

injected; the cheeks, lips and tongue are of a deep red color; the thirst is very great; the pulse 110 to 112 in a minute."

"Even at the very beginning of the vascular excitement, hæmorrhages occur, especially from the nose and, in women, from the genitals. The former almost always afford relief; the latter, which are generally mistaken for the menstrual flow, last but a few hours, or, at the most, a day, and produce no change in the condition of the patient."

"The symptoms of a change in the composition of the blood [of a sort of decomposition, being the first evidence of action upon the organic substance] appear in a moderate degree only and somewhat later. There appear upon the skin, small ecchymoses; the expectoration has a bloody tinge; the stools rarely contain blood."

"The nervous functions are always powerfully affected, they are oppressed and restricted. The organs of sense are, in the beginning, in a condition of over excitability. There is a great sensibility to light, noise, etc."

"At a later period, the opposite condition obtains; the patients become insensible to external influences, complain of nothing whatever, and lie in a condition of atony."

"The sensorium is oppressed and ratiocination is difficult even in the very beginning of the disease. The patients are aware of this fact, but endeavor to prevent it being observed; and to this end, when a question is put to them, they evidently gather themselves up and reply hastily, but correctly; at a later period, when their imagination has become too lively, they cannot quite succeed in this and hence their answers are in part correct, in part incoherent; finally the incoherence increases; the patients murmur and keep talking to themselves, or they are disgusted by very lively phantasies of the most various sorts, especially at night. Sleep for the most part, fails entirely; or when for a moment it visits the patient there comes in its train a host of disgusting and burthensome dreams."

(To be continued.)

MISCELLANEOUS.

THE CATTLE PLAGUE: *An Enquiry into Its Pathology and Treatment*, by A. C. POPE, Esq.—The difficulties surrounding an investigation into the nature of a disease, entirely new to the present generation of medical men, are immense. No less so, are those presenting themselves in the attempt medicinally to treat such a disease; one occurring, moreover, in a class of animals upon which no *drug provings* have been made. At the best, the homœopathic relationship between the effects of medicines and the consequences of disease under such circumstances must be of a somewhat rough and hypothetical character. Any nicety in the selection of a medicine to meet a particular case seems well nigh impossible. Hence the especial necessity to study carefully the pathology of the disease, and to institute a careful comparison between it and that of similar diseases met with in the human subject. This being done, our *experientia in morbis* directs us to certain well-proved remedies, between which and the phenomena of cattle plague certain well marked analogies will be found to exist

I purpose, therefore, in the following observations to describe the history, symptomatology, and morbid anatomy of this disease, deducing therefrom its nature, then to infer from these conclusions the treatment most likely to prove effectual in checking it, and to illustrate its results and practical working by reference to a large number of cases that have come under my observation within the last two months.

That the cattle plague is contagious in the highest degree is so generally admitted, that its discussion here is unnecessary. As a contribution to the facts upon which its contagious character has been concluded, I may state that the outbreak of the disease in this district was distinctly traced, in innumerable instances, to cattle bought at low prices, by thoughtless farmers, in York fair. This, the largest cattle fair in the North of England, is held fortnightly. It was among the last to be closed. In it, during the last two fairs, many animals were exposed for sale at "ruinous prices," which had been brought from infected districts where the markets were already closed.

The period during which the disease is incubating has no very definite symptoms, the indications observed being merely such as would lead one to conclude that the animal was, from no very obvious cause, not quite so well as usual. Such as have been noted, may all be described by the word, languor. In a recent number of this *Review*, Dr. Wilson described certain phenomena which he had remarked by auscultation to exist in animals exhibiting none of these characteristic marks of the disease, but in which these characteristic marks were subsequently fully developed. Dr. Trippe, in his evidence before the Cattle Plague Commissioners, confirmed this observation of Dr. Wilson's: he says, "by auscultation of the lungs and careful examination of the animal, the disease may be detected in a very early stage. I may state that I have auscultated several cows, and found certain alterations in the breathing sounds in each

indicative of approaching congestion of the lungs, before the running from the nose and eyes commenced."—Quest. 2729.

Dr. George Moore, in the last number of *The British Journal of Homœopathy*, on the contrary, asserts, "that during the incubatory stage there is not a shred of evidence, derived either from the symptoms during life, or from after death inspection, proving that any organ is the seat of morbid action."

