

the same dose three or four times during the following six months, she was restored to perfect health. She has never had pneumonia since, and is now a strong healthy woman.

I give the case as it occurred, and leave those who do not get results from Lachesis, or who do not believe in the efficacy of high potencies, to draw their own inferences. I have always found Lachesis, when well indicated, to be a quick and potent remedy. I have many times removed all the premonitory symptoms of quinsy in persons very subject to it, with a few doses of the 30th, and always find it effectual in those cases of angina, where the pain shoots up from the throat to the ear, especially so, if it is a burning pain. And I have never found a remedy that would so universally relieve the burning pressure from within outwards, in the top of the head, which is frequently the only symptom females complain of at the climacteric period.

#### DIAGNOSTIC INDICATIONS OF THE FACE.\*

BY C. G. RAUE, M. D., PHILADELPHIA, PA.

The face of a patient tells a long story, and it will be well for the student to observe closely its features, expressions, color, and temperature. The experienced physician reads on it, not only the degree of severity of an attack, but often also, its whole general nature. But this must be learned by practice. There are fine shades, which cannot well be described, but which, nevertheless, stamp upon the whole a peculiar character. I shall try to collect and delineate in rough outlines, what you will have to fill up at a later time, by your own observation and experience.

THE ASPECT OF THE FACE.—*a.* A delicate appearance, with long fringed eyelashes, often serves to point out the

\* A lecture delivered before the Homœopathic Medical College of Pennsylvania, Nov. 11., 1864.

tubercular diathesis. *b.* The thickened *alæ nasi* and upper lip of scrofula are most marked in childhood. *c.* The pallor of anæmia is very important; it is waxy in chlorosis, and pasty in diseases of the kidneys. *d.* A puffy appearance about the eyelids, along with anæmia, is very generally the indication of albuminuria. *e.* A bloated, blotchy, face, generally indicates irregular habits of living. *f.* The features undergo remarkable changes in erysipelas, parotitis, facial paralysis, etc. *g.* A sunken face, indicates exhaustion either from too great exertion, loss of sleep, want of nourishment, profuse diarrhœa, or disturbed digestion. If it sets in suddenly during pregnancy, it is a premonitory sign of abortion. If you find it at the beginning of a disease, without previous weakening causes, it denotes a severe illness. If it sets in suddenly during a disease, without chill or spasm, by which it might be caused, it is a sign of extreme exhaustion or metastasis, mortification or apoplexia nervosa. *h.* The Hippocratic face is characterized in the following way: the skin upon the forehead is tense, dry or covered with cold perspiration; the temporal regions are sunken, the eyelids are pale and hang down, eyes are dull, without lustre, turned upwards and sunken; the *alæ nasi* are pinched together, and the nose very pointed, the malar bones stick out and the cheeks are sunken and wrinkled; the ears appear to be drawn in and are cold, the lips are pale, livid; the lower jaw sinks down, and the mouth is open. It is always a sign of extreme prostration of vital powers, and is found in cholera, in mortification, during the death struggle. *i.* A wrinkled face is natural in old age but in children it is a sign of imperfect nutrition, and is found in consequence of exhausting diarrhœa and atrophy. In boys and half grown lads, a wrinkled face is a sign of onanism.

The *linea ophthalmozygomata*, is a line or fold, commencing at the inner canthus of the eye, running towards the zygoma, where it ends. It shows momentarily when children cry, but becomes more permanent in children with

affections of the brain. Its appearance in simple catarrh, is said to indicate the setting in of whooping cough.

*The linea nasalis*, is a line or fold, which commences at the upper part of the *alæ nasi*, and runs towards the *orbicularis oris* (the sphincter of the mouth), forming a more or less perfect half circle. This line, if found in children, denotes abdominal diseases, especially inflammation of the bowels, also rachitis, scrofula and atrophy. In grown persons it is said to have been observed as a concomitant symptom of albuminuria, ulcer and cancer of the stomach, and degenerations of the liver.

*The linea labialis*, is a line or fold, which commences at the corner of the mouth and runs down towards the side of the chin, where it ends, and whereby the chin appears to be elongated. This line is said to be a characteristic sign in children of inflammatory or chronic diseases of the larynx and lungs. It has been found very marked in grown persons, who suffered with ulceration of the larynx and bronchial affections, attended with difficulty in breathing, and much mucous discharge.

*k. The risus sardonicus*, a spasmodic distortion of the face, resembling a kind of laughing, is found in irritation and inflammation of the brain, in inflammation of the pericardium and diaphragm, in irritations of the intestinal canal, in abnormal condition of the menses; even after mental excitement, fright and depression of spirits.

THE EXPRESSION OF THE FACE is in health the reflex of the mind, and in disease it has a distinct reference to the nervous system. In general I may say: *a.* A rigid, staring, stupid, troubled, but sometimes also a smiling countenance is found in affections of the brain and typhoid conditions. *b.* An anxious, sad and restless expression is found in lung and heart diseases; and, *c.* A morose, long-faced and apathetic expression is found in abnormal disorders.

