercise in muscular contraction, and I intend to show at some future time that this is the manner in which their influence on the muscles is exerted.

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### SURGICAL QUACKERY.

MR. EDITOR:—I take this opportunity to report to you for publication, in the Medical Journal, a case of scientific surgery, or, more properly called *regular quackery*. The subject of the case was Joseph Boden, aged 26 years, resident of Brown county, Ohio. Mr. B. was thrown from a horse, which produced a compound fracture of the leg, causing a protrusion of a portion of both tibia and fibula. Dr. Elsbury, professedly scientific, was called. He pretended to have reduced the limb and to have adjusted the fracture, and applied a sort of fixture, made of a piece of weather-boarding, for the purpose of applying the counter-extensor, and a hard one it proved to be, as you will hereafter see. He was confined upon his back without the administration of any comfort whatever, and for the space of 39 days had the daily visits of his physician, without any attention being paid to the limb whatever. At length an extensive ulceration took place at the orifices made by the protruding bones, as well as at the ankle and above the knee where the ligatures were applied, which was done for the purpose of producing the effect of counter extension, and by this time he was very much reduced in flesh as well as spirits. His hips were worn through and also his shoulders, until the bones were almost bare. The attending physician, by this time losing confidence in his own skill, requested counsel—sent for Dr. Buckner, of Georgetown. On the 40th day he arrived, accompanied by two students, and then prepared for an amputation. He, Dr. B., after consulting with Dr. E., declared before a large audience that everything had been done that could have been done for the patient, and that his limb had been scientifically treated—that there was now no other alternative but an amputation below the knee, and perhaps the second amputation would be neces-

sary above the knee. The patient soon concluded the matter, and firmly told them that he would not have but one burial of his body, which would save expense, and told the doctors they might go home. The doctors told him he "might live, and the limb heal," but that the bone was dead and would never unite, and would always remain flexible and act as an artificial joint. We were called on the 41st day, and on learning what had been done, and after examining the case, we immediately removed the apparatus they had applied, with still more force than before, in order to make the patient yield to an amputation. We then went the distance of three miles to procure the assistance of a mechanic to construct an inclined plane—returned in the evening, and after removing several pieces or spiculæ of bone—dressed the limb, applied the inclined plane, and let him turn on his side and bend his leg, which gave him the first night's rest he had got in 40 days, and, sir, in 15 days he got out of bed, and by the aid of two chairs went to the door, and fifteen days afterwards came to my house and stayed with us ten days—rode back to Bethel, and then walked home, a distance of 3 miles, all in one day less than he was preparing for an amputation; and now, sir, he has as sound a limb as he ever had, but he has not outgrown the scars on the ankle and knee, hips and shoulders which were much longer healing than the wounds made by the fracture.

AMELIA, O.

BURTON HUBBILL.

### CONVULSIONS FROM THE SPINAL COLUMN.

MR. EDITOR:—A number of persons from a distance called at Dr. G. Miesse's, Greenville, Dark county, O., with a view to be put under the influence of galvanism. Among these was a lady of about 35 years of age, who continued to be most wonderfully agitated after the fluid had been suspended. Her muscles were jerking and twitching, and her teeth gnashing so as to shake the room in which it occurred. She was quite a frightful looking object. The Doctor (not looking *very* natural himself,) was busy to prevent such an object from leaving his office. He tried the inhaling of Sulphuric Ether, but this would only give her temporary relief, followed by a return with great violence. He commenced to examine her spinal column, and having found a tender place on the seventh vertebræ, he rubbed it with a mixture of Ext. Datura Stramo. 3i., and Spts Camphor 3i., and in 5 seconds she was as well as ever, to the utter astonishment of the whole crowd.

M.

## Part 2.—Miscellaneous Selections.

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### DYSENTERY; ITS HYDROPATHIC TREATMENT.

BY JOEL SHEW, M. D.

*Treatment of the Acute form.*—The indications of treatment in acute dysentery are :

1. To subdue the general fever.
2. To mitigate the pain.
3. To support the patient's strength.

This is a disease emphatically of inflammation. If there is much pain attending it, we may know that intense inflammation exists; so also of the tenesmus and the discharges. Entire constipation of the natural discharges that almost always takes place, is also an evidence of the highly inflammatory state of the system generally.

The best authors who have written on this disease, agree as to the propriety of the sedative, antiphlogistic or anti-inflammatory plan of treatment. There are, of course, a great variety of ways in which this may, to a greater or less extent, be accomplished. Purgatives have the effect of reducing feverishness; sweating medicines, too, and more especially bleeding within proper limits have this effect. But a very important question arises in reference to all these modes—modes, too, which have been for so many centuries resorted to by the greatest, wisest and best of men in the profession—whether they do not often cause more harm than good in this formidable disease. Any one who will take the trouble to read all the various modes that have been and are resorted to, and that by the most competent and skillful of the profession, will also see that there is among such writers a great want of system and uniformity, and that often one recommends a method diametrically opposed to that of another. But, as before remarked, the *antiphlogistic plan*, is that which is aimed at by most practitioners in this disease.\*

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\* "The medical treatment of dysentery," says Dr. Good, "has given rise to much warfare of opinion."

"It is impossible to contemplate the conflicting opinions which are given us respecting this mode, by the monographic writers on tropical diseases, without as-

But how are we to produce in the safest, best and most effectual manner this sedative or antiphlogistic effect upon the system? This must be a serious question with every intelligent and conscientious practitioner of the healing art. Shall we go upon the plan of the most eminent practitioners of Cullen's time, who regarded that the disease is to be cured most effectually by purging, assiduously? Or, shall we regard Cullen's own opinions, that "the most gentle laxatives are sufficient; and as they must be frequently repeated, the most gentle are the most safe; the more, especially as an inflammatory state so frequently accompanies the disease?" Or, if this do not succeed, shall we bleed the patient freely as recommended by such authorities as Sydenham, Elliotson, Dewees, Mackintosh, Watson and others? Or, shall we give twenty grain doses of cal-