The post mortem appearances generally observed do not, as will subsequently appear, tend to confirm Dr. Wilson's views. But knowing the varied modes in which the disease has been displayed in different parts of the country, and in animals placed under different circumstances as regards housing, feeding, and the like, I hesitate to assert that Dr. Wilson has been mistaken, more especially as the animals he has had the opportunity of examining have been similarly situated to those seen by Dr. Tripe. But whether he be right or wrong is practically of little moment, for as long as an animal feeds, chews the cud and the secretion of milk continues, whether these functions are performed with their usual vigor or are so somewhat languidly, so long will the owner, in the vast proportion of cases, refuse to submit his stock to examination. In studying the nature of the disease, the knowledge that a definite period of incubation, a period during which the *materies morbi* is multiplying in the blood does exist, is of great importance. This period Dr. Smart, in his very able report to the Lord Provost and Magistrates of the City of Edinburgh, says that all his observations lead him to conclude, terminates on the seventh day. Dr. George Moore, in the paper previously referred to, says that it "averages from seven to twelve days, as observed in natural and inoculated cases; the period may, however, be longer or shorter, according to the previous state of health, the mode of origin of the disease, and the virulent or benign type of the prevailing epizootic." Professor Gerlach, of Hanover, in his examination before the Cattle Plague Commission. stated the period of incubation to be "generally from five to seven days; though in rare case it may be more."—Quest. 479. Professor Gamgee, in answer to Dr. Parkes, said that the largest incubative period he had known was eight days; and that after exposure to contagion he had not known any case longer than eight days.—Quest. 2769, 2770.

There is then an incubative period of from six to eight days, during which no symptoms characteristic of any definite form of ill health are usually observed. At the termination of this period an experienced eye can detect symptoms indicating the plague. Of these, one of the earliest and most valuable, both as regards diagnosis and prognosis, is a faint blush of redness on the mucous surface of the vagina, and on that of the gums. The increased vascularity of these parts is only faintly marked, but is almost invariably perceptible before any other symptom. The animal hangs her head, her ears droop, and, with the horns, are at first cold, then in a few hours abnormally hot. The coat stares, the muscles of the fore and hind quarters twitch, and are tremulous.—The appetite fails early; the *alæ* of the nose are swollen and faintly reddened. Within twenty-four hours, or a little longer, the secretion of milk has ceased, rumination is suspended, the pulse has risen, the respirations have increased in frequency. At this early period the bowels act either scantily or not at all.

As the disease advances to the third and fourth day, the vaginal surface becomes more intensely injected and swollen; the red patches on the dental margin of the gums, under the tongue, and on the sides of the mouth, increase in size and deepen in colour. The respirations increase rapidly in frequency, being from 33 to 60 or 70 in the minute. In one case—and that a recovered animal—the respirations numbered 96 in the minute. The pulse is increased; the conjunctivæ are congested, becoming, as the disease progresses, perfectly turgid; lachrymation is more or less profuse; a thick, greyish discharge takes place from the nose, large plugs of dense ropy mucus being occasionally passed; the *alæ* are more swollen and injected on their internal surface, externally, copper-colored and livid looking patches are observable. Occasionally vesicles are seen on the nostrils; this symptom, which, with a somewhat similar eruption on the udders and the fore and hinder quarters, has been frequently met with in other parts of the country, has not been seen in more than ten or a dozen of the cases that have been treated homœopathically in this neighborhood. About the fifth or sixth day, and in many instances a little earlier, the discharges become purulent, alike from the canthi, the nostrils and the vagina. The urine is now not unfrequently loaded with blood, and is passed with considerable pain and difficulty. The animal stretches out its head, grunting and moaning in a peculiar manner. The rapidity of the respirations increases, and they are often jerking in character. The pulse is quick and thready. Diarrhoea, often dysenteric in character, or thin watery and offensive in the highest degree sets in, and the animal sinks exhausted. This exhaustion is often attended with intense restlessness, turning of the head from side to side, frequent efforts to rise, which even if successful cannot be sustained for more than a few minutes. In cases thus protracted death takes place from simple exhaustion. But in several instances it has occurred somewhat suddenly, either early or where all the prominent symptoms had abated, when the pulse and respiration had become less abnormal, when the characteristic redness of the visible mucous surfaces had sensibly decreased, where, in short, a reasonable hope had been entertained of recovery. In such, the animal becomes suddenly more dull, the head drops, the eyes look heavier, the conjunctivæ are almost livid, the teeth are ground, she butts at everything within reach, oftentimes becomes furious, and suddenly dies.