THE COLOR OF THE FACE.—*a.* Redness, if habitual, denotes a tendency to gout and hæmorrhoids, and is a sign of indulgence in spirituous liquors. Flying, often changing

redness is seen in children during dentition, in women before menstruation or after conception, and is also found in inflammation of the lungs. Bright vivid redness is found in nervous diseases, hysteria, and tendency to hæmorrhoids. Dark purplish redness is found in congestion and apoplectic and suffocative conditions. Redness, coming and going in spots. I have often found in brain diseases of little children. One-sided redness with paleness and coldness of the other side is in inflammation of the brain, according to Schönlein, a sign of formation of pus in that half of the brain which corresponds with the red side of the face. One-sided redness is found also in diseases of the lungs, of the heart and abdomen. The circumscribed hectic flush is characteristic of phthisis. Redness of the cheeks with a white ring around the *alæ nasi* and the mouth. I have found in different exanthematic fevers.

PALENESS.—Sudden paleness, especially around the mouth, is found in children with colic, spasms in the abdomen. Great paleness, alternating with flushes of redness, is found in inflammation of lungs and brain, also during dentition. A pale peculiar white and wrinkled face is found in children with chronic hydrocephalus. A sudden paleness after an inconsiderable limping in children, combined with great lassitude is a sign of a lingering hip disease. In women paleness is a sign of profuse menstruation, or suppression or chlorosis. Sudden paleness during pregnancy prognosticates that metrorrhægia, or death of the fœtus, or coming on of abortus. Sudden paleness of the nose is in scarlet fever a bad sign; it denotes a metastasis to the brain; during the peeling off, it is a forerunner of dropsy. Sudden paleness after a fall indicates concussion of the brain. Pale lips are characteristic of chlorosis.

BLUE COLOR OF THE FACE.—It is found in organic diseases of the heart, especially dilatation of the ventricles and disorganization of the valves, whereby the oxygenization of the blood is interfered with. In the highest degree it exists in cyanosis. Blue face of new born children is found after labor, with face-presentation, or if the navel-string was wound round

the neck. If it lasts long after birth it denotes cyanosis. Livid greyish, lead color, denotes deep-seated organic diseases, scirrhus, gangrene

**YELLOWISH COLOR** of the face is found mostly in diseases of the liver. A yellowish or brownish bridge over the nose, indicates Sepia. The yellowness of jaundice varies from a pale orange to a deep green yellow. There is a certain yellowness of the malignant aspect, which is distinguished from jaundice by the pearly lustre of the eyes.

**BROWN SPOTS** in women are mostly signs of pregnancy or of irregularity in menstruation; they are also said to be found in liver complaints. Irregular brownish spots, a little raised above the skin and covered with small pustules, which sometimes discharge a bloody fluid, are in children a sign of congenital syphilis.

**THE TEMPERATURE OF THE FACE.**—*a.* Heat of the face is found in congestion of the head, in fevers, in inflammatory conditions, in coryza and other different complaints. *b.* Coldness of the face we find in chills, in spasms, exhaustion, in sickness of the stomach, in syncope. A deadly coldness in cholera, also in violent hysterical paroxysms. In inflammation of the lungs coldness of the face is a bad sign of commencing suppuration. Sudden coldness of the face in scarlet fever indicates the near approach of death.

### MISCELLANEOUS.

**ELECTRO-MAGNETISM.**—Read before the Onondaga County Homœopathic Medical Society, Oct. 25th, 1864, by Dr. H. C. Hubbard, Scott, N. Y.—As I have failed to meet the expectations of the society in presenting the report which was assigned to me to present, I will with your permission read a "proving," to in part atone for my failure. The proving to which I allude, are symptoms developed in myself by Electro-Magnetism.

In July, 1855, having under treatment a severe case of hemiplegia and having nearly exhausted my resources in vain efforts to restore the patient, I was advised by my friend Dr. Brown to resort to Electro-Magnetism with the hope that, by that means, the nervous system might be so aroused that, with the aid of other remedies afterward administered, the use of the paralyzed parts might be eventually restored.

In putting the machine and chemicals together for use, I took hold of the balls a few times, a few seconds at a time, to ascertain the strength of the current and regulate it to the required power, when the following symptoms were developed.

First application, July 15th, 5 P. M. Never before this had I applied this kind of battery to myself. The action was so prompt in developing morbid symptoms of a marked character that it surprised me. I therefore noted these symptoms the first evening. The second day I was too sick to write, so I had my wife note the time and order of the symptoms, after which I kept my own record.

