

## TELLURIUM.

BY C. HERING, M. D., PHILADELPHIA, PA.

*(Continued from page 222.)*

EXPERIMENTS on the action of Tellurium upon the living organism, by X. HANSEN, of Norway.

Since preparations have been made to prevent in the future the loss of the Tellurium in the technical working of the Tellurium-bearing Gold Ores of Transylvania (these Annals, L xxxiv.), and there being every prospect that this substance, hitherto so rare, will become more accessible and cheaper, it becomes a matter of interest to institute experiments regarding its physiological mode of action upon the living organism, even from this point of view, that it perhaps produces effects altogether peculiar and may perhaps in some form or other find its application as a remedy in the healing art. Stimulated thereto by my honored teacher, Prof. Woehler, and furnished by him with material, I have instituted in his laboratory some experiments for the solution of this question, the results of which I will communicate in the following lines:

I have in vain sought for a continuation of Gmelin's experiments by other investigators; Kohlreuter observes that the salts of the oxide of Tellurium have a strong action; Christison in his *Treatise on Poisons* (fourth edition, 1845) has quoted most of Gmelin's other experiments, but says nothing about those made with Tellurium. Neither has Orfila in his *Traité de Toxicologie* (cinquieme edition, 1852) made mention of experiments with Tellurium.

In the experiments made by me I employed sometimes Tellurous acid, sometimes, in order to have it in a more soluble and therefore a more active form, Tellurite of Potassa.

*Experiment 1.*—Into the stomach of a lively, well-nurtured dog of medium size, three grammes (or about five grains) of bi-tellurite of potash, which was dissolved in water by the aid of a few drops of caustic potash, were injected. The

animal immediately lost his liveliness, seemed to be stupefied and lay down quietly. After one minute his breath acquired an unpleasant garlic-like odor, which reminded one of the smell of the tellureate of ethyle, described by Woehler. After twenty minutes vomiting set in, which was frequently repeated in the course of the first hour; the appetite was lost. On the following day, the animal had recovered but gave out strongly the garlic-like odor of Tellurium. After it had eaten something, it received again 0.3 gramme of the salt.—The stupefaction and the vomiting followed as on the first day. The matters vomited, as well as the excrements, were mucus and black colored. Under the microscope it appeared that this coloring was due to black points which were not changed by the addition of alkalies, hydro-sulphuret of ammonia, or hydrochloric acid, but were speedily dissolved on being heated with nitric acid. In the afternoon of the same day, the dog received, with the same results, a third dose of 0.3 gramme; in all, therefore 0.9 gramme, or more than fourteen grains. After three days he had entirely recovered, but still smelled strongly of the Tellurium.

*Experiment 2.*—In this experiment I gave the Tellurous acid pure. A dog, of medium size, received 0.5 grammes (equal to eight grains) on a piece of meat; on the following day a similar dose. I observed, however, no other phenomenon therefrom than that his breath had acquired a weak Tellurium odor, and that the excrements of the second day were somewhat black colored.

On the third day he received 0.7 gramme (equal to eleven grains) of bi-tellurite of potash, in the form of a solution. The odor manifested itself after one minute to a much greater degree; vomiting of mucus, black grayish masses set in; the excrements were black colored. The latter showed the same relation to reagents as the before mentioned. On the fourth day 0.7 gramme of the same salt was introduced into the stomach of the dog. After half an hour there occurred vomiting and discharge of a tenacious mucus from the mouth. He had, therefore, received alto-

gether one gramme (equal to sixteen grains) of Tellurous acid, and 1.4 gramme (equal to 22 grains) of the bitellurite salt. On the seventh day 0.5 gramme (equal to eight grains) of the salt in solution was injected into the jugular vein. There followed a few convulsive movements, *exoneratio alvi*, and in four minutes death. The abdominal cavity was immediately opened, whereupon the garlic-like Tellurium odor was strongly perceptible. There was found therein a half spoonful of a serous clear exudation, but no indications of a hyperæmia or inflammation. The stomach and intestines contained some bile, were otherwise empty; they showed no changes of structure. Their walls were colored, through and through, blue-black, so much so, indeed, that the coloring gradually decreased from the mucous to the serous coat. The liver upon its surface was somewhat darker than common, with a shade of grey but without inflammatory points as Gmelin saw it. The spleen was apparently normal, but the kidneys throughout their whole substance were of a blue-black color; so were all the glands, even the parotid. The walls of the bladder were bluish; the the right ventricle of the heart and the venæ cavæ were injected with blood. The lungs and likewise the brain and spinal marrow were of normal appearance. The blood serum was not of a violet color. The black coloring of the stomach, of the intestines, of the kidneys and of the glands appeared under the microscope to result from a deposit of black points which behaved toward reagents as above mentioned. The reaction of the urine was acid and the odor was decidedly that of Tellurium.