The two modes, then, in which death has most generally occurred are—1st, by general exhaustion, and 2d, by an apparent serous effusion within the cerebrum, under circumstances which seem to favor the idea of a metastasis to the brain having occurred. When no treatment at all is pursued, an animal dies generally about the seventh or eighth day. In many instances, where powerful alcoholic stimulants have been freely given, or where, on the other hand blood-letting has been largely practised, death is earlier. In those that recover, the first indications of returning health may be looked for about the sixth or seventh day from the first appearance of characteristic symptoms, though instances are not wanting where encouraging signs have appeared earlier. The earliest indication of improvement is a more cheerful expression of countenance. The head is held up occasionally, and the animal looks about her; the muzzle becomes

dewy; the pulse comes down, and the respirations less frequent; there is more desire for food, the milk returns, and presently "cudding" is again seen. When this is fairly established, the appetite oftentimes becomes voracious, and any thing presented is greedily eaten. The injection of the mucous surfaces is the last symptom to disappear, but until it has disappeared an animal cannot be said to be perfectly healthy.

In in-calf heifers abortion sometimes happens, and in every instance where it has done so within my observation, recovery has followed. An animal belonging to Mrs. Bentley, of Stockton, near York, which appeared to be recovering, was lost during calving. The presentation was a false one, and the cow sunk under exhaustion caused by the manipulation necessary to rectify it.

From the symptoms observed during life, I pass on to notice the appearances witnessed after death. These have been well described by Dr. Murchison, of London, and Dr. Smart, of Edinburgh. To their reports, and to the observations made by Mr. Emerton, of Norfolk, I am indebted for the following description:

The mucous surfaces of the mouth, pharynx, gullet, trachea, the larger bronchi, the third and fourth stomachs, the small intestines, the anus, and the vagina and urethra, are all in a state of hyper-vascularity. This condition is most intense in the pharynx, the trachea, the vagina and urethra. In the mouth, the fourth stomach, and vagina, there is a large accumulation of epithelium. It collects on the membrane around the follicles, giving a punctated or honeycomb appearance, resembling ulcers. The surface below is entire. There is, therefore, no true ulceration. The condition is one of congestion, with increased epithelial secretion. In the third and fourth stomachs the mucous congestion is most marked. * * *

In a plague-stricken beast, the condition in which food is found in these stomachs appears to vary; probably depending upon the period, as regards feeding, when the disease had so far advanced as to stop the process of digestion. Dr. Smart found the first and second stomachs full of undigested food; such was also the case in two post mortems made Mr. Dring, veterinary surgeon, of Bath, for the notes of which I am indebted to my colleague Dr. Bayes. In Norfolk, Mr. Emerton informs me that he generally found a little food in a comparatively raw state in the first stomach, practically none in the second, the third was usually full, often quite distended with hard, dry, cake-like masses, in the fourth, the quantity varied, but like that in the third it was hard and dry. * * *

Dr. Smart observed no redness in the first and second stomachs. In about half of the animals he dissected, he found circular patches, varying in size from a pin head to a crown-piece, having bright red or scarlet margins, central patches of a dirty color, and somewhat gangrenous color on the folds of the third stomach. It is not, Dr. Smart remarks, the mucous membrane of the folds that readily peels off, but their epithelial covering. * *

In the intestines, similar, but much less intensely marked congestion, is met with. "The whole mucous lining of the bowels is unduly soft, and its epithelium imperfect. There are no true ulcerations, and in this respect its condition

differs broadly from the ulcerated typhoid of man" (Smart). The glands of the intestines are not ulcerated. "The mesenteric glands show no lesion of structure. They are bloodless and shrunken, and their lacteal vessels empty." (Smart).

