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HOMŒOPATHIC

HAND BOOK

By J. H. CLOLD, M.D.

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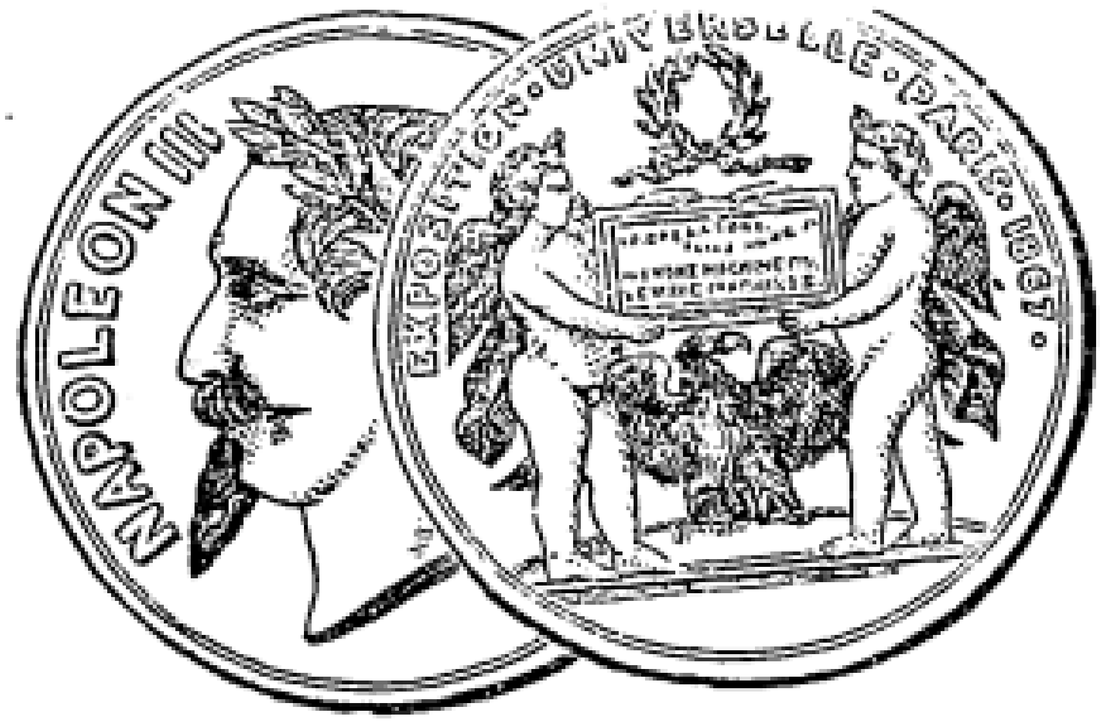

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HOMŒOPATHY:

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ITS DIFFICULTIES AND SOME OF THE PRINCIPAL ERRORS AGAINST IT.

WITH

HINTS ON DIETETICS, VIEWED IN RELATION TO THE LAWS OF DIGESTION;

ALSO,

The Practice of Homœopathic Medicine Simplified,

FOR THE USE OF FAMILIES,

AND

A HISTORY OF THE

CINCINNATI HOMŒOPATHIC MEDICAL DISPENSARY.

BY J. A. CLOUD, M. D.

RESIDENT PHYSICIAN,

Formerly Surgeon of the First Division Hospital, Sixth Army Corps.

CINCINNATI:

V. C. TIDBALL, PRINTER, 61 WEST FOURTH ST.

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HOMŒOPATHY.

PREFATORY NOTE.

"When so much has been *necessary* heretofore, in cases precisely similar, how *can* such an imperceptibly small dose have any effect?" is the question. This is a mighty objection to the unthinking; and to clear away the rubbish of ignorance and misrepresesentation, and give truth a fair field, and to show the strength and truth of the system by pointing out some of the many difficulties it has already overcome, as well as to set the people—friends and foes alike—to thinking—for this is the only way of arriving at truth to one's own satisfaction—is the object for obtruding upon the public the poor efforts of an unskilled pen.

PART I.

HOMŒOPATHY has had many difficulties to overcome, and many crosses to bear, since its institution, by Samuel Gottfried Hahnneman, nearly a hundred years ago. The extremely radical change its theory taught, and practice wrought in the administration of drugs as remedial agents in disease, was, and is, its greatest obsticle. Added to to this we have systematic misrepresentation and ignorant misconception to contend with.

To *live* is the strongest desire of the human heart; it is the foundation of all earthly happiness. Without health, life becomes a burden, and no amount

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of wealth, love, fame, power, and all other desirable earthly possessions, can bring us happiness; with it our greatest burdens are easily borne, and dark things seem bright. In proportion as life and health are dear and precious to us, will be our wariness in adopting any new mode of preserving, or restoring them; and especially so if this new mode be moderate in its pretensions, and modest in introducing itself.

This does not invalidate the saying that "the greater the humbug, the greater his success," *for a time.* There always have been, and it is to be feared, always will be, dupes enough, who forget that supernatural agencies have nothing to do with the every day affairs of our lives; that miracles are not of their day; to support the host of shameless unconscionable traveling frauds, who profess, loudly, to make the blind to see, the deaf to hear, the dumb to speak, the lame to leap and run, and to drive disease and death from their presence forever. This species of humbug is called upon, however, only in chronic and nondescript cases, where the "regular" physician has been tried and tried in vain; he is tried only as an experiment, upon his own boasting recommendation. Of course he fails, he would have been very much surprised if he had not. His stay is short; he knew it would be; he had had his calculations made accordingly. Yes, your successful humbug is a sharp knave. He knows his loud-mouthed pretensions cannot bear the test of time and trial—the two great friends and bulworks of

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truth, while they are the enemies and discoverers of falsehood. He knows a chimera will not stand. Being a wise knave, he knows himself and the weakness of his pretensions; he knows, too, the constitution of society; he knows its wheat and its chaff.

He makes much noise to begin with, and makes for himself of words a great reputation; he advertises himself, his wonders, his panaceas; he blows, and scatters his chaff broadcast, and it mingles with the chaff of society. After a sufficient blowing, he changes the current, and sucks, and the chaff all comes together, *and is taken in.* He makes money, which was his object; nor did conscience or self-respect stand in his way. But he is soon found out. As to reputation, he entered the large end, and must of necessity come out at the small end of the horn; pecuniarily, his dupes followed him.

I do not propose here to give the history of the discovery and utilization of the law governing the Homœopathic administration of remedial agents in disease.

Not but that it would be well worth the reading, however, as showing the inevitable triumphal emergency of truth, clogged as it was by self-interest and thirty years of educated error, from the pathless labyrinth of dogmatic prejudice and bigoted intolerance; and the final triumph of its champion, by the raising of a monument to his memory, in the self-same town where thirty years before his house had been stoned, and he himself obliged to steal

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away in the night, and all for the very same reason—advocating the cause of Homœopathy. But is not this the history of all great and real discoveries? Nature's laws will not be shaped and controlled by human prejudice and will; and, though Gallileo was imprisoned, and his persecutors insisted on decreeing that the earth should not go round; yet, still, no more nor less, we have our diurnal and yearly revolution.