On both eyes there were cataracts; the bulbi were removed and opened, whereupon a distinctly perceptible Tellurium odor was diffused from the fluids which they had contained. My honored friend, Dr. Schrader, made some minute observations upon the eyes and had the goodness to communicate the following interesting facts:

“Upon the anterior surface of the lens of the left eye, particularly its centre and the vertices of the curves, a chalky

mass had been deposited. Under the microscope this was found to consist of isolated, yet for the most part in compact heaps of deposited granules of varying size, which by transmitted light appeared black. They were not affected by caustic soda, nor by ammonia and hydro-sulph. of amm. They were slowly dissolved by concentrated acetic acid.—The centre of the lens was uniformly but to a much less degree turbid and still somewhat transparent. The central opacity depended likewise upon such deposits as above described. In the right eye there was a similar deposit, but it was much less extensive.”

The urine which the animal had passed during the last forty-eight hours, the liver and the stomach with the intestines, were each by itself, in three different vessels, treated with chlorate of potash and hydrochloric acid in the usual manner for the destruction of all organic matter. The fluids after being sufficiently boiled were filtered; sulphuretted hydrogen was passed through the filtrate, the resulting deposit was filtered, again brought into solution by being treated with chlorate of potash and hydrochloric acid, and to this solution, after being highly concentrated by a moderate heat, sulphurous acid was added. From this resulted black precipitates which were already, by their mode of origin as well as by the white margin upon the charcoal before the blow-pipe, and the blue coloring of the flame, characterized as Tellurium.

*(To be continued.)*

#### CLINICAL CASES.

BY JAMES B. BELL, M. D., AUGUSTA, ME.

CASE 1. *Follicular sore throat.* Miss H. D., aged 24. Mental temperament, dark hair, hazel eyes, fair complexion. General health good. The trouble from which she wished to be relieved has existed four or five years. She knows that

if she resorts to her old physician, she will only get local applications of Arg. nit., and therefore has concluded to try Homœopathy for the first time. Symptoms. Much uneasiness. Dryness and pain of an aching character in the throat worse in the morning. Some mucus and expectoration in the morning. Glands under right jaw somewhat enlarged and painful. Teeth sensitive. Much dull pain in the head, forehead and over the eyes. All the symptoms are worse in damp weather. The disease affects her spirits; when her throat feels worse, she feels "blue," also rather irritable and out of humor. A local inspection showed the mucous membrane of the pharynx somewhat reddened in spots with the mucous glands or follicles enlarged and prominent.

This is a state for which too many Homœopaths (they are not Homœopaths) at once prescribe Mercurius iodide, in large and frequently repeated doses. This case was entirely and permanently cured in four months with Sulphur<sup>30</sup> and Nux vomica<sup>30</sup>, given at intervals of three to four weeks and one dose of Spig.<sup>30</sup> The disease had nearly disappeared under the first two remedies in less than two months from the first prescription. This case may serve to illustrate many. This is a common disease in our northern climate, and one which patients are anxious to be rid of. Like catarrh, and having the same origin, it is considered incurable by the allopathic school, (although they sometimes attempt a cure with astringents and caustic) and is dreaded by careless and routine prescribers of our own school. By adhering to the following rules I have had gratifying success with both follicular sore throat and chronic catarrh. 1st carefully individualize the case. 2nd, give the selected remedy in the thirtieth potency or higher. 3rd, give the remedies at long intervals. I am by no means convinced that the high potencies are the best in all diseases, but I am sure that no other will cure these two as quickly, as thoroughly and as permanently, and I doubt whether the low potencies will cure them at all.