On the surface of the heart, and large vessels in its immediate neighborhood, a vesicular eruption, similar to that observed in the muzzle in some cases, has been occasionally noticed. Dr. Arthur Gamgee, of Edinburgh, who made a chemical analysis of the blood, found it deficient in water, the solids of the serum increased, the blood corpuscles increased, the fibrine increased, and the proper salts diminished. The blood is found in a fluid state; it is dark in color, somewhat tarry looking, and out of the body coagulates slowly but firmly.

In the kidneys, the pyramidal bodies are usually found congested. The uterus presents no unusual appearance, but the vagina is red, swollen, tense, and irritable looking. An aphthous or epithelial eruption is found where the mucous surface joins the integument. A glazy ropy mucus flows from the orifice, and hangs in strings from the vulva.

The only other post mortem appearance of moment mentioned by Dr. Smart is the emphysematous condition of the cellular connective tissue of the loins in some animals. This is observable in many instances during life, and is always indicative of great prostration.

These then are the data from which we have to form an opinion of the nature of this terribly destructive disease. We have seen it to be eminently contagious, to have a distinct period of incubation, to present during life symptoms of fever of adynamic type, of a determination of unhealthy blood to the mucous surfaces, of intense exhaustion, and in some instances of a specific vesicular eruption. The post mortem appearances point to a congested condition of the mucous surfaces, and to a depraved state of the blood.

Various theories have been hazarded as to its similarity or identity with certain well-known diseases in the human subject. It has been compared to typhoid fever, to diphtheria, to measles, to small pox and to scarlatina. Unlike typhoid fever, it has no ulcerated intestinal glands. Unlike diphtheria, it has no true false membranes. Unlike measles and small pox, its eruption is not constant, and when present not sufficiently similar to identify it with either. To scarlatina, the disease, as it has appeared in this district, has seemed to me somewhat, though but slightly, more analogous.

In the present state of public opinion, a few words on its likeness to small pox must be said.

In variola, whether occurring in man or sheep, a pustular eruption is invariably present, save in that very rare disease *variola sine eruptione*. In rinderpest an eruption, whether pustular or vesicular, is by no means uniform. Since my attention was first directed to this disease, I have constantly been on the look out for such an eruption, and have requested both Mr. Hope and Mr. Emerton, under whose immediate care all the animals I have seen, together with many others, have been, to watch especially for this symptom. It has been seen in only some nine or ten cases out of more than a hundred and seventy. Small pox is a recognised and well known disease in sheep. In a few sheep attacked with

rinderpest, near York, the indications observed in oxen were as well marked as they could be, while those of ovine variola were not present at all. Again, it has been stated that animals that have passed through the vaccine disease are secure from rinderpest; and certainly, if it were small pox they should be so.

* * * * *

Certain features of rinderpest are very like those of scarlatina. Its toxæmic character, the congested state of the mucous surfaces, and the extensive desquamation of epithelium are resemblances of some importance.

Mr. Lord, in the October number of the last volume of this *Review*, suggested that the disease owed its origin to the existence of protozoa in the animals affected. Dr. Fenwick, in a recent letter to the *Times*, advocated the same view. Dr. Lionel Beale, in the *Medical Times and Gazette* of the 20th of January, gives the result of a most careful examination of this view of the nature of the disease. He has found entozoa or entozoon-like bodies in considerable numbers in the voluntary muscles of the system, and in the heart of every animal dead of the plague that he had examined, with only one exception. He admits that similar bodies are met with in the muscles of healthy animals, but says that they are so in smaller numbers. Dr. Bristowe, in the *Lancet* of the same date, states that he has found "Rainey's bodies" (parasites at one time described by Mr. Rainey as immature cysticerci cellulose) in considerable abundance in the carcasses of two heifers dead of the plague. But at the same time he found them in equal abundance in healthy muscular tissue. He concludes "they are of much pathological interest, and still need elucidation, but obviously they have only an accidental connexion with the Cattle Plague."

Amid the many conflicting facts and theories which surround the question of the true nature of rinderpest, it is almost impossible at the present moment to arrive at any positive conclusion. So far as my examination of this very interesting subject has gone, I am induced to believe that, when its pathology is more fully cleared up, rinderpest will be found to be a disease *sui generis*—one peculiar to ruminant animals, partaking largely of the most striking features of the exanthematous fevers in their malignant form, but identical with neither.