In contradistinction from quacking, when a Homœopathic physician locates in a community where the system has never been introduced, he unostentatiously opens his office, tacks on the shutter his unpretending shingle, and sits quietly down to wait for patients, after having advised the people of his presence; and exercises what patience he may have beyond the possibility of dyspepsia in waiting, knowing the power of truth, and having full faith in *time and trial*, he waits with assurance. He is scanned at first with a kind of wondering curiosity by those who have never heard of his kind before. By those who have heard just enough to render them wise in their own conceit, he is ridiculed, and his profession mentioned with scorn and a curl of the lip, born of ignorance by conceit. And by the "regular" (self-styled) physician, he is forthwith pompously denounced as a humbug. *All this without their knowing anything comparatively of his school.* No one, even when curiosity prompts, or when urged by the more potent desire, born of the hope, that something may yet be done to restore failing health—no

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one, I say, cares to call down upon himself the anathema of Madam Grundy by being the first to try the "*sugar pills*,"

At length some independent individual, probably of New England extraction, a friend of progress, and who does his own thinking, and who knows that progress and novelty go hand in hand, wanting to know for himself the truth or otherwise of these charges, seeks their sources.

He asks the slanderers:—Is Homœopathy a humbug? "Why, yes." "How do you know?" "Oh, there *can* not be anything in it." "How do you know? have you studied it thoroughly? have you mastered its theory? have you faithfully tried it practically? In order to try it fairly you must have spent years in its study, and have you done this?" "No!" "But don't you think it is unfair to condemn what you know almost nothing of?" Our friend finds he can learn nothing there, and his desire being stimulated by repulse, he determines to try it for himself in the first trifling ailment he may suffer from. The result generally is that he is made to *feel* its good effects, and is convinced and tells his experience to others.

It may be, however, as is too often the case, that fortune does not favor us with such a friend, and we must lay our foundation without his aid. Then we must wait until the novelty has worn off, when some poor sinner, suffering from a chronic disease which all the doctors within newspaper range had "heroically" but vainly attacked in turn, having probably

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heard that such men as Wm. H. Seward or U. S. Grant believed in and were treated by Homœopathy, ventures in at our persevering Homœopath's back door, (he is even yet in dread of Mrs. G.,) and asks if anything can be done for him.

After taking all the morbid symptoms of the patient, he generally finds a hydra-headed monster compounded of the original disease and a drug disease corresponding to each course of treatment to which he has been subjected. Nothing daunted, he takes charge of the patient, *and studies out his case.* He is not satisfied to use the prescription of an hundred years ago, *knowing that the same disease, so called, may assume a different form each year*, and must be combated by a different remedy. He selects his remedy, (not a compound of half a dozen drugs of whose chemical effects, one upon the other, he has comparatively little knowledge). He selects it, too, with scientific precision, if he has made the best use of the means furnished by the Homœopathic Law; and administers it to the patient, who "*laughs in his sleeve*" at its sweet diminutiveness, saying in said sleeve, "*I have no faith.*" The patient is surprised to find, after taking a few doses, that he has been neither purged, vomited, blistered nor salivated, nor poisoned in any way; and is not *sure* that he will receive no benefit; because not having been made worse in any way, he cannot be made better. *He forgets that medicine, as such, should never make ill.* Notwithstanding his already weak frame has not been subjected to any of the above named wearing

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processes, the patient, after a sufficient time, finds himself better; he has improved he knows not how. He has experienced no shock in any way, as has heretofore been his experience when under the hands of a doctor, and his bettered condition is unaccountable to him.

It is so hard to get rid of old, even self-destructive notions. He forgets that nature, in all of her progress, moves by imperceptible degrees—never by shocks—and in our best efforts we but imitate her; we can never set her a copy.

The art of the physician is only to aid nature, either by stimulating the vital forces when they have been rendered torpid by some of the many pernicious artificial habits of imperfect man, or by removing obstructions that hinder their free action. When man presumes to do more than this, he gets beyond his light, and flounders in the darkness of ignorant presumption. Upon such cases the Homœopathic physician must build his practice and reputation—*cases the Old School have given up, many of which are incurable.* And many are unjust enough to consider such cases a fair test of Homœopathy. If it fails, they say: "*Pooh! there's nothing in it, we've tried it.*" Probably in a case of epilepsy or St. Vitus dance of a score of years standing. If he succeeds in spite of all, ten to one they say, "we would have got well any how."

Another difficulty is, almost every family has its "*family physician*," in whom it has the most unbounded confidence, and whose advice in relation

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to health, &c., is regarded as beyond question. His opinion is asked in regard to this new fangled doctor and his medicines, and of course being set in his own course, with his eyes closed to its precarious and unsatisfactory results, and that course being as different from the one in question as health is from disease, as up-hill is from down, as medicine is from drug poison, he ignorantly, though probably with honesty, asserts in substance, that Homœopathy is a humbug; that all who practice or believe in it are either fools or knaves; knaves for knowingly practicing a deceit, or fools for being deceived; and nine in ten of those thus instructed believe all and more. The tenth, who is the thinking one of the lot, resolves if he ever has occasion, *in a mild case*, to give this novelty a trial. Thus, the poor Homœopathist has less than one chance in ten, *even for a trial!* It is well for him that he has the might of right on his side.

Many reasons, potent with the ignorant, less so with the educated thinkers, are urged to support these decrees. First and most prominent, is the objection of all our opponents, and even some of our friends, to the smallness of the dose. Taking allopathic practice as a criterion, our dose does *seem* very small. But the *dose* has nothing whatever to do with the *law* governing the Homœopathic system of medicine, as comprehensively expressed by "*similia, similibus curantur*"—"like cures like." The question as to dose is simply one of expediency—the large and the small dose advocates write and

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speak forceable and truly in favor of their respective notions and experience in practice. But there is entire unity upon the fundamental law itself. All agree upon that, however widely they differ in regard to minor questions; just as the various denominations of the Christian church, while they unite upon Christ as their head, have various notions about modes and means. Yet some of the ablest men of this very intelligent community urge the smallness of the dose as an insuperable objection to the Homœopathic *Law*. Why? Because, however bright they may be naturally, and however well versed in their own immediate calling, and in matters of general interest and discussion, they are withal comparatively ignorant of *Homœopathia pura*. It seems to me presumptuous and unfair, to say the least, for such persons, who have the confidence of the community on other matters, and can therefore do the more harm if wrong, to condemn unreservedly, without first having acquainted themselves thoroughly with its every part, especially anything so important as a system of medicine, and that system believed in, sanctioned and adopted into their families by a large proportion of their equals, in their own community, and by hundreds of thousands of the brightest men of this and other enlightened countries; and they having advantage, too, of *practical experiment*; having seen and felt its good effects. Men do not, as a general thing, *trifle* with the lives and healths of their families. It is certainly assuming a grave responsibility without sufficient warrant.

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It would be scarcely less presumptuous for "Blind Tom" to criticize Michael Angelo's greatest efforts, or for a deaf person to pass judgment upon a symphony of Beethoven. For the sake of learning something, however, let us entertain this question of dose: We *do* advocate and use small—infinitesimally small doses; doses just sufficiently large to effect the cure, but leave behind no bad drug sequelæ.

Our friends have approximated this desirable result by patient, pure experiment, not for the purpose of bolstering up a pet theory, but that they might arrive at a very important truth. They began with the crude drug, but found in practice that the remedy given in the gross material frequently aggravated the complaint, and that, too, in proportion as the drug symptoms, (discovered by experiment upon the healthy body,) more perfectly corresponded with the symptoms of the patient to whom it had been given. This led to the diluting, potentizing or dynamizing of the drugs, by means of penetrating non-medical substances, and a more prompt curative action was produced without the aggravation. By this means the 30th and higher potencies were reached, tried and found curative; *not, however, with all drugs nor in all cases.* Before pronouncing a dose too small to be of use because of its smallness, one should know and be able to demonstrate precisely how and through what medium the various influences, curative or otherwise, act upon the human organism.

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But who *knows* this? The effects are patent to all: but who knows precisely how they are produced? If this action were chemical or mechanical, as the old school seem to suppose, we might learn approximately.