omel; and the only mode of reconciling them, is to suppose that the constitution is very differently affected by mercury under different circumstances; and that, while in some epidemics and sporadic cases it produces all that benefit which *a priori* we should expect generally, in others it entirely fails, or even proves mischievous. Dr. Jackson, Dr. Billingall, and Mr. Bampfield, feel justified in employing calomel merely as a purgative; while the second, though he regards it as of the highest importance in chronic dysentery, found even ptyalism itself unsuccessful in the acute form. Dr. Johnson esteems it of high importance as a purgative, but of the utmost moment as a sialogogue. He unites it occasionally with bleeding, with anodynes, with diaphoretics, or with all; but each of these is subsidiary to its powers, and may often be dispensed with.—(*Influence of Tropical Diseases, &c.*, p. 202).—Mr. Annesly unites it in the same manner, but takes every method in his power to prevent it from becoming a sialogogue. In any of the diseases for which he prescribes it, as fevers, dysentery, and liver complaints, he gives it in scruple doses in each. "I never wished," says he, "to see the mouth in the least degree affected. Whenever this happened, I considered the salutary effects of calomel interrupted, because its use must be then discontinued; and it was my object to act upon the secretions of the intestines, to diminish muscular action in the intestinal canal, and not in the most remote degree to act upon the salivary glands."—(*Practical Observations on the Effects of Calomel on the Mucous Surface, &c.*, Lond., 1825, 8vo.)—Mr. Cunningham, late surgeon to the scrope in the East Indies, boldly employs it alone, and regards everything else as impeding its course. He does not even stand in need of alvine aperients of any kind, and prefers scruple doses to smaller preparations, because it does not in this form so readily excite the alvine discharge, so as to be carried out of the system by stool; and, administered in this way, he fearlessly asserts, and the tables of his practice serve to justify his assertion, that "it is an almost certain remedy for dysentery, in hot climates at least. [Dr. Renton, of Madeira, after having given a trial to almost all the various modes, from copious blood-letting down to the oil of turpentine, feels himself justified in stating, after some years' experience, that, in the treatment of the dysentery in that island, "mercury given boldly and perseveringly, until the mouth becomes decidedly affected, is the remedy chiefly entitled to confidence."—*Renton, in Edin. Med. Chir. Trans.*, vol. ii., p. 377.—[His plan is to give calomel every three or four hours, until the gums become sore.] And finally, for it is not worth while to peruse the discrepancy further—Dr. L. Frank assures us, that in his practice, the large doses of calomel given so generally by the English surgeons in India, proved dangerous in the French army in Egypt; and that the plan most successful in his hands, was that laid down by Sydenham, which consisted, says he, in removing irritation by gentle aperients, the use of emollient injections, mucilaginous and diluted drinks, diaphoretics and laudanum." \* \* \* *Good's Study of Medicine*, New York, vol. i. 1836, p. 555.

What are we to think of the ordinary practice of medicine, when those among its best advocates vary so much in regard to the treatment of so formidable a disease?

omel at intervals so as to get the mouth sore (salivated) as soon as possible, as recommended by Elliotson? Or shall we use tartar emetic, large and repeated doses of opium, leeches, blisters and in short, all of the most horrible enginery of the old school? If I have studied the human system, and the healing art to any purpose; if I have practised among the sick with anything like satisfactory success, I affirm that there is a better mode than all these, more powerful and more efficient; and, at the same time, incomparably more safe, than any or all of these combined. The remedy is, moreover, as simple, cheap and universal as efficacious; it is precisely such a remedy as we would naturally expect a good, wise and benevolent Creator to place within the reach of all his creatures. It is, in short, COLD WATER.

So far, then, as general feverishness is concerned, in this, as in all other diseases, let it be kept continually subdued by the cooling or sedative effect of cold water. IT IS THE HEAT OF INFLAMMATORY DISEASES THAT TAKES AWAY THE STRENGTH. The strength diminishes in proportion as the temperature augments. Cool and cold water, cool air, and coolness, generally, by preventing the abnormal heat, promotes the strength. Nor need the water be used very cold if the patient is weak. Even tepid water is much cooler than the blood; and, if continued for a sufficient length of time, may be made to cool the system very effectually, and this, even when the feverishness is high.

It is very necessary to watch constantly the condition of the abdomen and the head; these parts are very apt to become too hot, and the sooner all febrile symptoms are combatted, the easier they are subdued.

*The Cold Hip Bath.*—The second indication of treatment—the mitigation of pain—is a very important one; and here I am led to remark, if there is, in the whole range of human diseases, one instance wherein a remedial agent can be made to act in a manner most agreeably efficacious in subduing pain, it is the cold sitting bath here. In the tormina and tenesmus of dysentery, a child may be writhing in agony a great portion of the time; opiates and injections, and all other remedies fail in bringing relief; we sit or hold this child in a tub of cold water, and directly the pain ceases. We use the remedy sufficiently often, the water being of proper temperature, and we are certain of securing our object, so far as the relieving of pain is concerned. Whether the patient can live is another question; but if death, even, must be the result in any given case, it is certainly very desirable that we make this death as easy as may be. This every parent can well appreciate.

Let this bath be used thus: a common wooden tub is sufficient, the size being suited somewhat to the patient's age. It is better to elevate the back of the tub a few inches by placing under it a brick or a block of wood. If the tub is of pretty good depth, all the

better, as we wish to have the water come as high upon the abdomen as may be; but if the tub is shallow, the water can be poured higher upon the body by means of a cup; or a sponge or towel dipped frequently in water may be used. **MAKE THOROUGH WORK IN COOLING THE BOWELS AND THEN THE PAIN WILL CEASE.** If it is a feeble child, let two persons hold it, one to support the head and upper part of the body, the other the feet outside of the tub. I would not object in some cases to having the feet in warm water at the same time. I am not certain but this would be good in all cases. I should not, at any rate, be afraid of it, if the water were not used too hot. The feet also may be rubbed with the dry warm hand, or warm cloths; or other moderately warm applications may be made. But I repeat again, *make thorough work in keeping the abdomen cool*; and repeat the necessary processes as often as heat and pain return.

*Wet Fomentations, Bandages, &c.*—In the old practice, some have used warm fomentations of bran, wet flannels, &c., and others have used these applications cold. It is probably well to alternate occasionally with the two, but they should not be used hot. Each will act better in consequence of these changes. But I would depend mostly upon the cold applications externally. Warmth is also good often, I will remark, to relieve pain; but we must recollect that artificial heat is, as a general fact, debilitating to the system, and that we must therefore use it with extreme caution in the treatment of disease. Patients with dysentery should wear the wet girdle a large share of the time until they become thoroughly well and strong; but it should be often re-wet, in hot weather, otherwise it would be very likely to do more harm than good, by overheating the system.

With children, and adults also if necessary, especially if there be a great soreness of the anus or external opening of the lower bowel, a heavy wet compress should be placed upon the part. With children we wet a heavy diaper and apply it as for a young infant. This may be double or treble according to the apparent necessity of the case. This does very much in relieving and preventing the soreness alluded to, the excruciating tortures so often attending the disease.

*Injections and Drinks.*—I do not believe it best to use very cold water internally in bowel complaints of whatever kind. Tepid or moderately warm water I now believe to be the best. *Water-soaking* the system internally, so to say, has a great effect in subduing inflammation and pain. It also dilutes morbid matters, rendering them thus less powerful for harm, so that the healing may go on much more rapidly than would otherwise be the case. I would give the patient all the liquid he desires. I would even encourage him to take more rather than less; and the best liquid of all, for this purpose, doubtless is pure soft water, the purer and soft-

or the better. People may, everywhere, have pure soft water, if they will only be at the expense, (which is on the whole a moderate one,) of catching the water as it comes from the clouds. But use even hard water rather than any other drink. Boiling the water if it be hard, improves it somewhat.