Pricking pains in the fingers; pain in the head continuing for several hours. Dartings through the forehead, temples and occiput. Pain in the shoulders, elbows, wrists, hips and knees. Pain up and down the vertebral column, the whole length; but more severely in the dorsal and lumbar region. Pain in the chest and sternum. Pain affecting the whole muscular system, especially those of the back, and limbs, and the intercostal muscles. Dartings, jerking, dizziness and confusion of ideas. In an hour there had been two large and urgent discharges of urine.

The above were the immediate effects of the first trial, continuing with more or less severity for two hours; and up to the second trial in a diminished degree.

Second application, at 9.30 P. M. same day. An immediate revival of the above symptoms, with increased intensity. Rapid movement of flatulence, which exists in a milder degree after the first trial; but now frequent discharges of fetid and exceedingly offensive flatulence. Tumult of the bowels as though diarrhoea would come on. Retired to rest for the night soon after. Two or three violent beats of the heart at irregular intervals, fifteen or thirty minutes, or one hour apart. Restless sleep disturbed by nervous excitement.

Second day. No unusual sensation before rising, giddiness immediately after rising. Tumult and pain in the bowels while dressing. At six a.m.

copious diarrhœic stool and two more in rapid succession afterwards. General relaxation. Bad taste in the mouth. Loss of appetite. At eight, a.m. touched the balls again for a few seconds.

Third application. Increased sensitiveness to its effects, a renewed aggravation of all the first mentioned symptoms. Two copious watery stools immediately, in rapid succession. Uneasiness, could not collect my thoughts, could not keep quiet. Constant desire to change position. Soreness of the skin, pain all over. At nine, a.m. had to go to bed. Cold streaks here and there. Those symptoms I have observed in several paralytic cases. And I do not know that I have in this paper recorded any other symptom which I should recognize as peculiar to that disease. A sort of creeping tremor under the skin as though it shook or trembled without any tremor being perceived. Soreness of the nervous extremities that could not bear a light touch. Sudden jerks of the hands or feet if touched. Increase of coldness. chilliness runs up and down the back. Chattering of the teeth, *violent chattering of the teeth.* Rigors. *Paleness of the face, cold hands which are pale, with blueness of the nails.* Thirst with desire for cold drinks. Cannot refrain from groaning. *Boring pain in the ears.* I know of no better term to express the peculiar kind of pain experienced in the ears. It seemed like (as I would imagine) a small auger twisted in the ears or like a rough stick screwed violently into the ears. Toothache. *Pain in the wrists as if they would break.* Also in the elbows, hips, knees, and joints generally. Oppressed breathing. Rigors continuing one and a half hours. Sense of internal throbbing. A few irregular beatings of the heart, sometimes one, sometimes two or three heavy beats. Pulse, which ordinarily ranges from sixty-five to seventy beats per minute, rose to ninety and weak. Eleven, a.m. chills have nearly subsided, but little decrease of the pains. Head still confused, could not collect my thoughts. Pulse ninety-five, and gradually rose to one hundred and ten. Some redness of the face; increase of heat is but little above the natural standard. Increase of toothache. Pains in teeth which never ached before. Sensation as though plugs were in the ears; as though some hard substance had been crowded or *driven* with violence into the ears. Grinding pains in the ears. This "grinding," did not differ much from the "boring" mentioned above, but now had extended deeper and seemed as though the membrane of the ear was violently removed, and subsequently it was a fact, that the inner ear was excoriated as far as could be seen. No more difficulty in hearing than usual. Distressing uneasiness all over. Frequent feeling as though the bowels would move, but no more movements that day. 1.30, p.m. Sweat easily and profusely. Pulse one hundred and eight. Perceptible pulsations through the whole body. Sense of soreness of the skin in the dorsal and lumbar regions, nates and thighs. Pain continues in the head but less severe than formerly. Gradual decline of the symptoms the rest of the day. Great weakness of the voice. Speak as though the voice came from the chest. Exhaustion. Paleness. Sweat easily. During the day a sort of numbness blended with increase of sensibility, and as though this was deep under the skin.

Third day. Felt sensibly the effects of the previous day's suffering. Soreness of the teeth with constant pain (am not usually troubled much with tooth-

ache). Weakness. Unusual itching about the orifice of the ears. Pains continue up and down the back and limbs. Ears discharge much thinner cerumen than usual, with an itching and burning sensation.

Fourth day. One loose evacuation of the bowels to-day. But little disturbance except dull grumbling pains in the teeth. Burning and swelling of the lips with a profuse eruption of watery vesicles covering a large portion of the epithelium. Burning in and about the ears with discharge of a white, watery matter, and the ears became sore. Soreness of the inner orifice of the nose, with burning smarting pain. No evacuation of the bowels that day.

Fifth day. Feel well except the soreness of the lips has extended into the beard. The outer end and top of the nose is swollen and sore. And the same sense of burning soreness has extended to the eyes, more especially the edge of the lids which are somewhat swollen and sore. Ears less sore than yesterday.