Such being the present state of our knowledge as to the pathology of the Cattle Plague, we come to inquire what are the measures necessary for its cure, or rather what are those that have been proved competent to its cure. The remarks I have to offer on this part of my subject are deduced from the observation of 172 animals suffering from the disease in this neighborhood.

The experiments made by the Association established for the prevention and cure of the Cattle Plague by Homœopathy, in Norfolk, are by no means conclusive, either as to the control over the disease a homœopathically selected medicine can exert, or of the ability of our veterinary surgeons to discover such a remedy. The circumstances by which those treating the disease homœopathically were surrounded, well nigh precluded all possibility of success. They had to contend with a total disregard of instructions given to persons, whose cattle being insured for two-thirds of their value, had lost all interest in their salvage. Insurances may be very safe preservative for the pockets of owners, but it has a marked influence in destroying their energy in attempting the cure

of their animals—more especially when this involves constant watching, constant cleanliness, and the adoption of a system of dietetics quite different from any they had been wont to use. Though we have to regret the death of many animals through the folly or wilfulness of their owners, we have not had an insurance society—at least, not on any extensive scale—to counteract our endeavors by its paralyzing influence. * * *

The essentials of treatment are—the commencement of treatment in an early stage; good nursing; constant attention; scrupulous cleanliness; suitable diet, and a truly homœopathic medicine. * * *

Since the 9th of November, 177 animals suffering from Cattle Plague, of different breeds, of different ages, and in various conditions, have been placed under homœopathic treatment. It must here be stated that no case has been refused where it was not but too obvious that life would be extinct within a few hours. Of these, 72 have recovered and 93 have died; being over 40 per cent. of cures. The remainder are at present unreturned. Since the 1st of January the numbers have been 70 treated, 35 cured, and 35 dead: being exactly 50 per cent of cures. The smaller proportion of success during the first seven weeks of the experiment arose from a want of acquaintance with the proper management of, and medicine for the disease; this information, increased opportunities for observation was not long in supplying. Our first cases almost all died; and I now feel sure that they were erroneously treated. We lost nearly fifteen animals from this cause in rapid succession. In another instance eight were lost out of ten treated, from the poor condition in which the disease found them, the filthy character of the place in which they stood, and the incapacity of two old people to attend to them. Bleeding contrary to our instructions, putting animals on solid diet too early, gave rise to death in several instances. One was a peculiarly provoking specimen of a cowkeeper's stupidity. A two-year old ox had been treated early, and was doing well, when a neighbor stepped in and suggested bleeding! Seven quarts of blood were at once taken from this sufferer from an exhausting disease! The animal lay down and never was able to rise again, dying next day from the exhaustion produced by bloodletting—not from that of rinderpest. One cow apparently recovering died during calving. Her case has been previously referred to. Of the remainder, not a few have been moribund when the treatment was commenced, some have been totally neglected by their owners, three have died apparently from sudden metastasis to the brain and the remainder from exhaustion.

I have said that the first element essential to a successful treatment of this disease, is that the cases be seen early. As a rule, when the characteristic symptoms have been present for four or five days, an animal will die, whatever may be the medicine given or the care bestowed upon it. Two or three very gratifying exceptions to this general rule have occurred here. One, an animal belonging to Mr. Musgrove, on the Fulford road, was so far advanced in the disease, that on Mr. Hope visiting her he found that the Inspector had been sent for, to give an order for her shooting and burial. It was late at night, and as the order could not be carried into effect until the following morning, the owner was persuaded to allow medicine and gruel to be administered during the night.

Belladonna was the medicine given, and by the morning the animal had so far rallied that all thoughts of destroying her were abandoned, and she made a complete recovery. In another case, belonging to Mr. Wilberforce, of Stockton-in-the Forest, the cow was completely despaired of when first seen, and though she suffered to a very great extent from emphysema of the subcutaneous cellular tissue of the trunk, completely recovered.

These instances are, however, on the whole exceptional. The treatment ought to be commenced early, in order to give the animal a chance for life.

2. *Good Nursing.*—A sick cow requires as much attention as, if not more than a human patient prostrated by severe disease. Warm clothing and good ventilation must be provided, and medicine, food and drink regularly supplied. The animals wants cannot be expressed; they must be sought for and administered to by intelligent attendants. In milch cows the bag should be emptied three times daily of any milk it may contain.