CASE 2. Aug., 1862. A. B. age 24, roused at midnight

with an urgent desire to evacuate the bowels. Hastened to the water-closet where he had a profuse watery discharge and it seemed as though he had drained his intestines dry. He returned to his room, but scarcely had he reached his bed when he seemed full of water, as before, with gurgling in the abdomen, and had another discharge very profuse, like water. The discharge was unaccompanied by nausea, and *was entirely painless*. There was considerable prostration, but little thirst. These discharges continued about twice in an hour, unaffected by Verat alb.<sup>30</sup> and <sup>2</sup> and Ars.<sup>30</sup> and <sup>2</sup>, which the patient took himself, until five, a. m., when I gave him one powder of Podophylline<sup>1</sup>, and there was no discharge after that. Much debility remained and much thirst, both of which were entirely relieved in a short time by a single glass of American ale which he took by the advice of a friend. He was entirely unaccustomed to the use of any stimulant.

CASE 3. August, 1864. Mr. A. S. aged 25, applied for medicine for diarrhœa, discharges about once in two hours, watery, *without pain*, appetite good, but some prostration. Gave Podophylline<sup>1</sup>, a powder after every discharge. He had occasion to take but two powders.

I could add many more cases but there are enough to illustrate the fact which I wish to notice, viz., that Podophylline cures painless diarrhœa. Three other remedies are mentioned in our repertories as being curative for this state, China, Ferrum and Phosphoric acid. Podophylline is more often indicated than either. I gather the following symptoms from clinical experience with it. Frequent watery stools, mostly dark green or brownish, evacuated without effort, gushing and entirely painless. Concomitant symptoms. Some prostration, some thirst, but not ardent. No nausea, appetite frequently unaffected. These symptoms do not appear, except the color of the evacuation, in the only proving which we have which was published by the American Institute, but I have verified it again and again by use in disease. The presence of hienteria, or the production of the disease by unripe fruit, cucumbers, etc, are only additional indications if the above symptoms are present.

## DIAGNOSTIC INDICATIONS OF THE TONGUE.\*

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

Much attention has always been paid by the physicians of all schools to this important organ. Indeed it often presents characteristic, diagnostic and therapeutic indications, the most important of which I shall bring before you.

1st, *Its color.* It is either too *red* all over, as in scarlet fever, with considerably raised papillæ, whence the name *strawberry tongue*, or *red* and *dry* as in inflammation of the brain and its membranes, in inflammation of the thoracic viscera and the mucous membranes of the stomach and intestines, or *red on the edges* and *on the tip*, or a *red, dry streak in the middle* as in typhoid fever, or *red, clean and glossy*, indicating great fever, heat, congestion to the head, impending delirium, and gastric fevers the transition into the typhoid state, if *chapped* at the same time, ulceration of the bowels. A *pale tongue* is found in chills, in spasms, after loss of vital fluids, in chlorosis, dropsy, and general exhaustion. If it sets in in exanthematic, gastric or bilious fevers it denotes a fatal issue. A *lead-colored tongue* is found in cholera, in mortification of the lungs and stomach, in schirrus of the tongue. *Lead-colored, covered with aphthæ* denotes impending death under all circumstances. A *bluish tongue* is a sign of impeded circulation of the blood, whence it may be found in paroxysms of asthma, whooping-cough, croup, bronchitis, pneumonia, heart diseases, dropsy of the chest, and cyanosis. It is also found in scurvy and mercurial inflammation of the tongue.

2nd, *Its humidity.* A *moist tongue* is generally a favorable sign; but in putrid fevers with exhausting perspiration it has no such favorable meaning. A *constant moist tongue* in soporous conditions denotes great exhaustion. A *dry tongue* is found in a great many different affections,

\* A lecture delivered before the Homœopathic Medical College of Pennsylvania and published at the request of the class.

especially in feverish conditions. *Great dryness* of the tongue in typhus cerebri is, according to Schœnlein, an unfavorable sign. *Dryness* of the tongue in infants is a forerunner of aphthæ or internal inflammation.