Sixth day. Continued sore eyes, lips and nose, but improving. This was the time I first applied the battery to my patient. I was to have seen the patient on the sixteenth, but I had suffered so severely from the effects of my experiments that I was unfitted for the service, the patient being five miles away from me. At eleven, a.m. applied the battery again in the mildest possible form, so that the electric current was scarcely felt, for a few seconds only. Severe headache immediately, followed by pains again in the chest, and up and down the spine. Pain continued during the night. Three copious emissions of clear urine during the night.

Seventh day. One copious diarrhœic stool in the morning. Severe headache during the day.

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CORRESPONDENCE, *Drs. Lippe and Pope.*—To the Editors of the AMERICAN HOMŒOPATHIC REVIEW:

*Gentlemen*;—The point at issue between Dr. Lippe and myself is simply this; I assert that the medical man who invariably, or as often as his knowledge permits him to do, or as the means at our disposal admit of his doing, selects his remedies for the cure of disease guided by the homœopathic law, is to all intents and purposes a Homœopathist, or in the phraseology of your journal a "Homœopathician." Dr. Lippe, on the other hand, regards no one as a Homœopathist or Homœopathician, who does not accept as absolute truth every thing propounded as well as every fact related by Hahnemann. Those who believe in the law of similars only, who doubt, even though they do not deny the dynamization theory, who have the audacity to question the complete accuracy of the itch doctrine, who presume to regard high dilutions as uncertain remedies, Dr. Lippe has the impertinence to style "pretenders," *i. e.* dishonest persons. In another part of his curious effusion, he describes such practitioners as pseudo-Homœopathicians, a term equally unjust. In all that Dr. Lippe has written, not one word has he uttered, proving that the physician who takes the homœopathic law as his guide in drug therapeutics, is not a Homœopathician. Though all he has published is utterly beside the mark, I will so far presume on your space, as to make one or two observations on what he does say.

We are told, that the morbid sensations produced during a proving do not constitute disease, because, forsooth, they disappear without requiring any medicinal remedy; but if no functional disorder is to be regarded as a disease which nature alone and unaided is able to shake off, some cases of pneumonia, to say nothing of catarrhs, diarrhoeas, dyspepsias and many others will have to be removed from the catalogue of diseases. The symptoms produced by a drug must owe their existence to a definite morbid process, and must therefore constitute a disease.

If, when Hering writes of "the practical rule of the master," he does not mean the law of cure, what practical rule does he refer to? If the word *rule*, is to mean only the manner in which a law is applied, Hering does not seem to be aware of its interpretation. Dr. Lippe thinks, or rather says, that Hering ought to have written, *rules*. But that, after all, is Dr. Lippe's opinion, and not Dr. Hering's. To show that Hering here refers to the *law* when he uses the word *rule*, he couples it with our "our *Materia Medica*," regarding the two as constituting Homœopathy. In an earlier part of the same essay he writes of the law, the *Materia Medica*, and the single medicine as characteristics of homœopathic practitioners. Of course Hering was wrong, Dr. Lippe would say, in taking so narrow a view; but *it is* his view, and in my opinion the correct one.

The passage from the preface quoted by Dr. Lippe, merely tells us what we all know and regret, viz., that there are such persons in the world as careless practitioners. Though how such persons can expect to find comfort from employing *massive* doses I cannot see. Inasmuch as a massive dose prescribed without reference to the homœopathic law, and yet too small to have an anti-pathic action will have no more influence than a high dilution of an equally ill-chosen remedy.

Then with regard to Dr. Lippe's favorite theory—the theory on which he wants to make out that all true Homœopathy is built—the theory of dynamization, what is it? It is Hahnemann's mode of accounting for a puzzling fact. It is nothing more. The fact may be perfectly true, and the explanation of it just as false. The infinitesimal dose does act. I know it. But I have seen no clearly stated evidence either in Hahnemann's writings or elsewhere, that a supposed process of dynamization accounts for it. It seems somewhat probable that trituration does render some drugs more active, but it does not therefore follow that it does so in all. As a mere explanation or attempt at explanation of a fact, the dynamization theory, I repeat, may be true or false and Homœopathy remain unaffected by the result.

Dr. Lippe, not satisfied with making all sorts of charges against me, proceeds, and I regret to be compelled to say so, proceeds deliberately to misrepresent what I have written. He writes: "Mr. Pope claims that the man who practises giving crude drugs is a Homœopathician, and, as the inference that *the man who gives potencies is not a Homœopathician*." (The italics are mine.) Further on he suggests the existence, on my part, of a desire to expel those who prescribe high potencies. He doesn't say *whence* I wish to expel them. All this would be very amusing if it had the ghost of a fact to stand upon, but it hasn't. Dr. Lippe must have been dreaming of spirit-rapping when he deduced such an inference from anything that I have ever written.