3. *Scrupulous Cleanliness.*—All manure should be removed from the shed at once, and not allowed to accumulate. The "channel" behind the animals should be well flushed with pure water several times daily. The skin should be kept well cleansed by brushing and "rubbing down" twice every day.

4. *Suitable Diet.*—Herein consists the great difficulty in dealing with men accustomed to give an animal almost anything it will take. They have no idea either that a sick beast will live on gruels, or that the food to which it has been accustomed can by any possibility be injurious. Solid food to be digested requires mastication. This process is at a stand still. The functions of the first and second stomach are in abeyance, the third and fourth are inflamed, and moreover contain masses of undigested food. Hence the aim in feeding must be to supply material not requiring mastication—food that can be absorbed readily. It must also be given in quantities that will not be beyond the creature's power of absorption. In one case the person in charge of a cow seemed to think, that if gruel was admissible it was so in any quantity; and he gave his cow, I am afraid to say how many quarts of gruel—but it was administered by the quart every half-hour for many hours—till the animal was immensely distended with the amount of fluid in the abdomen, and of course died. The difficulty of ensuring the giving of suitable food in proper quantity is enhanced by the appetite of an animal, as it begins to shake off the disease, becoming ravenous. She will eat anything she can get at, at this time. The gratification of her appetite is at once followed by a return of all the former symptoms, and her life is again placed in great danger. Mash, gruels of Indian corn, oatmeal, linseed tea, thick and mixed with bran that has been steeped in hot water, are the best kinds of food to give during the first six or seven days. When really better, well boiled carrots or potatoes may be given sparingly. But until all redness is gone from the mouth and vulva, no solid food such as hay or roots can be taken with safety. In animals suffering much from exhaustion, it has been found useful to mix about half a pint of warm ale with each pint of gruel given. For drink, "hay tea," or water barely warm are grateful and harmless.

5. *A Truly Homœopathic Medicine.*—From the reports in the papers it

would appear that animals have recovered under every variety of medication. But I know of few districts where so large a proportion of so considerable a number of cases—of cases, be it remembered, in every stage of the disease, treated too mostly in country farm steadings, seldom seen more than once a day by the veterinary surgeon, who had moreover to depend upon servants for the carrying out of his instructions—have recovered as in this neighborhood, under the care of Messrs. Hope and Emerton. Dr. Wilson, in the *Morning Advertiser* of the 18th of January, states that he has saved 23 out of 32 cases he has treated. For my part, I heartily congratulate him on his success, and trust that the particulars of cases of so much interest and importance will speedily be published. Dr. Wilson also states that 116 remedies require examination in treating a case of rinderpest, and that this examination should be made in German repositories. If this is necessary to the homœopathic treatment of the disease, then Homœopathy, so far as rinderpest is concerned, is impracticable. To carry out Homœopathy in this way, every sick beast should have a veterinary surgeon specially appointed to attend to it, and he too should be a much more highly-educated man than the majority of the veterinaries of this country are.

The experience we have had in York shows that Homœopathy is not thus impracticable.

Belladonna, more than any other remedy, corresponds to the prominent feature of the disease, as we have seen it here. The difficult breathing, the congested mouth and throat, the engorged conjunctiva, the general congestion which pervades the mucous surfaces, with the desquamation following, all point to this as the remedy *par excellence*. It has been more valuable than any other we have used. It has been given in from two to five drops of the pure tincture every two, three or four hours. The first, second and third dilutions were tried in our early cases, but they were by no means satisfactory in their action as the pure tincture.

Arsenic has been useful chiefly in meeting the prostration about the fifth or sixth day. As a prophylactic I question its value. If it have any, it is not in the sense that vaccination is prophylactic to small pox; but it simply acts by keeping the animals in good condition, and so enables them the better to resist the contagion, giving rise to the disease.

Rhus tox.—The chief indication for this remedy has been found in the muscular twitchings which characterize the disease in some of its stages.

Mercurius sol. has been found valuable when the mouth has been long congested, and the patches of desquamation are general.

Ammonium caust., 1st dec., is of service where there is much abdominal distention, with heavy breathing and painful moaning.

Turpentine, 1st dec., has been of signal service in checking hæmaturia, a symptom which did not yield to *Cantharis* at all.