3rd, *Its temperature.* A *hot tongue* is found in congestion and inflammatory states of different parts of the body; in infants before aphthæ appear. A *cold tongue* is found in chills, violent spasms, after great loss of blood, internal mortification, apoplexy, and cholera. In fevers it denotes greatest prostration and impending death.

4th, *Its covering and coating.* We must bear in mind, that the tongue is coated or furred without indicating any disordered state of the system; in the morning by an empty stomach, after siesta, after night watching, and with habitual smokers of tobacco. A coating at the root of the tongue does not mean much, almost every one has it in a slight degree, even in the best of health. A coating *on the tip* of the tongue is said to be found in phthisical persons. *One-sided coating* is said to be found in one-sided complaints as prosopalgia, paralysis, in one-sided lung diseases, in affections of the liver or spleen. A *patchy or map tongue* is often indicative of considerable irritation or even partial inflammation of the stomach. I have seen it also in lung diseases. A *thick white coating* exists to its greatest extent in affections of the fauces, but also in gastric derangements. A *yellow coating* is generally believed to be bilious. *Single yellow streaks* on a white coated tongue indicate obstinacy of the disease. A *peculiar buff leather appearance* is presented in cases of enteritis and hepatitis. A *dark brown coating* exists in malignant fevers and hæmorrhages from the mouth. A *black coating* in *dysentery*, indicates exhaustion, mortification and death. In jaundice it denotes organic diseases of the liver and spleen, as induration, tubercles, abscesses. In small-pox it is an unfavorable sign.

5th, *Its form and size.* We find a *large, long tongue* most conspicuous in chronic hydrocephalus and Cretans. A *small tongue* if not congenital, in atrophy, consumptive diseases

and chronic, long-standing paralysis of the tongue, especially if resulting from an irritation of the brain or spinal marrow. *A sudden diminution in size* denotes in inflammatory diseases of the lungs or the liver, formation of abscesses, also general exhaustion, especially in putrid and typhoid fevers. *A gradual decrease in acute diseases*, denotes severity and obstinacy of such diseases, and is a bad sign, showing that the brain is dangerously affected. *A broad tongue* is found in rhachitis, scrofula, disposition to abdominal affections, and in intermittent fever. *A narrow, pointed tongue* is said to be found in persons who are subject to spitting blood, tuberculosis, and internal inflammations. *A thick, swollen tongue* is found in rhachitis, Cretans, chronic dropsy of the head, in obstinate dyspepsia and chronic inflammation of the mucous membrane of the stomach; also in intermittent fevers, in catarrhal affections, mercurial salivation, in inflammation of the tongue, in old drunkards after death from strangulation or suffocation. *A swollen and heavy tongue* in old age and in drunkards is the forerunner of apoplexy. In fevers, if associated with dryness and stammering speech, it denotes congestion of the brain. In croup, pleurisy and pneumonia it is a bad sign just as bad as its sudden diminution without improvement of the other symptoms. (HIPPOCRATES). *A thin, like a small tongue*, is found in atrophy and consumptive diseases. *Tumors on the tongue* if hard, red brownish, with blueish blood-vessels interwoven, are of a schirrous nature. *Single lumps* and *fleshy excrescences* on the tongue are found in elephantiasis.

6th, *Its consistency*. We find a *hard tongue associated with great dryness of the tongue* in congestion, inflammation, fever, tonic spasms, in schirrus and other degeneration of the substance of the tongue. *A soft tongue* we find in catarrhal affections, in chronic mucous diarrhœa, gastric derangements and in paralysis of the tongue. *When soft and somewhat swollen*, the teeth generally show their imprints on its sides, often to be found after mercurial poisoning, and in catarrhal affections. In brain diseases a soft tongue is an unfavorable sign.

7th, *Cracks and fissures* on the dry tongue, sometimes deep, bleeding and suppurating, are found in typhoid fever, small pox and dysentery.

8th, *Paralysis of the tongue*, which manifests itself by an imperfect and stammering speech, is most always in consequence of apoplexy or softening of the brain. *Its immobility and trembling*, are signs of torpor of the brain, especially in typhoid conditions.

These are the most important of the objective symptoms of the tongue, which an every-day's practice brings before the eyes of an observing physician, and I have given to each of them its diagnostic meaning, as near as this can be done. For, all these symptoms must be considered *cum grano salis, id est*, with discrimination and comparison with other symptoms, if we want to gain a nearly right conclusion as to their bearing and signification.