In the January number of the *English Review*, p. 8, I find the following sentence in the first paper on this subject; "It by no means follows that a physician who avows his faith in Homœopathy, by so doing admits that all the *Organon* contains is absolute truth. Dr. Hewitt desires that all who believe in Homœopathy without regarding the *Organon* as pure infallible truth should be described by some other designation than by that of Homœopathists. The title is a matter of wonderfully little consequence, but if such members of the profession are to be styled something, what are they to be called, certainly not Allopathists, for [they do not practise allopathically. Dr. Hewitt does not like to be called a purist, a Hahnemannist or a high dilutionist, what is he then? *He is certainly a Homœopathist*, but he is something more." And again in my paper published in August, in reply to Dr. Lippe, I have said, "since the man who used the crude drugs, according to the homœopathic law is every whit *as much* a Homœopathist as he who prescribes the higher potencies according to the homœopathic law." Surely I have given Dr. Lippe and his friends, and the party for which he writes, as much credit as they are entitled to. Not only have I described them as Homœopathist, but I have given them the benefit, such as it is, of being something more; by this something more, I wish it to be understood that Dr. Lippe, his "friends" and the "party" all believe in the superiority of the high dilutions, (200, 800, 1000, 2000, 10000, etc.) that they have unbounded faith in the psora doctrine, and are deeply impressed with the vital importance of the dynamization theory, Are not all these virtues enough for them? As Dr. Lippe has gone rather extensively into the "critical business" of late, and probably purposes doing a little more yet, let me beg of him at least to be fair.

Dr. Lippe characterizes my expression of the need of a work on practical medicine, the therapeutical part being based on the homœopathic law, as an "absurdity." This assumption that I would have diseases treated according to their nosological type is simply groundless. I am fully as alive to the necessity of treating cases individually as he can be. But, nevertheless, I believe that such a work as I have named as "a want," would be invaluable, if well done. It could never supersede the necessity of studying the *Materia Medica*, but would be a most important assistance in doing so.

If instead of wasting ten years in detailing the errors of Hempel, in stigmatizing them by the most offensive of epithets, those who have been so employed had revised, retranslated and republished the *Materia Medica*, they would have had some claims to the gratitude of homœopathic practitioners. As it is they have none. Perhaps, however, they may, some of them, be disposed to work now; I hope they may.

Dr. Lippe objects to any sifting of the *Materia Medica*; his phrase is "we cannot strike out one solitary symptom." That may be true, but "pity 'tis 'tis true." Had we the records of the original experiments, the journals of symptoms, the scissors might doubtless be used with much profit in many instances I think it is Gross who tells us, that the chief part of the moral symptoms of several of Hahnemann's medicines, occurred in the person of a hypochondriacal fellow student of his. Are these all pure?

Dr. Lippe may find not only consolation, but matter for rejoicing that the

discussion raised by Mr. Wilson, Dr. Cameron and Dr. Cockburn has somewhat checked the progress of Homœopathy among medical men. If he fancies that the peculiar views on which he lays so much stress have gained ground by it, he is grievously mistaken. I cannot wonder that medical men who have meditated an investigation of Homœopathy, should, on reading the papers I have alluded to, have given up their intentions of doing so altogether. In so exaggerated a light have these errors of Hempel been exhibited, that some might have supposed our *Materia Medica* to be a tissue of fallacies, and as a perfectly rational inference, have concluded that all the cures reported to have been made by medicines selected on its authority have been so many therapeutic delusions. Those who have used these translations know full well that they are, in nearly all the emergencies we are called on to meet, perfectly reliable, but if errors do exist they should certainly be removed; even the most trivial should be corrected. The importance of a perfectly trustworthy *Materia Medica* cannot be overrated. If critics would turn workers, we might yet have this desideratum. But from such critics as we have had of late, I fear real work is too much to expect.

Dr. Lippe says that he has attended cholera patients, and never lost one! He must, I conclude then, have had either very few or only such as were comparatively mild in their nature. I suppose that even his patients die sometimes! A case of cholera which will run its course in four hours is not usually, if ever, amenable to any treatment at all. Perhaps Philadelphia people are tougher than such as are seized with cholera in London, Edinburgh, Liverpool, Hull or Newcastle. In these cities and towns, physicians who not only studied the *Materia Medica* but were possessed of a thorough knowledge of disease, (these two qualifications for practice do not always go together) found ample cause for gratitude that they were able to save seventy-five per cent of those attacked. For my part, I place more confidence in the statements of such men as Drysdale, Russell, Atkin and Yeldham, than I do in those of practitioners who profess never to lose any cases of a disease so rapid in its progress as cholera.

If Dr. Lippe doubts the homœopathicity of Arsenic to the advanced stages of cholera, let him study the records of this medicine's action on the healthy, given by Dr. Black in the *Hahnemann Materia Medica*. But whatever may be his doubts, its value here has been clinically demonstrated to be greater than that of any other medicine, Veratrum and Cuprum perhaps excepted. If it does not then cure homœopathically, how does it cure?