But is it reasonable to suppose that the violent convulsions and death produced by arsenic poisoning are the results of merely mechanical or chemical action upon the stomach, bowels, or blood? Does it not seem as though there was some more subtle dynamic power at work, through the nervous system upon the seat of life.

Who can explain that horrible disease, hydrophobia, from its inception, perhaps months previous to the distressing convulsions and dreadful death? Who understands and can tell us the mode of operation, of distressing news, suddenly divulged, as it produces disease, even unto death? Life is, as yet, a mystery, even to the most advanced in knowledge. Discussion upon this subject, must, of necessity, therefore, be negative; and I will endeavor simply to show that the popular objections to Homœopathy cannot be sustained.

In answer to the small dose objection, it may be asked: How much of the hydrophobia poison could remain upon the tusk of a mad dog after having passed through several thicknesses of clothing, and in some cases the boot-leg? Certainly sufficient to produce disease and death in its most terrible form! but could it have been seen, tasted, and felt? How great a quantity of small pox virus adhered to and

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was carried hundreds of miles upon a note written in the room of the patient, but *not* by the patient himself? Enough to infect the distant recipient, to be sure; but was there any mechanical or chemical effect? Still less material was there in the painful *emotion* which induced disease and death, or, in the pleasurable emotion which restored health and strength! How much less than our smallest dose was either or all of these—yet how decided their effects!

Matter is indestructible, and if we have a certain amount of given substance in a vessel, and dilute this by adding, repeatedly, quantities of a penetrating, non-medical material, which is known to produce no radical change in the substance itself, but simply operates in dividing and sub-dividing its mass, thereby developing its latent power, as seen in the case of silex, salt, gold, graphite, charcoal, etc., which are inert in the crude state, but which trituration and dilution render our most potent curative agents:, who shall say where the component particles exist, and where they do not exist? Who can say that in each and every drop of the 30th or whatever potency, there are not particles of this substance.

It being a scientific fact that matter may be divided and subdivided until the most powerful magnifier known to art fails to discover the particles, what means have we of knowing when this subdivision ends, and when the ultimate atom is reached? Until this point be gained we may reasonably expect

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action. *Each subdivision but exposes more surface, and it is the surface only of a substance that acts upon external objects.* Like a cubic foot of wood, for example, here we have six feet square of surface; saw it into inch slabs, and each division gives us two additional feet square of surface—twenty-four feet in all. Cut it now into inch blocks: this gives us again twenty-four feet additional of surface. Here we have added forty-eight feet of surface to the original six, without increase of bulk or material, and were this an odorous substance, just forty-eight times more of odorous particles would be given off than before the division. In short, whatever intrinsic properties the substance was endowed with, would be increased just so much, and would continue increasing as long as we should continue to separate the particles.

But it has been shown that we are unable to know, even when our natural senses are aided by the finest power of art, when this subdivision ceases; therefore it is absurd to say "it ends there," or "it is not here." When on exhibition it fails to produce its known legitimate effect, then, and not till then, may we deny or doubt its existence.

In this manner each drug has been diluted to its highest effective point, step by step, until its curative action ceased, the object being to find the smallest possible curative dose.

As all drugs are, in a normal condition of things, in direct antagonism to animal life, and when in abnormal conditions they are needed to attack and

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drive off disease—a lesser evil introduced to expel a greater; just as war was administered to cure us of rebellion, as law was instituted to prevent crime, —why, the less we take, compatible with cure, the better.

A grain of musk will scent a large room for years without sensible diminution of material; yet we know that material particles of that musk must have come into contact with our olfactory nerves in order for us to become aware of its existence.

A drop of our highest attenuations would be massive in comparison; and if the effect is to be measured by the quantity of material, that would be proportionably great. All we can say about the matter only goes to show that the only satisfactory argument is practical experiment. We are eager for the test.

Again: our opponents say, when we are successful, that our patients would have recovered without aid, and required only good nursing, or what is called the "expectant" treatment. This question had been unsatisfactorily discussed in the hospitals at Vienna, and resort was had to practical experiment, (*a theory is of no use unless it can be demonstrated practically,*) in this wise:

Three wards were opened in one of the Hospitals, into which patients were received alternately, without regard to ailment, for a specified time: one ward was placed under Homœapathic treatment, another under Allopathic treatment, and a third under the "Expectant." Statistics were kept of the mor-

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tality in these three wards. At the end of the term, a comparison showed that there was a larger per centage of deaths under the *old school* treatment than under the "expectant," and a larger per centage under the latter than under the Homœopathic treatment. *Facts are strong friends and stubborn enemies!* and these are public facts that cannot be gainsaid. They settle the question in dispute.

Other facts and statistics speak loudly in favor of Homœopathy, as contrasted with other schools and meet another objection to its use, viz: that the doses are too small to be of use in violent diseases, as cholera, small pox, malignant fevers, etc. It is in such diseases that she appears to the best advantage —though she does not receive the credit due her for destroying many of those pests in embryo, which, under other treatment, develop, grow to their full stature, (*and higher from the weakening of their natural opponent, the vital forces, by depletive treatment, and "run their course."*

Some years ago, wide-awake capitalists, in the life insurance business, in London, with nothing in view but the pocket and wherewith to fill it, bethought themselves that it might be well to examine into the results of the various systems of medical treatment as affecting life and health, and of course their business. They did so, and after a careful comparison of statistics, found the result would justify them in assuring the lives of applicants treated by the Homœopathic system at *ten per cent. less* than those treated by any other system; that these were

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less often sick, their attacks were shorter and less violent, and their general health was better and their average life longer.

Many companies have been started upon the same basis since, at least four of which are in the United States. One of these Companies says:

"This Company has been founded with this name, and on this plan of discriminating in favor of a certain school of medical practice, not merely in the spirit of partisanship, nor entirely for the purpose or with the expectation of making more money than by following some other system, *or no system at all.*

"The motive is a higher one, and reaches farther than the triumph of a party, or the pecuniary benefit of a few individuals. Our purpose is to popularize the vitally important facts and arguments that have convinced us of the truth and the inestimable value of the Homœopathic practice. We wish to show the people the dreadful consequences which flow, and always have flowed, to our race, from the universal use of drugs in great quantities, as administered in the old school practice. We wish to convince men and women that the new school administers no drug in such quantities as to produce the well known "*drug disease,*" which an old English Allopathic (Dr. Farre) declared, comprised "nine-tenths of all the diseases physicians were called to treat." We aim to teach that instead of bloodletting and dosing, the sick need to aid nature in her invariable efforts to restore health

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by removing all unfavorable influences, by eschewing whatever is unwholesome, breathing fresh air, and cultivating cleanliness and a cheerful spirit. These are part of the new system, and all good Homœopathists teach them as conditions of a sound and comfortable life.

"And in order to sustain our position, we exhibit the statistics, which have been carefully collected by both sides, of the results of their respective systems.

"Besides these we point to the honest confession of those who, while still maintaining their relations to the old school practice, are too candid to deny what they can not but see to be true.

"We content ourselves, of necessity, in this place, with comparatively few of the more striking statistics on these subjects, but at the office of the Company we are prepared to present more at length the evidences of the great superiority of the Homœopathic practice.

"A writer in the *Medical Times* (England) says: 'There is a wonderful difference between our treating ourselves and the public. You seldom see a long line of empty bottles in a medical man's bedroom, addressed to himself. Many of our patients know that the drug-*sender* is not the drug-*taker*.'

"This is a statement well calculated to awaken thought. Dr. James Johnson says: 'I declare it to be my most conscientious opinion, that if there were not a single physician (Allopathic) or surgeon, or apothecary, or man-midwife, there would be *less mortality among mankind than there is now.*

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"On the 4th of May, 1863, the Surgeon-General of the Army of the United States ordered *calomel* and *tartar-emetic* to be struck from the list of army supplies.