*Priessnitz' Treatment.*—When I was last at Græffenberg, in the winter of 1847-8, after a conversation with Priessnitz concerning his treatment of acute dysentery, diarrhœa, cholera morbus, and cholera infantum, I wrote the following paragraphs setting forth his views:

**"ACUTE DYSENTERY, DIARRHŒA, CHOLERA MORBUS, AND OTHER DISCHARGES FROM THE BOWELS.**—The treatment Priessnitz recommends in all diseases of this kind is very simple. Suppose it a bad case of dysentery in a child. The great reliance with him is the hip bath, always cold, if the patient is not already very weak. No time should be lost, and the treatment should be persevered in until the discharge is arrested. Cold injections he also uses if the hip bath does not readily arrest the discharge. The wet girdle about the abdomen is to be kept on constantly during the intervals when the other means are not used. As much water as the patient desires to be taken, and at frequent intervals.

"As to general ablutions, sufficient daily for cleanliness is all that he recommends to these cases; no half baths, no wet sheets, or means of that kind as a general thing. The sitz bath, injections, wet girdle, and the drinking, with spare and cooling diet—these are the means which Priessnitz has found in his great experience to be the best. If the patient is very weak, the water should be moderated a little in temperature, as at from 60 degrees to 70 degrees Fahrenheit.

"In the house where I lodge at Græffenburg this winter, (1848) there is a little boy five or six years of age that has been under the treatment for some weeks. He has just had the measles. As the disease passed off, a severe diarrhœa came on. He was of scrofulous tendency, often had the croup, and also chronic tonsilitis (inflammation of the tonsils.) Priessnitz's directions for the diarrhœa were hip baths, cold, every three or four hours during the day, for twenty minutes each time; and if the discharges come on in the night, the hip bath was to be given the same as during the day. There was also practised in the case a light general treatment, such as would be suitable in any case where the measles were passing off, viz: slight general ablutions once or twice a day, with water at about 70 deg. Fah. The sitz bath had evidently a very marked effect in arresting the discharges.

"Priessnitz holds that almost every conceivable case of acute disease of this kind may be readily cured by the simple processes we have here described, if it is treated in season and with sufficient perseverance. There must be no half way work in the matter, and

there is as much need of a doctor who understands his business, or of an old woman, or some one who is perfectly competent to take charge in the matter, and see that it is properly carried out; and how many foolish, ignorant persons, wise enough in their own conceit, do we have to encounter in almost every case of water treatment in acute diseases. The mode we have described will seem a harsh and dangerous one, no doubt, to many, and there will be doctors, wise men enough, who, if they take the trouble to investigate these things at all, will declare that such a mode would be perfectly hazardous—quite certain to kill. Let these ignorant pretenders (and they are plenty enough in our country,) I say let them first learn the A, B, C of the water treatment before they assume to pronounce so sagely concerning the opinions and well-earned experience of the noble philosopher of Graefenberg. I myself have been annoyed not a little in the city of New York, by having my patients told by these would-be wise men that the Water-Cure would be certain to kill them. "Your system has not the power of reaction," that convenient word as little understood as it is common to use; "you will surely get your death by the water." Such are not unfrequently the expressions of those miserable specimens of humanity who know not yet the first principles of the laws that govern the human system, or of the Water-Cure as practised by its founder.

"But to return. In our cities, our hot, unhealthy American cities, where, in the summer season, such multitudes of infants and children drop off suddenly with these bowel complaints, I fear that in many cases death will be the result of such attacks, in spite of all that the best skill and judgment can dictate. So unhealthy is a great city like New York in the hot season, with its ten thousand filthy and pestilential emanations, from streets, gutters, privies, butcheries and the like; and so unwisely, too, are children reared, starved now and then, but generally over-full, crammed, as people do with their housed geese and turkies before Thanksgiving or Christmas; dosed with paregorics and other poisonous compounds from the first hour of life onward; swathed and girted up so that they could scarce exist, even if all other things were right about them;—I repeat, any practitioner that has to deal with such cases, and under such circumstances, will have trouble enough, and if I am not mistaken, will often be tempted to flee forever from a calling which is by most people so thanklessly appreciated and yet more thanklessly rewarded.

"But in the practice of the water treatment, I have often been astonished at the results obtained in these unfavorable cases, and sometimes when the patient has been given over to die, when dosing and poisoning had been carried to the full extent.

"If a child of my own should be attacked in a dangerous manner with dysentery, or of any of the bowel complaints, I presume

I should use a more powerful and energetic treatment than I should dare to use elsewhere, so great is the prejudice of the people against water, and so ignorant are physicians of its use. Why, suppose a man loses a patient and is sued for mal-practice. It might have been the best treatment that could possibly be, yet the patient is lost. Now come the wise gentry of the profession to testify. The child was killed—and then comes the indictment, or, to say the least, a heavy fine; for the value of human life is often measured by money in this world. Thus it is, if we of the water system lose a case, no matter of what kind, ten to one if we have not killed the patient. But in the calomel and bleeding practice it is another thing. A man may kill a score of patients in as many days, and so that each one be well crammed with poisons, and sent hence with the last repeated dose undigested on the stomach, all is well; the patient died *scientifically*. There is a charm in that; but we of the new practice, believing honestly and truly in what we do, and that the system is the greatest of all improvements that have yet come to man—we will undertake to teach people to die as well as to live by the water treatment. Let future times determine whether we succeed.

"I must mention a fatal case of dysentery I had in the year 1847. A very worthy friend was the father of a second child, an only daughter which he worshipped. It has been reared with great difficulty to seven or eight months by hand. It was not my patient at first. Being taken ill of dysentery, medicine was given. Then I was called upon. We practised the water treatment, and then again some medicine was given. At last the child died; and now this friend, who is theoretically tired enough of the old mode, can never forgive himself that other means were not used. "Why," says he, "when one thing fails we should try something else." This perpetually "trying" something else! Alas! how many are tried upon until they are sent to the grave."

\*Dr. Edward Johnson, well known for his advocacy of water in England, wrote a work on hydropathy at Graefenberg, 1843, in which he argued that certain applications of cold water were capable of producing *all* the effects both of *bleeding* and *blistering*—except the pain. Now, strange to say, in his late work, "The Domestic Practice of Hydropathy," he gives a very singular treatment for dysentery. (See "Johnson's Domestic Practice of Hydropathy" New York edition. 1849. pp. 197, 198.)

Why should leeches be applied if water is capable of producing "*all* the effects of both *bleeding* and *blistering*—except the pain." (See Johnson's Hydropathy, London edition, 1843. p. 171; also p. 176.)

Has Dr. Johnson changed his mind since he was with the "Peasant Philosopher of Graefenberg," as he calls Priessnitz, or does he wish to make favor with the Allopathic brethren in this matter?

And why should the patient take "twenty or twenty-five grains of Dover's powder every night," when cold water, properly used, according to Dr. Johnson's own reasoning, is the most powerful sedative known. What, too, can be the object of irritating the bowels with doses of castor oil. If the doctor has changed his mind in regard to these things, he should be consistent and inform his readers of the fact. I consider the sweating treatment as being far from the best in this disease. We

*Duration of the Disease.*—Dysentery, like all other diseases, varies much in its intensity. It may be the slightest thing imaginable, and from or on the other hand become one of the most violent attacks of disease that can be conceived of. An apparently healthy child may be all at once cut down—brought to death's door as it were in a single day; but occasionally the attack comes on more gradually; but it may remain for many days in spite of all treatment. In some cases the bowels will heal much sooner than in others, and as long as life remains let the friends persevere and hope.