I owe you an apology for taking up so much of your valuable space. On this subject, however, I do not intend again to trouble you, so that if Dr. Lippe likes to have the last word, he is welcome to it. Thanking you for your courtesy,

I am, Gentlemen,

Your obedient servant,

ALFRED C. POPE

York, Eng., Nov. 1, 1864.

HOMEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ONEIDA N. Y.—  
The eighth annual meeting of this society was held in the city of Utica, Tuesday, Oct. 18th, 1864. The meeting was called to order at 12, M. by Dr. L. B. Waldo, vice-president.

The following physicians were present: Drs. L. B. Wells, J. C. Raymond, J. A. Paine, E. A. Munger, G. W. Bailey, W. Warren, M. M. Gardner, H. M. Paine, G. B. Palmer, L. B. Waldo, W. B. Stebbins, J. W. Mower, Wm. Landt, A. R. Morgan, A. J. Bigelow, W. H. Hoyt.

On motion of Dr. Wells, Drs. Morgan, Bigelow and Hoyt, were elected honorary members.

On motion of Dr. Gardner, the reading of the minutes of the last meeting was omitted.

Dr. Munger made a brief verbal report on epidemics in Oneida County.

Dr. Bailey presented a report on drug proving, consisting chiefly of trials of *Baptisia* by Dr. Hadley, of Booneville. His daughter was relieved of a troublesome cough while proving it. The proving shows that *Baptisia* has a decided action on the *right* lung. Dr. Bailey was never able to get any symptoms on himself, from the drug. He has taken it in doses of, from a few drops to six hundred.

Dr. Munger remarked that he had used it in typhoid fever, with satisfactory results. In his clinical experience he has found it a valuable remedy.

Dr. Palmer has taken *Baptisia*, in doses of from fifty to two hundred drops, frequently repeated; but has failed to elicit any symptoms. He has noticed, that the tinctures prepared at the west, have a deep indigo color, while those procured at the eastern pharmacies, have a dark amber color.

Dr. Munger related the history of an incurable case of chronic ascites, in which Arsenicum 200, afforded very marked relief. Nux. vomica 3000, at night, and Opium 1000, in the morning, were given for constipation, also a troublesome symptom, with temporary relief. Lower potencies of these and many other remedies had frequently been given without benefit.

Dr. Wells related the following cases: 1st, Chronic Iritis, in which *Clematis*, 200, always relieved the pain. 2nd, Megrin, burning pain in the left temple, eye, and left half of the forehead, commencing daily about eleven, a.m. and passing off in the evening. A few doses of Arsenicum 200, speedily and permanently removed the disease. Arsenicum 6, previously given had caused a decided aggravation. 3rd, Hydrothorax, incurable on account of organic disease of the heart. Was frequently and very greatly relieved by Aurum 200 and Arsenicum 200.

Dr. Munger related a case of ovaritis of the left side with hemorrhoids. There was a constant pain in the region of the left ovary, but no perceptible enlargement. Calcarea 2000, was given in daily doses. Pulsatilla 1000, occasionally for the severe pain, and Sulphur 3000, a dose twice a week. The cure was effected in the course of six or eight weeks, and remains permanent. He is quite confident that better effects can be obtained from high potencies, than from the low, especially in the treatment of chronic diseases.

On motion of Dr. Munger the usual order of business was suspended for the purpose of listening to the report of the nominating committee, which was then

presented and the following officers were elected for the ensuing year: Dr. Hiram Hadley, Booneville, *President*; S. O. Scudder, Rome, *Vice-President*, M. M. Gardner, Holland patent. *Secretary and Treasurer*. Drs. D. D. Joslin, W. H. Watson, G. B. Palmer, A. Guiwits, *Censors*.

Dr. Munger called attention to the importance of increasing the number of delegates to the State Homœopathic Medical Society, and with that purpose in view, he urged the immediate formation of societies in all the counties of this state, where there is the requisite number of homœopathic physicians. He hoped this Society would commence the work by appointing committees to effect the organization of societies in Madison, Herkimer and Jefferson counties, in season to secure a representation at the next meeting of the State Society, in February, 1865.

*Afternoon session.*—Dr. Wells presented the following resolutions which were adopted.

*Resolved*, as the sentiment of this society, that the efficiency and usefulness of the American Institute of Homœopathy would be largely increased by changing its form of organization to that of a representative body, composed of delegates from the several State and County Medical Societies in this country.

*Resolved*, that the members of this society, who are also members of the Institute, and who may be present at its next meeting, be requested to advocate such a change of organization, and to act as representatives of this society.

Dr. Raymond reported an interesting case of congestion of the brain with paralysis.