"Dr. John Forbes, physician (Allopathic) to Queen Victoria, says that Nature often cures *in spite* of the doctor, and adds: 'things have come to such a *pitch* that they must either *mend* or *end*.'

"According to Dr. Routh (a distinguished Allopathic physician) the statistics of diseases treated homœopathically and allopathically are as follows:

	DEATHS UNDER HOMŒOPATHY.	DEATHS UNDER ALLOPATHY.
Inflammation of the lungs	5 in 100	23 in 100
Dysentery	3 in 100	22 in 100
Pleurisy	3 in 100	13 in 100
Inflammation of the bowels	3 in 100	13 in 100

According to a document ordered, on 21st of May, 1855, by the House of Commons, to be printed, and which ought to be in the library of every Homœopath and every philanthropist in the world, the comparative death rate during the fearful epidemic of Asiatic cholera, in 1854, was, under Homœopathic treatment, 16.4 in every 100 cases; while under Allopathic treatment the mortality was 59.2 in every 100 cases.

"Although the statistics relating to the treatment of Asiatic cholera at the Homœopathic hospital were certified by Dr. Macloughlin, Allopathic physician and Medical Inspector of the General Board of Health, these statistics were *suppressed* by a joint

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resolution of Dr. Paris, the President of the Royal College of Physicians, and the other members of the Medical Council. Lord Robert Grosvenor, (now Lord Ebury), aware that Dr. Macloughlin had inspected the Homoeopathic hospital in Golden Square, and observing that the statistics of this hospital were not included in the general returns made to Parliament, moved for 'copies of the returns that have been *rejected* by the Medical Council.' The motion was agreed to by the House of Commons, when the above revelation—astounding to those who were not previously acquainted with homœopathy—was made. Dr. Homer pronounces this proceeding on the part of the Royal College of Physicians, as a 'conspiracy against the truth and against humanity itself.'

"The importance of Homoeopathy is not found solely in its tendency to lengthen life. Its effect in diminishing the *frequency* and *duration* of sickness, is of vast moment, especially to the working classes, to whom a lost day is a serious calamity.

"By a careful calculation, giving every doubtful point to the Allopathic system, it is shown to be plain, that the habitual adoption of the Homoeopathic system may be relied on, in the average, to save each of us from 394 days of sickness between the ages of 16 and 56, and from 1271 days of sickness between 15 and 85 years."

"At St. Louis, in 1864, reports were made of the results of treatment in two hospitals, one of which, under Allopathic management, treated 990 patients

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for all sorts of ailments, and lost 120, or a little over 12 per cent; while the other, under Homoeopathic charge, treated 883 cases of the same diseases, but lost 5, or *six tenths of one per cent.*

Average length of time in Allopathic hospital, Nineteen Days: in the Homoeopathic, Twelve Days.

These facts naturally lead to the startling question: If the homoeopathic physician does nothing, what in the name of suffering humanity, does the Allopathist accomplish, according to their own showing? In the same breath that they say Homoepathy is nothing, that "there's nothing in it, that it can effect nothing," they acknowledge, especially those in the large cities, where are our best representatives, and where the practice has made such inroads upon the old school *as to command their unwilling respect and attention*, that it is owing to theexample of Homoeopathy that bleeding was discarded as barbarous and inexcusable; that their dose of crude drugs were reduced from *twenty*, *thirty*, or *fifty grains*, to one, five, or ten. Although there are still legions of practitioners in the old school who bleed, and who *measure* out their drugs *on the* (to their minds) *good old way of a hundred years ago*, still, in the best Allopathic Colleges in Philadelphia or New York, a student will not be granted the degree of Doctor of Medicine who advocates bleeding. These are certainly radical changes—great results; and, though a miracle has not been wrought, they have come of nothing—or Homoeopathy!

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Many honest and intelligent persons object to the system because, they say, "its practitioners are not educated as thoroughly as those of the old school; they were never taught, have never learned, and know nothing about surgery, anatomy, physiology, and obstetrics; all they know is to retail out little pellets, in accordance with the prescription of the little 'domestic physician,' written only for family use." To be sure there are many quacks—self-styled doctors—flourishing under the wing of Homoeopathy, but for which she is no more responsible than is the Christian church for depradations of the wolves in sheep's clothing that operate among her members. The very fact that many of these illiterate ignoramuses (and I am sorry to say we have by far too large a number of them here in our very midst) are eminently and undeniably successful, is a potent argument in favor of the system, for if such good success attends its ignorance-clogged administration, *how much better results may we not hope for with educated intelligence at the helm?* If having quacks and boobies sailing under its colors, condemns a system, what, long ere this, would have been the fate of Allopathy, which has the obloquy of a hundred such to bear for each one that Homoeopathy suffers for. A mill-stone about her stiff neck would not sink her half as deep.

I would, however, inform such as hold this objection, that we have Colleges—chartered institutions, with all the privileges of the University of Pennsylvania—in which *all* branches pertaining to a

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medical *and* surgical education are as thoroughly taught as in either of the above institutions; and by men whose knowledge, intelligence and experience, conscience-guided, as made public in their medical writings and in the lecture room, are second to none in the land.

We have at least eight of these institutions in the United States, and their attendants are increasing in numbers and intelligence every year, notwithstanding our enemies say, in the face of every item of true evidence bearing upon the question, that Homoeopathy is dying out. It may not be increasing as fast as it might, for want of *physicians* to supply the demand, but that it is dying out is unwarrantably false. On the contrary it is steadily and rapidly on the increase, despite the mass of bigoted and unscrupulous opposition.

Homœopathy is not yet fully developed, and is of course far from perfect, but it is only the imperfection of the child as compared with the man in his prime—a lack which time will supply.

There is a wholesome revolution going on as well in medicine as in other matters important to humanity; and the time will come when crude drugs, lancets, setons, &c., will be almost unknown as remedial agents in the sick room; when all conscientious and intelligent practitioners will stand upon the same scientific and comparatively sure basis, and come out from groping in the darkness, or an endless agglomeration of disconnected, disorderly and questionable assertions of the experiences of their

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preceptors, grand, great-grand, great-great-grand preceptors, which afford so little satisfaction to themselves, and so much misery, with little relief, to their patients.

The time will come when the only difference between the schools will be in name, and "there's nothing in a name." But there may be in the idea it conveys; and time often loses the name in the idea. Thus, Nero expresses to-day as much the *idea* of cruelty as it does the name of an individual. "Judas" presents to our minds the idea of selfish treachery as readily as it does the name by which a certain man was known in history. And "Hahnemann," a name that shall live until is heard the death knell of disease itself, will present to the minds of generations yet unborn, not only the image of a divine old man, with bent and thoughtful brow, toiling in want and exile for the development of a natural law to guide us in the healing art; but it will also call to mind more strongly the idea of the inception of a God-sent revolution in the practice of medicine that has stripped disease of its terrors, and robbed afflicted man of half the ills his flesh is heir to.

"The feeble sea-birds, blinded in the storms,
On some tall light-house dash their little forms;
And the rude granite scatters for their pains—
Those small deposits which were meant for brai
Yet, the proud fabric in the morning sun
Stands all unconscious of the mischief done;
Still the red beacon pours its evening rays

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For the lost pilot with as broad a blaze;
Nay, shines all radiances o'er the scattered fleet
Of gull and boobies, brainless at its feet.

"See, where aloft its hoary forehead rears
The towering pride of twice a thousand years!
Far, far below the vast incumbent pile
Sleeps the broad rock from art's Ægean isle;
Its massive courses, circling as they rise,
Swell from the waves, and mingle with the skies;
There every quarry lends its marble spoil,
And clustering ages blend their common toil.
The Greek, the Roman reared its mighty walls,
The silent Arab arched its mystic halls;
In that fair niche, by countless billows laved,
Trace the deep lines that Sydenham engraved
On yon broad front that breast the changing swell;
Mark where the pondrous sledge of Hnnter fell,
By that square buttress where Louis stands,
The stone yet warm from his uplifted hands,
And say, O! Science, shall thy life-blood freeze,
When fluttering folly flaps on walls like these.