*Flagellation in Dysentery.*—Dr. Good, (*Study of Medicine*, New York, vol. 1, p. 556,) quotes Dr. Darwin as giving a singular mode of treatment calculated to cause a powerfully derivative effect toward the surface, but which, as he remarks, we should not always recommend, nor find our patients disposed to carry into effect. "Two dysenteric patients," says he, "in the same ward of the Infirmary at Edinburgh, quarrelled, and whipped each other with horsewhips a long time, and were both much better after it,"

*Diet.*—All agree in the great importance of attention to diet in this disease. It is well understood by the best writers in medicine, that no food at all should be given so long as the severity of the disease continues. "All writers on dysentery," says Dr. Hosack, "agree on the bad effects of animal food." It adds to the septic (putrescent) state of the bowels and of the whole system. Baker, Pringle, Zimmerman and D. Monro, are all opposed to it in every form and every shape, even in the form of soups. "Not even chicken soup," says George Baker, "should be allowed in the disease;" "nor mutton broth," says Pringle.\*

Dr. Dewees recommends a mild vegetable, or mucilaginous, and the shunning of all stimulating drinks and medicines in the chronic form of the disease.

"Radical cures," says Dr. Morton, "have been derived from a persistence in a diet of gum water and the farinaceous articles, conjoined to absolute rest." "The patient should be kept without food," says Dr. Elliotson; "the stomach should be allowed as much repose as possible; he should be kept very low." And the celebrated Dr. Watson, of London, remarks, "the food in dysentery should be farinaceous and simple." "Vegetable nourishment and fruits, especially in the beginning, may be given," says Dr. Cullen. Grapes are preferred by Zimmerman. "Fruits

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cannot bring on sweating until the fever and inflammation have been subdued. When this is done there is no need of that process. Altogether, I consider Dr. Johnson's treatment in dysentery a very poor one; and what is worse, one which is liable to do much mischief. I fully believe that under such a treatment as he has recommended, patients would every now and then be lost, who otherwise might be saved.

\*Hosack's *Practice of Medicine*, p. 368.

are not only useful in the cure," says Dr. Hosack, "but in the prevention of the disease, not only as antiseptics, but from their effects in quickening the biliary secretions." "All writers on this subject," this author further observes, "agree on the bad effects of animal food in dysentery."

*Fruit a Preventive.*—Most persons are afraid of fruits in times of prevailing dysentery. I was told by a very intelligent lawyer of Morristown, New Jersey, last year, that the people of that region ate freely of peaches during their whole season. Morristown is famous for its fine air, good water, and fruits. Just before the time of peaches, bowel complaints were frequent. But very soon after the fruit season commenced, bowel complaints ceased.

For a number of years I had been in the habit of keeping patients suffering from dysentery, in the autumn, on grapes during their cure. The juice only of the fruit was swallowed, and always apparently with the best results. The past season, looking over the authorities on the subject of dysentery, I found the following in Dr. Elliotson's great work on the Practice of Medicine.

"It has been supposed that fruit produces this disease; but unless the fruit be bad there is no reason to suppose that this is the case. Of course, bad fruit, coming under the head of bad food, might produce it; but the mere circumstance of eating fruit at the time when nature provides it for us, does not give rise to the disease. On the contrary, there are on record many cases of fruit having proved exceedingly beneficial. It is mentioned by Zimmerman, in his work on Experience, that in 1751, a whole regiment, in the south of France was nearly destroyed by dysentery. The officers purchased the entire crop of several acres of vineyard for the regiment, and not one man died from that time, nor was one more attacked. Tissot, a French writer, also mentions that eleven persons in one house were attacked with dysentery. Nine of them ate fruit and recovered; but the grandmother, and one darling little grandchild, had wine and spices instead, as being more comfortable, and both died. It was observed in Holland, that the worst flux which was ever known in the army, occurred at the end of July, when there is no fruit but strawberries, of which the men never partook; and that the disease ceased entirely when October arrived, and brought the grapes of which the men ate very heartily.\*

But it should be remarked, that even good fruit will sometimes appear to cause dysentery. So indeed the best of food might do the same, under unfavorable circumstances. Nourishment is often taken when it is not needed, and at such times the most healthful articles will cause more or less harm. People too, are very apt to attribute such attacks to the last article which they had eaten. The last food was taken before the attack, seems always to disagree; but

\*Dr. Elliotson's Practice of Medicine. Philadelphia, 1848, p. 922.

it is not to be inferred from this, that the disease is brought on by the food. The true cause is often to be looked for, far back of the time when the last food had been taken. The condition of the general health, must, in all such cases, be taken into account.

It is proper here also to remark, that during convalescence in dysentery, fruit as well as all other kinds of nutriment must be taken with extreme caution. A little too much of the best of articles will sometimes cause a great amount of mischief, and lead perhaps to inevitable death. I will also here add, that whatever food is found safe and useful in so dangerous a disease as dysentery, will also be found equally so in other diseases of the bowels.

Good apples, and good and perfectly ripe fruit, fresh from the trees or vines, may be used in any case of bowel complaint. If the case be a bad one, it may be necessary for the patient to fast some days, from all food. But when nourishment is needed, the juice of perfectly ripe fruit, in proper quantity will always, I think, be found salutary and good.

*Fresh air and Clothing.*—Whether dysentery is capable of being propagated by means of excrementitious discharges, as many believe, or not, it is highly important that every means be taken for the thorough ventilation and purification of the air of the patient's room. Let the discharges be removed as quickly as possible from the chamber of the sick. Some have been so particular in this matter as to insist that the alvine discharges should not be thrown into the common privy but buried in the earth, as was the custom in Levitical times. The clothing of the patient should be frequently changed. The same particular attention should also be paid to the bedding. If the patient is obliged to remain in the recumbent posture, let the bedding be changed, at the very least, as often as morning and evening; and three or four times a-day would be better. Patients always feel better and more comfortable when they go to a fresh, clean, and well aired bed. It is not strictly necessary that the clothing be washed at every change; but it should be well aired either out of doors or before a fire in another room. These may appear trifling matters to the uninitiated but it should be remembered that in the treatment of all diseases, it is a combination of many small matters which constitutes the great whole.

*Exercise.*—In this as in all other diseases, the patient should sit up as much of the time as he can without inducing too great fatigue. Little exercise should often be the rule. But mischief is not unfrequently done in this disease by the patient doing too much at a time. One day he takes little or no exercise at all; the next he feels a good deal better, and all at once sets about walking, riding, &c., and does enough the first day, almost for a whole week. Serious relapses are sometimes thus caused.