Secale cor., tinc., Mr. Emerton thought useful in one case of sub-cutaneous emphysema, and its proving shows that it deserves attention in this condition.

Phosphoric acid, 1st dec., *Mercurius sol.* and *Arsenic* have appeared to control the diarrhoea more than any other remedies; but they have not proved alto-

gether satisfactory. In any future case I should be disposed to try Muriatic acid or China. It has been a more difficult symptom to meet than any other.

Mercurius cor. 1 has checked several cases of dysentery in very marked manner.

In one case of apparently impending metastasis the acetate of copper, in grain doses of the 1st trituration, appeared to prevent its development; but it was the only case in which it was resorted to, and therefore much additional experience is required before its value here can be estimated correctly.

In addition to medicines, much good has accrued from exposing the animals, muzzle to steam from boiling water or scalded bran. The nasal discharge is thus promoted, and large lumps of coagulated mucus are passed, to the great relief of the patient. * * * *

London, *Monthly Homœopathic Review*, Feb., 1866.

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—At the meeting of the Alleghany County Homœopathic Medical Society, held November, 1865, the following resolutions were offered, viz. :

Resolved, That the Homœopathic Medical Society of Alleghany County invite the physicians of the rest of the State, to meet in Pittsburg the day previous to the meeting of the American Institute of Homœopathy, for the purpose of forming a State Medical Society.

Which was amended by a motion

That, a committee be appointed to carry out the resolution.

Both the amendment and original motion were unanimously carried.

Drs. Cowley, Hewitt and Cooper were appointed the committee.

At the meeting in December, the committee reported the following address to the physicians of the State in general, which was unanimously adopted :

TO THE HOMŒOPATHIC PHYSICIANS OF PENNSYLVANIA, *Brethren*: At the suggestion of Dr. Bushford W. James to some of the members of the Homœopathic Medical Society of Alleghany County, the subject of a State Medical Society and of holding a convention for that purpose previous to the meeting of the American Institute in June, 1866, was brought before the meeting of that society in November, 1865, when it was unanimously

Resolved, That the Homœopathic Medical Society of Alleghany County, invite the homœopathic physicians of the rest of the State to meet in Pittsburg, on Tuesday, June 5th, 1866, and unite with them in the formation of a State Medical Society.

We, therefore, members of the said society, cordially invite all homœopathic physicians, within the limits of the State Pennsylvania, to meet them in Pittsburg, on the 5th day of June, 1866, for that purpose. The time and place of meeting will be announced in the journals.

J. C. Burgher, M.D., *President*; H. Hofman, M.D., *Vice-President*; C. Cowley, M.D., *Secretary*; Jas. A. Herron, M.D., *Treasurer*; C. Barlz, M.D.; A. Black, M.D.; W. E. Borland, M.D.; W. R. Childs, M.D.; J. T. Cooper, M.D.; M. Cote, M.D.; Geo. S. Foster, M.D.; J. P. Harvey, M.D.; Thos. Hewitt, M.D.;

P. D. Liscomb, M.D.; J. S. Rankin, M.D.; L. M. Rousseau, M.D.; F. Tandte, M.D.; M. W. Wallace, M.D

Action of the Board of Managers of the Homœopathic Infirmary, Philadelphia.—At a meeting of the Board, held February 16th, 1866, the following resolution was unanimously adopted :

That, this Board learn with pleasure that a convention of the Homœopathic Societies and Physicians of Pennsylvania has been called to meet in Pittsburg, on the 5th day of June, 1866, for the purpose of forming a State Homœopathic Medical Society, and feeling a deep interest in the progress of Homœopathy every where, and especially in our state, heartily support the measure and the call of the Alleghany County Medical Society, and hereby request and delegate the Medical and Surgical Staff of our Institution to attend the said convention and represent this organization in it.

JOHN WELSH, *President.*

A. ERVIN, *Secretary.*

PERSONAL.—At the Annual Meeting of the Homœopathic Medical Society of the County of New York, in December, 1865, Mrs. EMMA R. STILL, M.D., was elected a member. This, we believe, is the first instance of a woman being elected to active membership in any scientific association.