"Yes, here, 'Aloft its hoary forehead rears
This towering pride of twice a thousand years;'
The work of Grecian, Roman, Arab hands,
(Where Hunter, Sydenham wrought, where Louis stands,)
Above the reefs that wreck the human race,
It sheds its beacon rays—to mark the place;
From jaggard rock and yawning quicksand-grave,
Gleaming to *warn*—but impotent to *save*.

"Around this towering pile so proud and old,
The countless wrecks of hapless *men* behold,
Who, pressed by blinding storm and tossed by wave,
Fled to the light for *help* and found—*a grave*.
Yet 'the proud fabric in the morning sun,
Stands all unconscious of the mischief done.'

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"No trusty pilot, though most sore bested,
Would this way turn for aid his vessel's head,
But, hauling off and *tautening* every brace,
Prefer the winds' and ocean's worst, to face,
To sink, if must be, or a hulk to swim;
But shun, at any risk, this light-house grim.

"This boastful science of two thousand years,
Which mocks men's hopes and doubles all their fears;
Traces their maladies with fingers sure,
Shows *how* and *why* they *die*—but cannot *cure*—
Who seek its portal, hoping *cure* thereat,
Are 'gulls and boobies,' and deserve their fate!"

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PART II.

The Principles of Dietetics Viewed in Relation to the Laws of Digestion.

THE TWELVE GOLDEN RULES,

Which should be observed by every body, but more particularly by persons who are under Homœopathic Treatment, or who habitually resort to it in sickness, or generally favor the Homœopathic doctrines and mode of practice.

In all acute diseases, the diet and general treatment of the patient is, of course, strictly regulated by the attending physician or nurse, agreeably to the exigencies of the case; the following rules are designed only for persons in health, or for chronic patients whose general health seems satisfactory, or for all those who are not obliged, by particular circumstances, to deviate from them.

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RULE I.

Rise early, and make it a point to retire at ten o'clock; seven hours' sleep should suffice; although less may do in some cases, and, in others, more may be required.

RULE II.

Wash your whole body from head to foot, with cold water, every morning, winter and summer, immediately after leaving the bed; and rub yourself well with a flesh-brush or coarse towel, immediately after washing.

RULE III.

Never sleep in a warm room, or in a room that has not been properly ventilated in the day-time.

RULE IV.

Never sit or sleep in a draught of air; this rule is almost universally violated, but a draught of air is generally hurtful, more in one case than in another, and more especially when persons are over-heated, or covered with perspiration.

RULE V.

Dress according to the season; but be careful not to leave off your winter clothes before the warm weather has fairly set in. This rule should be particularly observed by persons who are subject to sore throat, bronchitis, chronic cough, and such like weaknesses.

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RULE VI.

Avoid all kinds of heavy and indigestible food, such as rich pastry, fat, heavy farinaceous diet, warm bread, spices, mustard, pepper, etc.

RULE VII.

Avoid all stimulating drinks, brandy, beer, wine, and content yourself with cold water, milk, light and unspiced chocolate, weak black tea, and syrups made of currants, raspberries, strawberries, or other kinds of wholesome and unmedicinal fruit. Never use tobacco in any shape, except for medicinal purposes.

RULE VIII.

Never keep on wet or damp clothes, stockings, etc., and never sleep on damp sheets.

RULE IX.

Do not expose yourself to keen, sharp winds, and avoid the raw and damp evening air.

RULE X.

Live as nearly as possible in the same temperature; keep your room moderately warm, and make it a point never to sit near the fire.

RULE XI.

Eat your meals at regular hours; eat slowly; chew every mouthful well, and do not swallow it until it is properly mixed up with saliva. If possi-

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ble, take about an hour for each meal, and never eat so much as to leave the table with a sense of repletion and oppression; do not forget to clean your teeth with a soft tooth-brush after eating, and never indulge in the abominable habit of picking them.

RULE XII.

'Avoid every kind of food or drink which naturally disagrees with you; take a little exercise in the open air every day, but not in any kind of weather; select particularly fine, bracing or balmy weather for a walk or ride; exposure to rainy, windy, raw or damp weather never does any body any good.

TABLE SHOWING THE MEAN TIME OF DIGESTION OF THE DIFFERENT ARTICLES OF DIET.

Articles of Diet.	Mode of Preparation.	Time required for Digestion. H. M.
Rice	Boiled	1
Sago	Do.	1 45
Tapioca	Do.	2
Barley	Do.	2
Milk	Do.	2
Ditto	Raw	2 15
Gelatine	Boiled	2 30
Pigs' feet, soused	Do.	1
Tripe, soused	Do.	1
Brains	Do.	1 45
Venison steak	Broiled	1 35
Spinal marrow	Boiled	2 40
Turkey, domestic	Roasted	2 30
Do. do.	Boiled	2 25
Do. Wild	Roasted	2 18
Goose	Do.	2 30
Pig, sucking	Do.	2 30
Liver, beef's, fresh	Broiled	2
Lamb, fresh	Do.	2 30

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Chicken, full-grown	Fricassee	2	45
Eggs, fresh	Hard boiled	3	30
Do. do.	Soft do.	3	
Do. do.	Fried	3	30
Do. do.	Roasted	2	15
Do. do.	Raw	2	
Do. whipped	Do.	1	30
Custard	Baked	2	45
Codfish, cured, dry	Boiled	2	
Trout, Salmon, fresh	Do.	1	30
Do. do.	Fried	1	30
Bass, striped, fresh	Broiled	3	
Flounder, do.	Fried	3	30
Catfish, do.	Do.	3	30
Salmon, salted	Boiled	4	
Oysters, fresh	Raw	2	55
Do. do.	Roasted	3	15
Do. do.	Stewed	3	30
Beef, fresh, lean, rare	Roasted	3	
Do. do. dry	Do.	3	30
Do. steak	Broiled	3	
Do. with salt only	Boiled	2	45
Do. with mustard, &c.	Do.	3	30
Do. fresh, lean	Fried	4	
Do. old, hard, salted	Boiled	4	15
Pork-steak	Broiled	3	15
Pork, fat and lean	Roasted	5	15
Do. recently salted	Boiled	4	30
Do. do.	Fried	4	15
Do. do.	Broiled	3	15
Do. do.	Raw	3	
Do. do.	Stewed	3	
Mutton, fresh	Roasted	3	15
Do. do.	Broiled	3	
Do. do.	Boiled	3	
Veal, fresh	Broiled	4	
Do. do.	Fried	4	30
Fowls, domestic	Boiled	4	
Do. do.	Roasted	4	
Ducks. do	Do.	4	
Do. wild	Do.	4	30
Suet, beef. fresh	Boiled	5	3
Suet, mutton	Do,	4	30
Soup, beef, vegetables and bread	Boiled	4	
Do. marrow-bones	Do.	4	15
Do. beans	Do.	3	
Do. barley	Do.	1	30
Do. mutton	Do.	3	30

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Butter	Melted	3 30
Cheese, old, strong	Raw	3 30
Green corn and beans	Do.	3 45
Chicken soup	Boiled	3
Oyster soup	Do.	3 30
Hash, meat and vegetables	Warmed	2 30
Sausage, fresh	Broiled	3 20
Heart, animal	Fried	4
Tendon	Boiled	5 30
Cartilage	Do.	4 15
Aponeurosis	Do.	3
Beans, pod	Do.	2 30
Bread, wheaten, fresh	Baked	3 30
Do. corn	Do.	3 15
Cake, do.	Do.	3
Do sponge	Do.	2 30
Dumpiing, apple	Boiled	3
Apples, sour and hard	Raw	2 50
Do. do. mellow	Do.	2
Do. sweet do.	Do.	1 30
Parsnips	Boiled	2 30
Carrot, orange	Do.	3 15
Beet	Do.	3 45
Turnips, flat	Do.	3 30
Potatoes, Irish	Do.	3 30
Do. do.	Roasted	2 30
Do. do.	Baked	2 30
Cabbage, head	Raw	2 30
Do. with vinegar	Do.	2
Do. do.	Boiled	4 30

This table is very interesting, but the results must not be too much relied upon, or regarded as representing the *uniform* rate of digestibility.