Riding will be found peculiarly appropriate in this disease. This exercise seems almost too trifling a matter to do much good; but

when we take into consideration the influence of the constant, though gradual motion attendant on this mode of locomotion, the tonic effects of pure fresh air, and the wonderful stimulation of light, we need not be at a loss to account for the manifest improvement which occurs often from simply taking a ride.

Thus it will appear, I place great stress on what may be termed "good nursing," in this formidable disease. Let me remark, also, in this place, that when dysentery becomes epidemic, great patience must be exercised in its management. We Americans, persevering and courageous as we are, in many things, have little courage in disease. If we are not cured immediately, we must set about, dosing, and dosing the poor stomach, as if life depended upon taking every nauseous thing the drug shop affords. And so, many, by their foolishness, suffer untold anguish and lose their lives for their temerity.

Hereafter, I may perhaps give some cases in illustration of the effects of water treatment in dysentery. But I tire of such details. A strict and consistent vegetarian never gets the disease. "An ounce of prevention is better than a pound of cure."

NEW YORK Water-Cure Institution, corner Twelfth street and University Place.

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## PRACTICE OF WATER-CURE.

BY T. L. NICHOLS, M. D.

### *Case 10.—Consumption.*

An Englishman of thirty-five, a baker by trade, a smart driving man, doing a good business, came to me with an affection of the lungs of long standing. Six years before, Dr. Mott haid told him that he could not live six months, but a strong constitution had thus far triumphed over disease.

His symptoms at the time he came to me, were discouraging. He had a violent cough night and day, so that he never slept over an hour at a time. He raised immense quantities of purulent matter, had night sweats that weakened him, a tendency to diarrhœa, and was so broken down that he could no longer attend to his business. On examining his lungs I could find no signs of tuberculous disorganization, but what seemed to me to be very extensive bronchial inflammation, extending over the entire mucous surface. Bad as the case was, I was satisfied of the possibility of a cure.

I commenced the treatment by making as strong an attack upon the skin as he would bear, and his constitution had still considerable strength. I gave him long packs in the wet sheet, and occasionally in the dry blankets. Every few days when he seemed best able to bear it, I gave him a powerful douche, with a smart rubbing. Let no one be misled by this treatment, and think that it would be

necessarily good for another case. My object was to excite the skin to action, and the means were adapted carefully to the end, with a reference to the patient's constitution. After a few days I made him wear a wet jacket night and day, in addition to his other treatment. A simple and spare diet, water to drink, and exercise in the open air, also made a part of the treatment.

I have never seen any person so far gone in disease improve so rapidly. In a fortnight his expectoration had diminished one half, his cough was less frequent and easier, and instead of harassing him all night, he waked up but once. His sweats disappeared, his bowels became regular, and he was driving round, attending to his business, and at work in his shop, to the astonishment of all his neighbors. There was every indication, that, with continued treatment and proper care, he would have recovered; but there were two things that prevented. He wished to avoid expense, and thought he could take care of himself at home; and he was constantly driven by his increasing business.

There are few more unhealthy trades than that of a baker. The constant inhalation of the fine flour irritates the lungs; the ovens keep up an excessive heat, and where, as is usually the case, the ovens are in the basement, the whole house is filled with the carbonic acid and alcoholic fumes of the fermenting bread. A constant exposure to these causes of disease made a cure impossible. He grew worse again; and then, instead of resorting to the treatment that had been of such signal benefit to him, he took a fancy to try a sea voyage. He sailed for England, at an unpropitious season; suffered from the closeness and discomforts of a sea voyage, and died a few days after he had landed at Liverpool.

#### CASE 11—CONSUMPTION.

The following case, that of a lady of high respectability, in this city, was treated by Mrs. Nichols; but it is of so remarkable a character, that I wish to make a brief mention of it.

The patient is a lady of about sixty years; the mother of a family; one of the most active, energetic and amiable persons of my acquaintance. Her consumptive symptoms becoming more and more alarming, she was finally prevailed upon to have advice. The case was somewhat similar to the one last described. There was much violent coughing, profuse expectoration of a purulent character, pain in the side, night sweats, and emaciation. These symptoms, with her age, and the wear of an active and anxious life, made her case one of a very serious character.

The treatment in her case was a milder one than in the last case. She took partial wet packs at night, she slept with her chest packed in cloths wrung out of cold water, and conformed strictly to the diet and treatment appropriate in such a case. The result was very remarkable. The water, in a few weeks, brought out a crisis, over

her whole chest. At one time she had forty biles, which threw out a matter of the same appearance as that she had expectorated. With the appearance of this crisis, her cough ceased, and she rapidly recovered.

Say what we will of the humoral pathology, this is another of the thousands of cases, in which matter thrown off by means of the skin, either by the pores or in the more evident form of critical eruptions, has been simultaneous with the cure of disease of internal organs.

In cases of consumption, the treatment must be adapted very carefully to the reactive power of the patient. Were it not for this, exact directions for treatment might be given—but there must be discrimination. It requires skill, experience, and sound judgment, to say what is the exact amount of treatment a patient requires. In consumption, an error on the heroic side may do serious mischief. The lungs are liable to congestion from the application of cold, externally, and this must be carefully guarded against. Those who try the water treatment themselves, without competent advice, will do well to begin with tepid water, and partial packs. If the patient bear these, it is easy to increase them. Feeling their way, in this manner, those who are distant from any qualified Water-Cure physician, may still have the benefit of the treatment.

#### CASE 12—TYPHUS FEVER.

During the hot weather in July, a gentleman of 35 years, full habit, bilious lymphatic temperament, and a weakly constitution from childhood, was brought to our house, with the symptoms of a typhoid congestive fever. He had been taken with severe pains in the back, and rigors, and was now suffering with headache and general prostration. His pulse was 140, his tongue very foul; and he was a fair subject, under allopathic practice, for bleeding, calomel, purging, James' powders, and a daily visit for three weeks.

I gave him a long rubbing half bath in tepid water, keeping his head wet with ice-water. This lowered his pulse 20 a minute, relieved the cerebral congestion, and he felt better. I then placed him so that a current of air should blow directly upon his head, which was covered with a cloth wet in ice water; he also had ice water to drink, without stint.

He slept quietly for some hours. As the fever rose, I packed him in a wet sheet, still cooling his head, until he broke out in a perspiration; I then put him under the douche, and brought his pulse down to less than a hundred. He took ice water in considerable quantities, cold water injections twice a day, and slept nearly all the time. For two days he took no food. On the third he ate a piece of toast, say two ounces for breakfast, as much more for dinner, and as he now felt as well as usual, he went to his business.

I have called this a case of typhoid fever, because it undoubtedly would have been such, had the treatment been favorable to its continuance and development. But we have no fevers in Water-Cure like those described in the books. So far as my observation and experience goes, no fever lasts over six days under proper water treatment and it is often cured in a shorter period.

#### CASE 13—CONVULSIONS.

In 1849, the number of children who died of convulsions was 1426. Some hundred more died of dropsy of the brain, a common consequence of convulsions.