*A red tongue, all over, with considerable raised papillae*, indicates Belladonna and Tartar emetic. *A red tip in the shape of a triangle*, Rhus tox. *A red indefinite tip*, Sulphur. *A lead-colored tongue* may indicate Arsenicum, and a *bluish tongue*, Digitalis, Arsenicum, and Acidum muriaticum. *A whitish coat on one side* of the tongue, indicates Rhus tox, *on both sides* Causticum, *in the middle*, Phosphorus and Bryonia, *on the root, strongly marked*, Sepia, and a *general thick white coat*, Bryonia, Antimon. crud. and others. *A map tongue* indicates Nat. mur., Ars., Lachesis, and Taraxacum, and a *yellowish coated tongue*, a number of remedies. *A dry red, tongue, cracked at the tip*, indicates Lachesis. *A dry tongue without thirst*, Bryonia and Pulsatilla. *A soft tongue with imprints of the teeth*, Merc. and Stram. *A clean tongue with gastric and other derangements*, Cina and Digitalis. *Trembling of the tongue*, when the patient is requested to put it out or inability to do so, indicates, in typhoid fever, Lachesis. A heavy, perhaps trembling tongue in typhoid conditions, especially if the lower jaw commences to sink down, Lycopodium. An involuntary darting of the tongue out of the mouth and moving between the lips to and fro, indicates, in similar conditions, Lycopodium. Complete paralysis of the tongue, Baryta carb.

## MISCELLANEOUS.

DR. FINCKE'S PROTEST.—To the *Homœopathic Medical Society of the Co. of Kings*: At the Semi-Annual Meeting of the Homœopathic Medical Society of the State of New York, held in the city of Brooklyn, on the 13th and 14th days of October, 1863, I presented an essay on "Homœopathic Tocology," with a diagram, based upon an interesting fact of child-birth which had been communicated to the Kings County Society some years ago. The offer was accepted and the paper was read by Dr. Dunham in the open session of October 14th, our venerable Dr. W. Wright being in the chair. When the reading had proceeded to about one-half of the article, Dr. Moffat remarked, it would doubtless be more agreeable to have the paper printed, and then every member might read it himself to better advantage. Thereupon the further reading was dispensed with, and on motion of Dr. Couch the paper was accepted for publication in the Transactions of the State Homœopathic Medical Society. Subsequently Dr. Guy moved a vote of thanks to the author which was passed, and Dr. P. P. Wells nominated the author as a permanent member of the State Society which was referred to its annual meeting.

Now, by a letter of Dr. Henry D. Paine, on behalf of the Publishing Committee of the State Society, received October 31st, last past, I am informed that the said paper on Homœopathic Tocology is not to be published in the Transactions of the State Society, as will more fully appear by that letter, a copy of which is appended.

Such publication is nothing to me personally. But as a member of the State Society, delegated by the Kings County Society, and in order to prevent the formation of a dangerous precedent, I have deemed it my duty to enter my protest against this act of the Publishing Committee as being contrary to the constitution and by-laws of the State Society, and contrary to the wishes of the society expressed by resolutions, as will more fully appear by the said protest, a copy of which is hereunto also appended.

Taking this earliest opportunity of informing our county society on the subject, I hereby submit the matter to the same for further action according to its pleasure, and remain, most respectfully,

Brooklyn, Nov. 18th, 1864.

B. FINCKE, M.D.

ALBANY, October 14th, 1864.

B. FINCKE, M.D., *Dear Colleague*: The second volume of the Transactions of the New York State Homœopathic Medical Society is now, after many vexatious, but unavoidable delays, nearly out of the printer's hands and, it is expected, will be ready for distribution early in the coming month.