THE APPETITES.

HUNGER AND THIRST, WHAT THEY ARE.

It is needless to waste words in attempting to describe what hunger and thirst are; every one has felt them, and no one could understand them with-

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out such experience, any more than sweetness or sourness could be understood without tasting sweet or sour objects. Their end is manifestly to proclaim that farther nourishment is required for the support of the system, and our first business is therefore to explain their nature and seat, in so far at least as a knowledge of these may be conducive to our welfare.

The sensation of hunger is commonly referred to the stomach; and that of thirst, to the upper part of the throat and back of the mouth, and correctly enough to this extent, that a certain condition of the stomach and throat tends to produce them.

But in reality, the sensations themselves, like all other mental affections and emotions, have their seat in the brain, to which a sense of the condition of the stomach is conveyed through the medium of the nerves. In this respect, appetite resembles the senses of seeing, hearing and feeling, and no greater difficulty attends the explanation of the one than the others. Thus, the cause which excites the sensation of color, is certain rays of light striking upon the nerve of the eye; and the cause which excites the perception of sound, is the atmospherical vibrations striking upon the nerve of the ear; but the sensations themselves take place in the brain, to which, as the organ of the mind, the respective impressions are conveyed.

In like manner, the cause which excites appetite is an impression made on the nerves of the stomach; but the feeling itself is experienced in the brain, to

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which that impression is conveyed. Accordingly, just as in health, no sound is ever heard except when the external vibrating atmosphere has actually impressed the ear, and no color is perceived unless an object be presented to the eye; so is appetite never felt, except when, from want of food, the stomach is in that state which forms the proper stimulus to it, and the brain is left free and unobstructed.

But as in certain morbid states of the brain and nerves, voices and sounds are heard, or colors and objects are seen, when no external cause is present to act upon the ear or the eye, so, in disease, a craving is often felt when no real want of food exists, and where, consequently, indulgence in it can be productive of nothing but mischief. Such an aberration is common in nervous and mental diseases, and not unfrequently adds greatly to their severity and obstinacy.

In indolent, unemployed persons, who spend their days in meditating on their own feelings, this craving is very common, and from being regarded and indulged in as if it were a healthy appetite, is productive of many dyspeptic affections.

It is, then, no idle whim of the physician to insist on active exercise as the best promoter of appetite and digestion. Exercise is, in fact, the condition without which, exhalation and excretion can not go on sufficiently fast to clear the system of materials previously taken in, and when no waste is incurred there is no need of a fresh supply, and consequently, in a healthy state of the system, no natural appetite

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can exist. It is therefore not less unreasonable than vain for any one to insist on possessing, at the same time, the incompatible enjoyments of luxurious indolence and a vigorous appetite, sound digestion of a hearty meal and general health of body, and no one who is aware of the relation subsisting between waste and appetite can fail to perceive the fact, and to wonder at the contrary notion having ever been entertained.

Appetite, it ought to be observed, may, like other sensations, be educated or trained to considerable deviations from the ordinary standard of quantity and quality, and this obviously for the purpose of enabling man to live in different climates and under different circumstances, and avoid being fixed down to one spot and to one occupation.

The most common source, however, of the errors into which we are apt to fall in taking appetite as our only guide, is unquestionably the *confounding of appetite with taste*, and continuing to eat for the gratification of the latter long after the former is satisfied. In fact, the whole science of a skillful cook is expended in producing this *willing* mistake on our part, and he is considered decidedly the best *artist* whose dishes shall recommend themselves most irresistibly to the callous palate of the gourmand, and excite in it such a sensation as shall at least remind him of the enviable excellence of a natural appetite. If we were willing to limit the office of taste to its proper sphere, and to cease eating when appetite expressed content, indigestion would

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be a much rarer occurrence in civilized communities than it is observed to be.

THIRST, like appetite for food, is intended to direct us when and in what quantity we ought to drink; and so long as we confine ourselves to the fluids with which nature provides us, there is little chance of our going far wrong by listening to its calls. But when we come to the use of fermented and stimulating liquors, which excite a thirst not recognized by nature, the principle ceases to operate.

TIMES OF EATING.—If we look to the exposition of the objects of eating already given in treating of appetite, it will be obvious that nature intended us to regulate our meals by the demands of the system, and not to eat at stated hours as a matter of course, whether nourishment were required or not. If we are engaged in exercise which induces a rapid expenditure of material, or if growth is going on so rapidly as to require unusually ample supplies, food ought to be taken both more frequently and in larger quantity than when we are differently circumstanced; or in other words, *food ought to bear a relation to the mode of life and circumstances of the individual*, and not be determined by a reference to time alone.

As a general rule, five or six hours should elapse between one meal and another—longer if the mode of life be indolent—shorten if very active. Digestion occupies from three to four or five hours, and the stomach requires an interval of rest after the process is finished, to enable it to recover its tone

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before it can again enter upon the vigorous performance of its function. Appetite, accordingly, does not begin to show itself till some time after the stomach has been empty, and if food be taken before it has recovered its tone, the secretion of gastric juice and the contracting of its muscular fibers are alike imperfect, and digestion consequently becomes impaired.

The interval between each meal ought to be longer or shorter in proportion to the quantity eaten, and to the more or less active habits of the individual; and it would be absurd to fix the same standard for all. A strong, laboring man, whose system is subjected to great waste from being engaged all day in hard work, will require not only more frequent, but more copious meals than an indolent and sedentary man, and those who eat very little will require to eat at shorter intervals than those whose meals are heavy.

Nature, then, *has fixed no particular hours for eating*, but has left us to adapt our regimen to our respective ages, constitutions and modes of life. Where the mode of life is uniform, fixed hours may be adopted; where it is irregular, we ought to be guided by the real wants of the system as indicated by appetite.

According to this principle, meals ought to be early or late in proportion to the habits of the individual. If, adhering to the order of nature, we work by day and sleep by night, then early breakfast, early dinner, and an early evening meal, will

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undoubtedly be the most conducive to sound digestion and the enjoyment of health. But if, against the laws of nature, we rise from bed late in the forenoon, reserve our activity till late in the afternoon, and do not go to sleep till two or three hours before daybreak, then, assuredly, the late breakfast and dinners of the fashionable society of the present day are the best for our comfort that can be devised, and the chief error lies in the practice of those who, while they in other respects live in conformity with nature, adopt the hours which are suitable for those only who turn night into day, and day into night.

The proper time for taking breakfast depends a good deal on the individual, constitution and mode of life. Those who eat supper ought not to breakfast till one or two hours at least after rising, but persons who dine late and eat nothing afterward, require breakfast sooner.

Individuals of a delicate frame are often unable for either bodily or mental exertion in the morning, and are invariably injured by any attempt at exercise or serious thinking before breakfast. Experience is the only sure guide in such cases, but, as a general rule, breakfast about half an hour or an hour after rising, will be found most benefical, and those who rise very early will do well to follow the French custom of taking a small cup of coffee or tea and bread on getting up, and reserve their appetite for a more substantial breakfast three hours later.