The cause of infantile convulsions appears to me very simple. In all the cases I have seen, there has been intestinal irritation. If this is relieved the convulsions cease. The following case will give an idea of the causes and treatment.

A child about a year and a half old was brought to our house, during the hot weather of the last of July, to be treated for a scrofulous humor which he had had from his birth. At this time the eruption had disappeared; and he had also some irritation from cutting his back teeth. He was fretful and continually hungry; and it was difficult to prevent his being fed too much. He should have been put upon the simplest food, and in the smallest quantity; but no one foresaw the consequences of indulging what proved to be a morbid appetite.

One night he came in with feverish symptoms, restlessness, and great heat of the head. I had a wet bandage put around him, a wet towel around his head, and laid him where the wind could blow over him. He went to sleep, and I left the house for a couple of hours. On my return, I found his mother much alarmed, as he had been taken with convulsions. His head was burning hot, especially the back part, as was all the upper part of the body. The degree of brain fever threatened effusion, and to prevent this was the first indication. I therefore had his legs and arms rubbed, while I applied ice water, as cold as possible to his head and chest, and persevered in this application until the heat was reduced to its natural standard. I also gave injections of water of 75 degrees, and brought away considerable quantities of undigested food; but the irritation still remained, and when I had in a great degree subdued the fever, he was taken with a convulsion so violent and protracted, that his life hung upon a thread. It was the effort of nature to throw off the mass of irritating matter in the intestines. The fever having been subdued, I now had towels wrung out of warm—not hot—water, applied to his abdomen, and he was wrapped in blankets. In a few minutes he threw off from his bowels a mass of undigested food, and soon after sunk into a quiet natural sleep.

His system was now relieved, and there was but one remaining

danger. If his brain was safe, all was safe. On waking, this proved to be the case, and, having slept nearly all day, he left at night, in about his usual health, with an appearance of eruption upon the surface.

In this case it seems very plain that the retrocession of a habitual eruption, aided, perhaps, by the irritation of teething, had suspended digestion. The irritation of undigested food, produced a morbid craving for more, which was unfortunately gratified, until nature made a series of convulsive efforts to expel the offending matter. Had not the fever been met by cold applications, there would have been effusion on the brain; had a cathartic been given it might have interfered with the process set up by nature, and the result would have been fatal.

Many children are born so weak, diseased and miserable, that the first serious irritation ends in fatal convulsions; but in a vast majority of cases, only one thing is wanting to prevent such mortality, and that is attention to food. An infant requires a certain quantity of nutriment when well. A single ounce more is a source of irritation. Strong children throw it off by vomiting; weaker ones suffer from belly-ache; still weaker ones die of convulsions. A young infant should not be nursed or fed oftener than once in three hours, and then not overfed. A sick child should have nothing but water, until it is better. Weakly children require less than strong ones.

Children die because they are born diseased; because they are fed too much and too often; because they have impure and improper food from sick nurses; in fact, almost all the diseases of infancy are those of nutrition. How simple a matter it seems to regulate the diet of a child; and yet for the want of such regulation, and from scarcely any other cause, our children in New York die off at the rate of twelve thousand a year. Must we not work hard to make the world a little wiser? It needs but the requisite instruction to make people, in a temporal sense, "wise unto salvation."

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**PATHOLOGICAL ANATOMY OF CHOLERA.**—Microscopic examination has shown, as being constantly present in this disease, an abnormal state of the intestinal follicles, with or without enlargement, and a more or less vivid injection of Peyer's glands. At the hospital of Val de Grace, besides these morbid changes, there were found, in the young soldiers who have died of algide cholera, ecchymoses in the parenchyma of the liver, spleen, kidneys and lungs. These ecchymoses appeared not only on the surface, but also in the interior, and seemed to result from a combination of the blood with the tissue of the organs. In the large intestines, these ecchymoses have been found so extensive and deeply colored as to resemble gangrenous patches.—*L'Union Medicale.*

**ELECTION BY CONCOURS.**—The appointment of Professors to our Medical Colleges, when vacancies occur, should be conducted in a way that will give those who are eminently qualified, a chance of success. Election by concours has been advocated in our pages, and we are glad to know that other Medical Journals are urging the propriety of such a measure. Not long since, as we learn, the demonstrator of anatomy in the Rush Medical College, at Chicago, was elected on the concours principle. It is too often the case that men are selected for such offices, on other grounds than their qualifications. There can be no good reason why the candidate should not pass a proper examination before he enters upon his onerous and responsible duties. We believe the teachers of our public schools have to do as much. It is often the case in medical schools, that appointments by the trustees, give offence to the other teachers. Now were the way of *entree* different, this difficulty would not be so likely to occur. Our hospital appointments should also be conducted on the same principle. Although the hospital physician and surgeon gets no direct emolument for his daily services; yet it is allowed that the confidence the public have in him, when his services are needed, more than recompenses him for the time and labor spent in the hospital. Many paying patients, who always endeavor to get the best medical advice when they or their friends are sick, often base the qualifications of the practitioner on the position which he holds in society, or the confidence certain individuals or institutions repose in him. It is to be taken for granted then, that there is a benefit attached, although services are gratuitously rendered. Such being the case, let *all*, who are properly qualified, be allowed to be competitors when vacancies occur.—*Boston Med. and Surg. Jour.*

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**PRUSSIAN POTASH IN ASTHMA.**—It is understood that much relief has been obtained from the use of prussiate of potash in the paroxysms of asthmatic breathing. The dose, during a paroxysm, is one teaspoonful of a saturated solution. The principle upon which its remedial properties are based, is that of its being an arterial sedative. It is a ferro-cyanuret of potash, and probably the hydrocyanic acid is the medicant after all.—*Boston Med. and Surg. Jour.*

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**STERILITY.**—Dr. E. Williams lately published, in the *Lancet*, some account of a Japanese remedy for sterility, which he had used with success. In a subsequent number he states that the communication had brought him upwards of 900 letters requesting a supply! He says that he is unable to supply the demand, but hopes to make arrangements soon that will enable him to do so.

**MEDICAL CLIQUES.**—In a late number of the New York Medical Gazette, is a long article on alleged conspiracies among certain members of the profession in that city, and the monopoly by them of consultations and ordinary practice. If such abuses exist as are alluded to in the article, there is much reason for complaint, and we hope the editor of the Gazette will show up the members of such cliques and give their names, that all the honest of the profession may keep clear of them. "It is alleged," he says, "that there are all secret societies in the profession, the members of which stipulate to call *each other only* in consultation; and while they may become consulting physicians with others of the fraternity, when they can thus obtain fees, yet, when any gentleman *who is not of their clique*, is proposed in consultation with them, they are to object and evade, without committing themselves by positive refusal and express so decided a preference for one of the members of their secret society, as to secure the object. It is even said that in such case a list of the names of the select few, is handed to the friends of the patient, as enumerating the most eminent and skilful of the profession, *par excellence*, out of whom a choice may be made. Nor will they consent to allow any '*outsider*' to be called in consultation, even though he be as reputable as themselves, until the firmness of the interested parties presents them the alternative of losing the family by the transfer of the patient to the proscribed physician." There are other charges against this supposed clique, which are of such a degrading character that we forbear to mention them. For the honor and respectability of the profession, we hope all that is here complained of, is not true; if it is, the sooner an expose is made, the better it will be for those who endeavor to pursue an honest course in obtaining a livelihood by benefiting their fellow men.—*Boston Med. and Surg. Jour.*