The Publishing Committee regret that they could not find a place in the report for your essay, entitled "Homœopathic Tocology," which was among the papers referred to them; but its great length and the necessity of keeping the size of the volume within certain limits obliged them to omit it, as well as several other papers of less interest. The committee having the matter in charge, have found themselves much embarrassed by the superabundance of material from

which to make up the report for publication, but they have endeavored to discharge the duty according to their best ability and judgment. The fact that the Transactions of the Society are printed as a matter of favor by the State Legislature, and are circulated and read in non-medical circles quite as much as in the profession, made it expedient, in their view, to give the work a somewhat more popular character than would have been thought necessary if it were intended solely for the use of the profession. The scientific merit of the different papers in their hands have not, therefore, in all cases influenced their selection, so much as their adaptation to the supposed object of the publication.

You should have been earlier informed of the decision of the committee as to your interesting paper, but in consequence of the long interval which necessarily elapses between the meeting of the society and the possible publication of the report, the committee fell into the ill habit of procrastinating their labor till near the time of publication—in the present instance the composition of the report was not fully arranged till after portions of it were in the hands of the State printer.

Although according to the rules of the society all papers presented to it are considered as its property and to be preserved in its archives, yet that is not understood to preclude the publication by its authors of any paper which for any reason does not happen to be embraced in the Transactions. If you propose to print the essay referred to as a separate volume or in either of the Medical Journals, the committee will be happy to send you the manuscript for that purpose. A printed copy of the article will serve the requirements of the society as well as the original itself.

Owing to the unfortunate arrangements of our annual meetings, which have heretofore been held just after the adjournment of the Legislature, the proceedings of the last meeting (in May) will not be printed until next year. Papers that were read at the meeting will be referred to the Publishing Committee to be appointed in February next, to which date the annual sessions of the society have been changed, an arrangement which will hereafter ensure a more prompt publication of the report.

With sentiments of the highest esteem,

I am, very truly and fraternally, your obedient servant,

HENRY D. PAINE, M.D., on behalf of the Committee.

BROOKLYN, November 10th, 1864.

HENRY D. PAINE, M.D., Albany, on behalf of the Publishing Committee of the Homœopathic Medical Society of the State of New York, *Dear Colleague*: Your favor of October 14th, 1864, was duly received on October 31st.

I learn with pleasure that the second volume of the Transactions of the New York State Homœopathic Medical Society is forthcoming at last. I would thank you for two copies of it, besides the one to which I am entitled as a member of the society.

You notify me that the Publishing Committee could not find a place in the report for my essay, entitled "Homœopathic Tocology," which was among the papers referred to them. Now, if you please, the publication of this paper is nothing to me personally. I am satisfied having done my part by freely offering in a report of the results of my studies and experience in Tocology, what I

appears to be the province of its Publishing Committee simply to carry out the sense of the society, by publishing the essay, as a part of the transactions, in the report. (By-laws, Sec. 9th.)

In conclusion, I most respectfully request you to lay this before your committee, and before the society, and, with assurances of my highest esteem, I remain, truly and fraternally yours, B. FINCKE, M. D.

MEDICINE AN EXACT SCIENCE.—In the *Lancet* of last July there appeared a curious table. A medical practitioner, who had long suffered from hay fever, had from time to time consulted various medical men by letter, and he gives us in a tabular survey, the opinions they gave him of the causes of this disease and the remedies, as follows :

Consulted.	Opinion of Cause.	Recommended.
Dr. A.	A predisposition to phthisis, . . . . .	Quinine and sea voyage.
Dr. B.	Disease of pneumogastric nerve . . . . .	Arsen., Bell. and Cinchona.
Dr. C.	Disease of the caruncula . . . . .	To apply Bell. and Zinc.
Dr. D.	Inflammation of Schneiderian membrane . . . . .	To paint with Nitrate of Silver.
Dr. E.	Strumous diathesis . . . . .	Quinine, Cod-liver oil and wine.
Dr. F.	Dyspepsia . . . . .	Kreosote, Henbane, Quinine.
Dr. G.	Vapor of Chlorophyll . . . . .	Remain in a room from 11 A. M. to 6 P. M.
Dr. H.	Light, debility, hay pollen . . . . .	Ditto, Port wine, snuff Salt and Opium, and wear blue glasses.
Dr. L.	From large doses of Iodine (never took any Iodine)	Try Quinine and Opium.
Dr. M.	Disease of iris . . . . .	Avoid the sun's rays from 11 A. M. to 6 P. M.
Dr. N.	Want of red corpuscles . . . . .	Try Iron, Port wine and soups.
Dr. O.	Disease of optic nerve . . . . .	Phosph. ac. and Quinine.
Dr. P.	Asthma from hay pollen . . . . .	Chlorodyne and Quinine.
Dr. Q.	Phrenitis . . . . .	Small doses of Opium.
Dr. R.	Nervous debility from heat . . . . .	Turkish Baths.