Dr. W. H. Hoyt, of Syracuse, read a communication by Dr. Boyce, entitled, "Indications for the Administration of Spigelia." The pathogenesis of the remedy clearly indicates its utility in several common forms of neuralgia of the face, eyes, and forehead, even when attended with considerable congestion.

Dr. A. R. Morgan of Syracuse, read a communication, giving in detail a clinical case from practice.

Dr. Warren presented a paper, entitled, "A Case of Accidental Poisoning by Phytolacca decandra."

The secretary read a letter from Dr. C. Dunham, urging the members to aid the publication of the forthcoming work on *Materia Medica*, by sending their subscriptions to the author, Dr. C. Hering.

Dr. L. B. Waldo stated his experience in the treatment of epidemic dysentery, recently prevalent in Jefferson county.

Dr. H. M. Paine, presented a report, entitled, "Nosological Classification of Disease. Monthly Summary of Prevailing Diseases, in Connection with a Similar Summary of Meteorological Observations during the year 1862. By Drs. W. H. Watson, of Utica, and H. M. Paine, of Clinton." The report is to be published in the *Transactions of the State Homœopathic Medical Society*, and will soon be ready for distribution to the profession throughout the state.

On motion of Dr. Palmer, the society adjourned to meet at the "Benton House," Little Falls, the third Tuesday (20th) of June, 1865.

M. M. GARDNER, *Secretary*.

A TREATISE ON DIPHTHERIA: *Its Nature, Pathology and Homœopathic Treatment.* By WM. TOD HELMUTH, M. D. Second edition revised and corrected. 8vo., pp. 136. St. Louis, H. C. G. Luyties, 1864.

In his second edition the author has "endeavored to make such alterations and corrections as the present state of our knowledge of Diphtheria demands, and has expunged and modified other portions of the work according to the experience of the best practitioners of the homœopathic school."

Dr. Helmuth has carefully collected all that has been written on this subject and in the history, symptoms, and differential diagnosis his work is minute and full. An important addition is of chapters on the manner of recovery and the unfavorable symptoms and manner of death. Among the latter are mentioned the invasion of the larynx and trachea as evidenced by the croupy cough; ulceration of and discharge from the nostrils, particularly when fetid and acrid to such a degree as to cause excoriation; hæmorrhage from the nose and mouth; coldness of the surface, and albuminuria. Death is frequently sudden even when patients appear to be recovering satisfactorily.

The chapters on the divisions, communicability, causes, eruptions, concomitants, pathology, sequelæ, autopsies, experiments upon the membrane, composition of the membrane, deductions, etc., are interesting but they are familiar to all and we have no space for any extracts.

The chapter on treatment to which we turn for some practical information is a miserable compilation of *expedients* taken from several sources. The author is not in favor of topical applications but says "as many practitioners are in favor of adjuvants, and in deference to the position occupied in our school by those who recommend them, it is proper that such should be herein enumerated." He mentions as used by homœopathic physicians, tincture of the muriate of iron and glycerine, sulph. acid mixed with honey, alum, sulphate of copper or zinc, separately, or in combination with tincture of myrrh, catechu or the like. From allopathic sources he mentions spirits of turpentine, alum, tannin, oil of pennyroyal, iodine, tar, tannic acid, chlorate of potash, etc. Another topical application which the author thinks deserving of some attention is a solution of chlorinated soda. For the internal medication, slight indication are given for the following remedies; generally or several in alternation. Gelsem., Aconite, Bell., Canth., Crocus, Hamamel., Liquor Ferri persulph., Merc. prot., Kali chlor pura, Kali bichromat., Arsen. alb., Arsen. iodat., Apis mel., China, Ferri pyro phosph., Acid. hydrochlor., Argent. nit., Cupri sulph., Am. caust. pura, Baptisia tinct., Brom. One homœopathic physician "prescribes, at the outset, Beli. and Caps. in alternation every two hours; if the disease advance, the Iodide of merc. in alternation—one day with Bell., the next with Caps.—giving one dose of the mercurial to two of the other remedies, the interval being two hours between the doses. If the exudation appears, he uses Nitric acid 1, in four tablespoonfuls of water, in alternation with Bell. and Caps. as above noted, etc., etc."

The above is a fair sample of what Dr. Helmuth considers correct treatment, and after quoting the practice of many physicians, not known to

us as very successful homœopathic practitioners, he speaks thus slurringly of the practice of one or two well known Homœopaths, and here we conclude. "But the most extraordinary treatment of Diphtheria is that of Drs. Hering, Lippe, and Reichelm, of Philadelphia, as reported by the former to the American Institute of Homœopathy, and handed down to posterity in the published records of that society. The medicines were *Belladonna*, then *Bryonia* and *Antimonium crudum*—the latter, it is alleged, suited the *genus epidemicus* exceedingly well. If the throat presented great sensibility to touch, without swelling, *Lachesis* was administered. If the diphtheritic patients had *dark hair* and *black eyes*, Iodine was exhibited—and Bromine cured the *blue-eyed* and *blond-haired* sufferers. Dr. Hering, then says, that no other medicine seemed to him indicated and, least of all, the *Iodide of mercury*. But there is yet the most important point to be considered. "The *lowest* potency used was the 200th of *Jenichen*, generally, however, the higher; and every single dose of medicine, even in the worse cases, was allowed to ACT twenty-four hours before any change was made. \* \* \* \* \*