This is an invaluable rule for students, who often

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seriously impair their digestive functions by studying for hours in the morning, regardless of the craving of the system for nourishment and support.

If exposure of any kind is to be incurred in the morning, whether to the weather or to the causes of disease, it becomes a matter of much importance that breakfast should be taken previously.

It is well known that the system is more susceptible of infection, and of the influence of cold, miasma, and other morbid causes, in the morning, before eating, than at any other time, and hence it has become a point of duty with all military and naval commanders, especially in bad climates, always to give their men breakfast before exposing them to morning dews and other noxious influences. Sir Geo. Ballingall even mentions a regiment quartered in Newcastle, in which typhus fever was very prevalent, and in which of all the means used to check its progress, nothing proved nearly so successful as an early breakfast of warm coffee.

In aguish countries, also, experience has shown us that the proportion of sick among those who are exposed to the open air before getting anything to eat, is infinitely greater than among those who have been fortified by a comfortable breakfast. Where there is any delicacy of constitution, the risk is of course increased.

In setting out early to travel, a light breakfast before starting is a great protection against colds and subsequent fatigue or exhaustion. I am quite aware that robust and healthy men can and do take

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much active exercise before breakfast, with apparent impunity, if not benefit, and I have often done so myself; but experience ultimately taught me that I became sooner exhausted on continuing the exertion through the day, than when I *began* by eating a little.

During the first winter of my studies in Philadelphia, I regularly attended the surgical visits at the Penn Hospital, which began at half-past six in the morning, and lasted till eight, or frequently half-past eight. Not being then aware of the principle under discussion, I ate nothing till my return home; but I felt more weariness before the day was done than the mere exertion ought to have produced

At last on noticing for a time the regularity with which many of the working people passing along paid their respects at a small shop, the only one then open, where fancy rolls were sold, along with coffee and tea, I thought of following their example, and trying how far a roll would add to my comfort, and impart additional vigor to the system. I soon found great reason to be pleased with the expedient, and discovered that I was not only less exhausted during the day, but more able to follow the lecture which concluded the visit, and in possession of a keener appetite for breakfast at my return, and ever since I have acted on the principle now inculcated, and with marked benefit.

During the prevalence of cholera, both here and on the continent, it was often remarked that a large proportion of the attacks occurred early in the

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morning, in persons who had gone to bed apparently well. Chronic invalids and persons of a delicate habit of body, are also familiar with the fact of the animal heat and general vigor diminishing towards morning.

From these facts, the general inference is clearly warranted, that delicate persons ought to have some kind of food soon after rising, and that even those who are healthy will act wisely in not exposing themselves unnecessarily to fatigue, infection, or other morbid causes, without having previously supplied the wants of the system, either partially by a cup of coffee or tea, or entirely by a regular breakfast.

Where fever, for example, is in a family, the danger of infection will be much greater to a person going directly from his own bed to the bedside of the patient, than to one who first takes the precaution of drinking, were it only a cup of coffee.

In boarding-schools for the young and growing, who require plenty of sustenance, and are often obliged to rise early, an early breakfast is an almost indispensable condition of health.

In recommending what I conceive ought to be the general rule, let me not be understood as wishing to extend it so far as to advise those whose constitutions admit of two or three hours' activity before breakfast, to abandon what experience proves to be beneficial to them.

My only wish is to help those who are in doubt as to choosing the plan which is most likely to be

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of advantage, and to relieve those who are already suffering from ignorance.

As a general rule, then, not more than five hours ought to intervene between breakfast and dinner. If the mode of life be such as involves great activity in the open air, or the period of life be one of rapid growth or filling up (as during youth or convalescence from illness) the interval may, with propriety, be shortened; whereas, if the mode of life be sedentary, and unattended with much activity of nutrition, the interval may be considerably protracted without inconvenience.

Supposing nine o'clock to be the hour of breakfast, the natural dinner hour would thus be two o'clock; and such, accordingly, is that sanctioned by the most extended experience, and which ought to be adhered to by all whose occupation will admit of its observance, and who wish to enjoy the highest health of which they are susceptible.

Artificially arranged, however, as society now is, whole classes of the community find it impossible to dine till much later in the day. The question then comes to be—as we cannot follow the system laid down by nature, what is the next best thing to be done?

Ought we to eat nothing till we can find time to dine at five, or six, or seven o'clock? or ought we rather to take a light meal at the natural time, about one or two o'clock, and reserve our appetite chiefly for the substantial meal which we have leisure to digest?

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When dinner cannot be taken earlier than seven or eight hours after breakfast, most people will find it advantageous to partake of some slight refreshment in the meantime—enough to blunt the keenness of the appetite, but not entirely to destroy it.

If business admits of it, and the person can then command two hours of relaxation, the best plan unquestionably, is to dine about five or six hours after breakfast. But if this be impossible, and active exertion of mind or body must be continued for several hours longer, it will be far better to eat some light refreshment in the forenoon, and to postpone dinner, not only till business is over, but till half an hour or an hours' repose has allowed its attendant excitement or fatigue to subside.

By this means the stomach will enter upon its duties with vigor and the dinner be digested with greater comfort and dispatch, than if we sit down to table the moment our work is finished.

In this way the tedious quarter of an hour preceding the announcement of *dinner* is far from being lost to the subscquent digestion.

Very few people, indeed, can eat a good dinner and return immediately to bodily and intellectual labor with continued impunity.

On this account, actors, for example, whose vocation requires exertion of both mind and body, almost all either dine very early, or take their chief meal at night, on their return home; the latter being the most common practice. Students, literary men, and persons intently engaged in business,

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are very apt to damage themselves by neglecting relaxation at and after meals.

The time for dinner ought, then, to vary according to the constitution, occupation and mode of life of the individual; and the nearer the whole of these can be made to approximate to the intentions of nature, the more vigorous will be the powers of digestion, and the more complete the nutrition of the body.

It would be a waste of time to discuss gravely whether tea and coffee ought to be allowed in the evening.

Custom has already decided the point, and experience has shown that, taken in moderation, they rather promote than impede digestion. When the dinner is early—say one, or two, or three o'clock—a light meal of tea and bread in the evening, is very suitable, as it saves the necessity of eating a heavier supper.

If the individual be accustomed to much active exertion in the afternoon, so as to cause considerable waste in the system, and especially if he be young, a small addition of animal food may be made with great propriety to the evening meal.

But, on the other hand, when the dinner is late, or little exertion is incurred after it—tea or coffee ought to be used more as a diluent than as a meal.

A great deal has been said and written about the properties of tea and coffee as articles of diet. At present, however, we have to do with them only as elements of a third meal, and must reserve discus-

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sion of the other branch of the subject to a future opportunity.

Now, to sum up the whole, the grand rule in fixing the number and periods of our meals is, *to proportion them to the real wants of the system, as modified by age, sex, health and manner of life, and as indicated by the true returns of appetite*, and, as an approximate guide, to bear in mind that under ordinary circumstances of activity and health, three, four, or five hours are required for the digestion of a full meal, and one or two hours more of repose before the stomach can again become fit for the resumption of its labors.

Among the circumstances which favor digestion, the observance of bodily rest and mental tranquility for some time before and after every meal, is perhaps the most important; its influence depends on a well-known law of the animal economy, *viz:* —whenever any living part is called into vivid action, an increased flow of blood and of nervous energy towards it immediately commences, to enable it to sustain the requisite degree of excitement, and continues till some time after the activity has ceased. In accordance with this law, whenever food is swallowed, the lining membrane of the stomach becomes suffused with blood, and owing to the greater distension of its vessels, its color changes from a pink to a deep red hue. After digestion is completed, and the unusual supply of blood is no longer required, the vessels again diminish, and the color returns to its original tint.