"Herewith," writes Mr. Jones, the correspondent of the *Lancet*, "I forward a synopsis of the opinions of a few of the most eminent men in various counties that have consulted. I have substituted a letter for the name, as I do not think it prudent to place before the general reader the names of those who have so disagreed."

We admire the magnanimity of Mr. Jones, for after having been told that he had "a predisposition to phthisis;" that he was of a "strumous diathesis;" that he had "disease of the pneumogastric nerve;" "dyspepsia;" "disease of the iris;" "disease of the optic nerve;" "disease of the olfactory nerve;" that he had "phrenitis;" and was "poisoned by Iodine;" and that in order to better his condition he was to take "Quinine, Arsenic, Belladonna, Cod-liver oil, Kreosote, Henbane, Opium, Phosphoric acid, Chlorodyne, soups and Port wine; to paint his nostrils with lunar caustic and snuff Salt and Opium; to wear blue glasses; to remain at home all day and take Turkish baths," we are surprised that he was restrained from taking all the revenge in his power upon his formidable friends.—*British Journ. of Homœopathy.*

ARCHBISHOP WHATLEY.—We take the following from the *British Journal of Homœopathy* for October, 1864.—The aged Archbishop was dying of *gangrena senilis*, and for the comfort of his family he wished to see a surgeon. His medical attendant was a member of the Dublin University and of the College of Surgeons, and had done nothing to forfeit his professional status; yet because he prescribed medicines in different doses and according to a principle only occasionally, not uniformly, adopted by the College of Surgeons, the surgeon declined to go and see the dying Archbishop, unless his Grace submitted to the ignominious condition of dismissing the physician who had been his comfort and support for years. The document deserves to be placed on record, it runs thus:—

"Mr. A. presents his compliments to Dr. Scriven, and in reply to his note just received, begs to say that as his Grace the Archbishop of Dublin has decided that he will have no surgeon to visit him who will not meet Dr. Scriven in consultation, Mr. A. regrets that he cannot have the honor of prescribing for his Grace under circumstances which would be a direct violation of a recent ordinance of the College of Surgeons of Ireland, of which Dr. Scriven is aware."

To this remarkable letter the Archbishop replied that he was "so opposed to tyranny in any shape that things must go on as they were." That is, he declined the attentions of the surgeon because he could not accept them without giving his countenance to tyranny; and the brave old man preferred to die true to himself, rather than give up the principle for which he had been contending during his whole life.

NEW YORK WOMAN'S INFIRMARY ASSOCIATION.—We have received the first annual report of this institution, located at Washington Heights in this city. From it we learn that since the opening of the building in June last, thirty-two patients have been treated. The expenses from October 1863, the time of organizing, to October 1864, have been \$2,985.32 and the receipts \$3,223, leaving a balance of \$237.68. Commendatory letters are published from Drs. Gray, Wilson, Marcy, Bayard, Bolles, Fowler, Guernsey, Evans, Belcher and Warner. Drs. Gray and Bayard are the consulting physicians, Drs. Hosack and McVickar consulting surgeons, and Dr. J. W. Mitchell, attending physician and surgeon. Nothing in the report itself or the medical report of Dr. Mitchell gives any clue to the treatment, which, however, from the composition of the medical staff we infer is, in some cases at least, homœopathic.

HOMŒOPATHIC MEDICAL SOCIETY OF CAYUGA COUNTY, N. Y.—The regular quarterly meeting of this society was held at Auburn, December 13th, 1864. The President, Dr. H. Robinson, called the meeting to order.

A communication was received from Dr. A. S. Couch of Chatauque County, on morbus coxarius and its homœopathic treatment.

Dr. Carroll Dunham of New York, furnished a paper giving the details of a case of "Fibrous Hæmorrhoidal Tumor," and its cure by Sulphur 200.