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**MEDICAL STUDENTS.**—We learn from reliable authority that 345 matriculants have entered their names on the register of the Medical Department of the University of New York; 190 upon that of the College of Physicians and Surgeons; and upwards of 50 have matriculated at the New York Medical College. As students from a distance are daily reaching the city, it is probable that each of the colleges will materially increase their classes for the course. It is certain that never before were so many students of medicine in our city.—*N. Y. Med. Gaz.*

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**THE CHOLERA IN BOHEMIA.**—The *Constitutionelle Zeitung*, of Bohemia, states that the cholera has broken out in Prague. The disease is making great ravages,—as many as one hundred and eleven cases occurred in one week, and the proportion of deaths was very large.—*London Lancel.*

**BOWMAN'S MEDICAL CHEMISTRY.**—"A Practical Hand-Book of Medical Chemistry, by John E. Bowman. Fellow of the Chemical Society, Demonstrator of Chemistry in King's College, London," &c., has just been published in Philadelphia, by Lea and Blanchard. It is just such a work as is needed by the profession. A portion is devoted to *specialities*, so that the analysis of the various morbid and healthy secretions of the body, upon which it treats, can be accomplished with accuracy and without difficulty. There are thirty-seven chapters, treating upon the urine, calculi and concretions, blood, milk, mucus, pus, bone, and the various mineral poisons, with the mode of examining them. It is a work of great value, and should be in the hands of every medical student, as well as practitioner.—*Boston Med. and Surg. Med.*

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**VETERINARY COLLEGE.**—It is understood that an effort is now being made, in this city, for the establishment of a Veterinary College and Infirmary, upon a plan similar to those in European cities and large town. That part of medical science which relates to the treatment of diseased animals, has been too long neglected in this country, and we hope that sufficient interest will now be taken by medical gentlemen, to forward any plan that will advance it, thereby preventing the empiricism that is daily practised by a host of pretenders. The gentlemen who are making this effort, are, we believe, regular graduates of a European Veterinary College, and are eminently qualified to teach and practice the science.—*Boston Med. and Surg. Jour.*

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**"THE RACES OF MEN"**—A fragment, by Robert Knox, M.D., Lecturer on Anatomy, &c., Philadelphia, has just been published by Lea & Blanchard. The doctor, in his preface, says that this "fragment" cost him much thought and anxiety, and we are not disposed in the least to doubt the assertion. There is much in it that will startle the disciples of Cuvier and other eminent physiologists; yet they cannot but admit that most of the doctrines are tenable. We have derived much information in the perusal of the work, and think, with the author, that "Race is everything; literature, science, art—in a word, civilization, depend on it."—*Boston Med. and Surg. Jour.*

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**MEDICINE IN SPAIN.**—Regular practitioners are falling very low in this country: the papers teem with advertisements, where practitioners state that no fee is required but after cure. It has likewise been announced, that the situation of medical officer to the borough of Geta (Granada) is vacant at fifteen pence per diem!—*London Lancet.*

## Part 3.---Editorial.

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### MEDICAL NEWS.

The class of the Institute, this winter, amounts to about a hundred and forty-five, and as we have a fair prospect for considerable accessions to our spring class, the annual aggregate will as heretofore range above two hundred. This, considering our late misfortune, and the delays attendant upon our reorganization, &c., is a full realization of our expectations. Indeed our success has rather exceeded our expectations, as the class comprises a larger proportion than usual of new students.

PROF. I. G. JONES has fully realized our anticipations as an able and impressive teacher. It is expected that he will complete the important practical work on medicine begun by Prof. Morrow, and as soon as I have ascertained his probable action in this matter, it shall be made known through the Journal. The deep earnestness and the cautious, conscientious spirit which pervade his lectures are calculated to exert an influence equally beneficial in a moral and intellectual point of view upon the future graduates of the Institute. His Introductory Lecture, which will be given in the January No. of this Journal, will exhibit to its readers, his terse and pithy style of expression.

The attendance of a large portion of our class upon the clinical lectures at the Commercial Hospital is a new feature in this winter's course, of unusual interest. Not that the instruction there given is of much value, but the opportunity afforded of contrasting the doctrines, the practice and the lectures of the two schools is extremely valuable. If any doubt existed in the minds of students as to the great superiority of reform, that doubt has been dispelled by witnessing the miserably absurd treatment adopted in the Commercial Hospital. If any doubt existed whether the old school practice possessed all the odious characteristics and used all the absurd measures which have been attributed to it, that doubt is ef-

fectually removed by listening, at the Commercial Hospital, to the lectures of Dr. Mussey, the President of the National Medical Association, and of Dr. Bell, the chosen Professor of Theory and Practice in the Ohio Medical College—an author of text books, who ranks high among the authorities of the profession.

The students of the Institute enjoy the rare opportunity of witnessing the practice and the clinical commentaries of the most eminent men in the old school ranks, and afterwards hearing a clinical lecture upon the same cases from their own Professors, pointing out the blunders, fallacies and failures under the orthodox system, and contrasting its defects with the principles of a rational system of medicine. This course has been eminently successful in exhibiting the vast superiority of Eclecticism as well as the greater clearness, soundness and practical value of the clinical lectures of the Institute in comparison with those of the Ohio Medical College. Indeed the contrast is so glaring that even the students of the Ohio Medical College, are sometimes made to blush for their own Faculty and to feel conscious of their inferiority.

It is to be regretted that medical science should be in so low a condition in our American Colleges as the clinical lectures of the Commercial Hospital indicate, but we have this consolation at least, that the more glaring the absurdities and quackeries of medical orthodoxy, the more certain is the defeat and destruction of the system which maintains them.

This result will be somewhat accelerated by the discords among the leading authorities, who will be very apt to do each other justice in the way of wholesome criticism. The Medical College of Ohio will continue to be the *object* of contending parties, and the battle is now going on finely. Ex-Professor Wright has sent in a memorial to the Legislature, setting forth his grievances, and another bill has been introduced in the Legislature to re-organize the Medical College of Ohio.

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## UTERINE DISORDERS.

Dr. H. Halsted of Rochester, who professes to be an Eclectic, has sent the following circular for publication. There is probably but little occasion for coining new terms, yet his practical suggestions may be worthy of attention. If there had been less of mystery

in the mode of announcement, our prepossessions might have been more favorable. Dr. H. says, in a letter:

"The knowledge is valuable, and should be generally diffused, but cannot be readily communicated by letter. It is simple, sure and efficient. It is a discovery that medical men have been long anticipating, and when once understood will meet their universal approbation."