A New Work on Intermittent Fever.—Dr. John C. Morgan writes us from Philadelphia, that he is about issuing a monograph on "Intermittent Fever," and wishes to invite the immediate sending to him of records of cases treated successfully with minute doses, and of one drug at a time. It is desirable that all contributions should be sent as early as possible to JOHN C. MORGAN, M.D., 1700 Chestnut Street, Philadelphia.

Physicians Wanted.—We have frequent enquiries for good homœopathic physicians to practice in localities near New York. The communities who want physicians can offer no great inducements for an experienced practitioner to give up a good practice elsewhere, and therefore are willing to receive a young man provided he is an earnest student and a gentleman. We should be glad to get the names and addresses of physicians about changing their locations, or seeking new places.

OBITUARY.

SHERRILL.—Died, at his residence in New York, January 16th, 1866, Hunting Sherrill, M.D., of typhoid fever, aged 82 years.

The following we take from the remarks of Dr. S. B. Barlow before the Homœopathic Medical Society of the County of New York, in March, kindly furnished us by the author.

Dr. Sherrill was descended from an Irishman, who came to this country

about the year 1790. The vessel, in which he was, being wrecked on the South shore of Long Island, near East Hampton, that place became the residence of the Sherrills.

Jeremiah Sherrill, the father of the doctor, married Ruth Hunting, a native of East Hampton. Shortly before the birth of their son, they removed to Stamford, Dutchess County, N. Y., where Hunting Sherrill was born, April 2, 1783.

At the age of five year, young Sherrill began his school life and, as customary among the farmers, did chores on the farm in summer, while the winter months were devoted to study.

He entered upon the study of medicine with Dr. Gager, of Sharon, Conn. He attended medical lectures in this city, and during his pupilage was appointed physician to the almshouse, where his skill and ability were attested by a diploma signed by Drs. McNeven and Hosack, bearing date January 1st, 1809. The New York State Medical Society conferred on him the title of Doctor of Medicine, December 1st, 1809. In the same month, Dr. Sherrill removed to Hyde Park, in this State, succeeded Dr. Cook in his practice, and February, 1811, married Margaret Mulford. In April, 1825, he received the Honorary Degree of Doctor of Medicine from the Geneva Medical College. In 1832, he removed to Poughkeepsie, and eight years after he settled in New York.

Dr. Sherrill was a man of extraordinary activity of mind and body. He was well versed in the medical dogmas prevailing sixty years ago, which were not forgotten up to the latest period of his life, notwithstanding, for the past twenty years, he had practised Homœopathy.

He was the author of several treatises, and among his works relating to medicine we may mention *A Treatise on Epidemics as they appeared in Dutchess County*, from 1809 to 1825. The first part of this work was read before the Dutchess County Medical Society in 1819, he being the President of the Society; a second part was written at a later period. It was published in 1826 and again in 1832. In 1808, while physician to the almshouse, he published a small work on *Caries of the Jaw in Children*. In 1826, he published a pamphlet on *Dysentery*, and in 1832, one on *Cholera*, as it appeared in Poughkeepsie. Three years later another pamphlet on the *Pathology of Cholera*, with a plan of treatment and means of prevention; *Uterine Diseases*; *The Temperance Treatment of Cholera*; a domestic work; and *Suggestions for the Prevention of Small Pox*. were subjects of other works.

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HOOPING COUGH.

BY DR. C. VON BENNINGHAUSEN, MUNSTER.

(Continued from page 334.)

Arnica montana.—Paroxysm of Hooping Cough excited by a creeping in the trachea, generally dry, often with expectoration, generally of frothy blood, mixed with coagula, more rarely, in the evening, of a badly tasting slime which it is impossible to expectorate but which one has to swallow.

Aggravation.—Evening till midnight. Every effort of mind or body. Weeping and crying of children. Touch. Motion. Noise. Talking. Blowing the nose. Stooping. Deep inspiration. Becoming cold. Abuse of spirituous liquors and of China. Coal smoke. Warm rooms. Drinking. Yawning.

Concomitants.—Great anxiety and restlessness. Refuses to reply to anything. Rage and quarrelsome disposition. Compressing headache. Stitches in the head. Bleeding from the nose and mouth. Violent thirst after drinking cold water. Vomiting of food and drink. Vomiting of blood. Pains in the stomach. Offensive breath. Oppression of the chest. Dyspnoea. Scraping in the larynx. Burning in the chest.