"We would beg the reader to contemplate seriously the nature of the disorder which we have been endeavoring to portray, and then to examine his *Materia Medica* for the recorded symptoms of the medicines that have been so highly lauded by Dr. Hering, and, if afterward, he desire to exhibit potencies of the medicines, so highly attenuated as the 200th or the 2000th; in the name of common humanity, to record the symptoms of the disease, and the result of the treatment in each individual case, for the benefit of those who have not yet discovered in the Homœopathic *Materia Medica*, a true specific medicine for the malignant forms of Diphtheria."

THE HOMŒOPATHIC THEORY AND PRACTICE OF MEDICINE. By E. E. MARCY, M.D., and F. W. HUNT, M.D. 2 Vols, 8vo., pp. 944 and 952. New York, W. Radde. 1864.

From the publisher's circular announcing this new work, we learn, that it is intended to "illustrate the practical workings of the Hahnemannian Law of Similars, on a scale sufficiently extensive to furnish important aid to the student, as well as to the practitioner; to place within the reach of the intelligent inquirer after scientific truth, a readable exposition of the laws of health and disease, the principles of true hygiene, and the rules of treatment of such extensive application, that the lay-practitioner as well as the physician, may employ them with safety and success."

The attempt to publish a work that shall serve the triple purpose, of a manual for the layman, a text-book for the student and a work of reference to the practitioner, generally results in an abortion. Had we not previously purchased a copy of the work, we should not have been induced to do so by reading the above. No mention, however, is made by the authors, of this universal adaptability, and we presume the publisher's eagerness to increase the sale of his book lead him thus to stigmatize it.

For the "condensed abstracts of the latest views of investigators of every

school, on physiology, pathology, dietetics, and the various collateral sciences connected with medicine" we are under obligations to the authors, and thank them for sparing us the labor of poring over the works of Watson, Wood, Dickson, Bennet and others, in quest of information heretofore attainable in no other way.

Of the *practical* use of such works, however, we have our doubts. We do not clearly understand how the allopathic theory of disease is to assist in the application of the homœopathic law of cure. We think the tendency is to bewilder with the pathological nomenclature of the old school, what, thanks to Hahnemann, has been rendered clear and simple. To be a successful practitioner, one must possess such a knowledge of the *Materia Medica* as will enable him to detect the resemblance between symptoms presented by his patient and the pathogenetic effects of certain drugs.

A great part of the present work is a reprint of a work published fourteen years ago by Dr. Marcy. Since that time, considerable advance has been made in the science of Homœopathics. Many who were formerly regarded as exponents of the homœopathic law, and considered as authority in our school, are looked upon as such no longer. Hence the following views on alternation, published in 1850, and receiving their endorsement, are not accepted now as in accordance with our law, particularly as Hahnemann's opposition to this practice is being daily confirmed by the experience of our most successful practitioners. We quote from page 153, of the present work, and pages 121 and 122, of the first and second editions of *Marcy's Theory and Practice*, as follows:

"In all cases of urgent acute disease, in which we can find no single remedy which corresponds to the symptoms, it is necessary to select a second remedy which shall cover the remaining symptoms, and administer it in alternation with the first. Pneumonia is often accompanied by cerebral inflammation; typhus fever, with serious disorder of the intestinal canal, the lungs, the brain, and nervous system; intermittent fever, with enlargement of the liver, jaundice, cough, etc., and other maladies with affections in other parts of the body, which are not strictly connected with the original complaint. In examples of this kind, the alternation of remedies is both proper and necessary; at the same time it must be remembered, that it is far more desirable that a single remedy should be chosen which covers all the symptoms of the disease."

"A large proportion of homœopathic physicians, both of Europe and America, now advocate a frequent repetition of doses in acute diseases, and in many instances, alternations of the remedies. Some of those who have expressed themselves decidedly upon this point, are, Drs. Gross, Schmidt, Rau, Fleischmann, Reiss, Rueckert, Lobethal, Hartmann, Russell, Hull, Neidhard, Gray, Curie, Trinks, Griesselich, Madden, Dudgeon, Quin, etc."

"The erroneous ideas which were formerly entertained respecting the alternate employment of remedies, are at present nearly abandoned. So long as the opinion prevailed that our medicines could only operate in a kind of spiritual manner upon certain mysterious appendages of the organism termed, vital properties; it was deemed unsafe to administer two remedies in alternation, for fear of creating confusion among these dynamic influences;