**MOTORPATHY—THE SYSTEM OF CURING DISEASE BY STATUMINATING VITALIZING MOTION.**—In compliance with the solicitations of many Physicians and Ladies who are anxious to avail themselves of my new method of treating *Prolapsus Uteri* Motorpathically, in which no Supporters are used, or any of the usual treatment employed; I purpose leaving our Institution in the care of others a short time, to visit Auburn, Syracuse, Utica, Albany, Troy, Springfield, Hartford, New Haven, and New London, one day each; and Boston, Providence, New York, Brooklyn, Philadelphia, Baltimore and Washington, two days each; Harrisburg, Pittsburg, Columbus, Cincinnati, Sandusky City, Cleveland and Buffalo, one day each, during the last of January and first of February next, for the purpose of treating several important cases on these new principles, the *modus operandi* of which will be open to the examination of the attending physician.

It is my desire to extend to the faculty every possible facility for testing the merits of this discovery; therefore physicians are particularly invited to call with the ladies under their charge.

Many cases of *Prolapsus Uteri* can be cured by one visit; others in a few days, and the most difficult in a few weeks. To produce this almost instantaneous relief, the patient is subjected to no pain or inconvenience. When the organ is made to assume its natural position, the patient is immediately able to go through any ordinary exercise which she has strength to perform, without fear of displacement.

For the removal of other Uterine Weaknesses, this system is equally efficient. The art of treating these diseases Motorpathically, is of recent origin; yet several hundreds have been cured without a failure. Many of the most inveterate and extraordinary cases of from one to fifteen years' standing, some of which were accompanied with extreme urinary difficulties, and many with that inability to stand upon the feet, or be raised from a horizontal position which is peculiar to these diseases; have been brought to this Institution on beds, a distance of from twenty to several hundred miles, attended by their physicians or friends; and these suffering and helpless women have been raised from their beds, and after a short treatment, been enabled to walk from one to six miles a day, and take much other exercise. Their address can be given to ladies wishing to communicate with them.

Our object in making this tour, beside that of treating some particular cases, is to give medical men and afflicted females such practical evidence as may lead to a more wise treatment of Uterine diseases, many forms of which heretofore considered unmanageable and hopeless, we trust to see controlled and cured by this new method.

Those who wish to know more concerning our treatment or Institution, or who wish to call on me at my rooms, when I visit the above places, can write to me, and they will be informed of the day I shall be at each place, &c., with such other information as may be desired. Address, post paid, Halsted Hall, Medical Institute, Rochester, N. Y.

N. B.—No charge will be made, or fee expected, for services on my tour. It is my wish that all classes should be benefitted by this important discovery, and that no obstacle should be put in the way of relief from suffering.

H. HALSTED.

Halsted Hall, Rochester, 1850.

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## EDITORIAL CORRESPONDENCE.

### MEDICAL IMPRESSIBILITY.

The faculty of being affected by contact with medicinal or even mental influences is much more extensively diffused than any would suppose who are not familiar with neurological experiments. About one-half of the medical profession are in all probability capable of being medicinally affected by the contact of active medicines with the hands. This subject has been fully explained and illustrated in the *Journal of Man*; showing that it does not even require actual contact between medicines and the article to produce these characteristic effects. Those who wish to investigate this subject can obtain the necessary information from the first volume of that *Journal*. The following extract from a letter of Dr. H. T. N. Benedict exhibits a circumstance which frequently occurs, although when we are engaged in active exertion our impressibility is much diminished:

"When at your house you gave it as your opinion that I was peculiarly impressible. That opinion, and a perusal of your *Journal of Man*, has turned my attention more particularly to that subject; though I have had no particular indications of it, but the following: Some two weeks since, I had occasion to roll some very active cathartic pills with my fingers, my pill machine being loaned. In about four hours I had a very drastic action on the bowels. Of this

I took little notice; but some four or five days after I had occasion to perform the same, when to my astonishment, I found myself more severely affected than at first, as much so, as if I had taken a large portion of the pills."

#### PROGRESS OF ECLECTICISM

Dr. B. HUBBELL, of Clermont Co., Ohio, says in a recent letter to the editor, "Six years only have passed since the first medicine was given in this county by an eclectic physician. It was administered by myself. There are now within thirty miles of me thirty-one Eclectic practitioners, and forty-seven going through the preparatory studies or attending lectures. There have been three deaths among the number, all of whom are much lamented by their acquaintance. Those practising or studying are not within ten or fifteen miles of the city. I think this is very fair progress, and indicates a good prospect for Eclecticism."

A fair prospect indeed. Seventy-eight accessions to our ranks in six years, in a small district, prove how easy it is to revolutionize the whole profession. All that is necessary is for our friends to bestir themselves in the way of enlisting recruits of the right kind—young men of talent and character. Do this efficiently and the whole land will be soon revolutionized.

Dr. D. A. Austin says: "In some cases of masked ague in the shape of Neuralgia, I have used a combination of Macrotyn and Quinine, (two grains of the former to four of the latter,) given every two hours, with success; no neuralgic symptoms remaining afterwards, as is generally the case with all other anti-periodics peculiar to our practice."

**HOMŒOPATHIC BOOKS.**—A correspondent enquires for the best works on Homœopathic practice. The writings of Hartman on acute and chronic diseases stand as high as any. Hering's Domestic Physician or Hull's Laurie may serve for an introduction to the subject and give an idea of the outlines of the practice.

## END OF THE VOLUME.

The present No. closes the 9th volume of this Journal, dating from the original commencement at Worthington, or the second volume of the enlarged Eclectic Journal. The review of the past shows a very large sum still due to this Journal from its subscribers, and evinces in the clearest manner the absolute necessity of adopting the cash system. No doubt the subscribers of the Journal wish to sustain it, and even its delinquent readers entertain a vague notion, that sometime or other, when it is perfectly convenient, they will pay up their arrearages, although they forget the fact that in the meantime its publisher must encounter a heavy expense, and even an actual loss of money for their benefit, with no definite certainty of ever being repaid—or rather with an absolute certainty of loss. For all these evils, the cash system is an infallible specific, and it must be adopted. All who wish the next volume of the Journal must pay up their arrearages and remit \$2 in advance for the 10th volume. As there will not be time for the remittances of a majority of the subscribers to reach Cincinnati before the issue of the January number, that number will be sent to all of the subscribers as heretofore, but it will be the last number sent to any subscriber who has not fulfilled his obligations and also paid in advance. I regret the necessity of this peremptory measure as there are many among the readers of this Journal whom I should be pleased to credit to an indefinite extent. But it is necessary to apply the rule, and it must bear upon all alike.

For three years past, I have maintained a pleasant (though not a profitable) relation to my readers as the editor of this Journal. I shall continue to edit it in the same spirit as heretofore, aiming to be liberal, practical and useful, to assist, not in promoting medical sectarianism, but in removing error, encouraging liberality, and increasing the therapeutic resources of enlightened physicians.

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CINCINNATI AND LOUISVILLE.—The three schools of Louisville have about three hundred actual students according to rumor. The three schools of Cincinnati have about three hundred and sixty or seventy.







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