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It is obvious, however, that the grand afflux of blood which takes place towards the stomach and intestines during digestion, cannot occur without a corresponding diminution in the quantity circulating on the surface and in other distant parts of the body, attended, of course, with a diminished power of action in them.

Hence, for some time after a full meal, there is an inaptitude for vigorous thinking and bodily exertion, a depression of respiration, and, in delicate persons, a degree of coldness and chill felt over the whole body. But, under ordinary circumstances, this depression is not of long continuance.

After the requisite secretions have been provided for the solution of the food and the formation of the chyle, a re-action and change in the distribution of the blood, now partially renewed by admixture of nutritive chyle, ensues, and by the stimulus which they afford, soon fit the person for the active resumption of his ordinary duties.

That this impaired activity of the other functions after a full meal is natural, and intentionally arranged by the Creator, is plain, both from its universality among all kinds of animals, and from the mode in which it is produced. Among the lower creatures, the sluggishness induced by eating increases in proportion to the degree, in which they gorge themselves with food. The boa constrictor, after a splendid repast, slumbers for a week, and the glutton of our species, in similar circumstances, drops into a stertorous sleep of several hours. If active

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exertion immediately after a full meal be rendered compulsory by any external cause, such as the presence of danger urging to flight, the aliment often remains for hours in the stomach undigested. Again, the very distension of the stomach inseparable from a hearty meal *necessarily* impairs the activity of several of the functions, by directly pressing upon the vessels which supply their organs with blood, and consequently diminishing the stimulus essential to their activity.

The obvious practical inference to be deduced from a consideration of the principle under discussion is, that rest of body and tranquility of mind for a short time both before and after eating, are necessary, and conducive to healthy digestion. And yet the same man who would unhesitatingly dismiss his groom for feeding his horse immediately after a fatiguing chase or a gallop home, would probably think nothing of walking into the house and ordering dinner to be instantly served for himself in similar circumstances. In the army, the difficulty of managing recruits, on a march, in this respect, has often been remarked. Fatigued with days' exertions, they are impatient for food, and, when they get it, can scarcely refrain so long from devouring it as to admit of its being even moderately cooked. They consequently labor under the double disadvantage of eating before the system is in a sufficient state of repose to benefit by the supply, and of having the food itself in a condition unfit for easy digestion.

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The old campaigner, on the other hand, instructed by former experinece, restrains his appetite, systematically kindles his fire, cooks his victuals, and makes his arrangements for the night, with a coolness of deliberation which surprises the recruit; and he is amply repaid for his temporary self-denial, by the greater enjoyment and support which he derives from the very same materials, which the impatience of the other has caused him in a great measure to waste.

Many a valuable horse has been killed by being prematurely fed after fatiguing exercise, and man himself is no exception to the rule.

Again, the state of the mind, indeed, exerts a powerful influence not only on the stomach, but on the whole process of nutrition, and greatly modifies the quantity which may be safely eaten. If the mind be gay and joyous, appetite will be comparatively keen, digestion effective and rapid, and nutrition complete. Examples of this kind abound in childhood, and among an easy-minded, well-fed peasantry. Whereas, if the mind be harassed by care and anxiety, or devoured by grief, envy, jealousy, or other troubles and disquieting passions, the healthy calls of appetite will be scarcely known, and digestion and nutrition will be equally impaired. This fact is exemplified on a large scale in every commercial country, and especially in times of *public distress* and *political change*.

Shakspeare obviously had the principle in view when be made Cæsar exclaim :——

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"Let me have men about me that are *fat*,
Sleek-headed men and such as sleep o'nights,
Yond' Cassius has *a lean and hungry look*;
He thinks too much: such men are dangerous.

Anthony—Fear him not, Cæsar, he's not dangerous,
He is a noble Roman,and well given.

Cæsar— Would he were fatter, but I fear him not;
Yet if my name were liable to fear,
I do not know the man I should avoid
So soon as that spare Cassius. He reads much.
He is a great observer, and he looks
Quite through the deeds of men! *he loves no plays*,
As thou dost, Anthony! he hears no music,
Seldom he smiles, and smiles in such a sort
As if he mocked himself and scorned his spirit
That could be moved to smile at anything.
Such men as he be never at heart's ease
While they behold a greater than themselves,
And therefore are they very dangerous."

In denouncing active exertion of mind or body, immediately after eating, as inimical to digestion, it is not meant that we should go to sleep, or indulge in absolute listlessness. A weak constitution may require something like complete repose, but a person in ordinary health may indulge in a leisurely saunter or pleasant conversation, not only without injury but with positive benefit, and perhaps there is no situation in which digestion goes on so favorably, as during the cheerful play of sentiment in the after-dinner small-talk of a well-assorted circle.

On the subject of drinks two questions naturally occur: *Where* ought we to drink? and *what* ought we to drink? On both I shall offer a few very brief remarks:

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As a general rule, the desire for liquids will in itself be an indication of their propriety! but in gratifying it, we should be careful not to drink so fast as either to distend the stomach beyond proper bounds, or to disturb the process of digestion by undue dilution too soon after eating.

The question of drink is of little importance as regards breakfast.

During the night, the chief expenditure of the system—by perspiration, urine, and exhalation from the lungs—is of a fluid nature, and hence there is a marked and general preference of fluids as a part of our first meal. In this country, tea, coffee, and chocolate are in almost universal use for breakfast, and no other liquid is required merely as drink. If, from the mode of life, or other causes, thirst be excited in the forenoon, no valid objection can be urged against its moderate and reasonable gratification.

The *temperature* at which liquids are taken, is a matter of perhaps greater consequence than it is usually considered.

As regards the teeth, they being living parts, and at the same time endowed with a mechanical function, are liable to injury in both capacities.

Being composed chiefly of earthy matter, such as phosphate and carbonate of lime, the contact of strong acids decompose their substances, and leads to their rapid decay. Hence, the whiteness produced by acid tooth-powders and washes, is not less deceitful than ruinous in its consequences! and hence

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also great caution is necessary in swallowing the acid drops so frequently prescribed by the old school physician, which ought never to be allowed to come in contact with the teeth.

Being constantly moistened with saliva, the teeth have a tendency to become incrusted with the tartar, or earthy matter, which it contains in solution, and which is separated from it partly by the evaporation of the more fluid constituents in breathing, and partly by chemical decomposition. As this incrustation not only destroys the beauty of the teeth, but also promotes their decay, it becomes an object of care to remove it as soon as it is formed, and the most effectual mode of doing so is to brush the teeth regularly twice a day, especially in the morning, when the quantity is greatest—with a brush dipped in soft water, till every particle is removed.

The addition of any soft impalpable powder will assist in the effect; but nothing capable of acting chemically on the teeth, or of injuring them by friction, ought ever to be resorted to. Washing the mouth after every meal is also a good preservative, and should never be neglected.

Considered as *living* parts, the teeth require some additional care. In that capacity they are exceedingly apt to suffer from sudden changes of temperature. Being from their solidity rapid conductors of heat, their internal nerve speedily becomes affected by the alterations of temperature to which they are daily exposed, both in taking food, and in the chan-

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ges from a warm to a cold atmosphere. It is a not uncommon practice, for example, to take a glass of cold wine or water immediately after finishing a plateful of very hot soup; and it is quite usual to take tea and coffee, and every kind of meat, as hot as they can possibly be swallowed—than which practices it would be difficult to imagine anything more hurtful to the teeth.

For the same reason, in going out at night from a warm room to the cold air, it is desirable to protect the teeth from the influence of the sudden change, by breathing through two or three folds of a silk handkerchief, or through a woolen *comforter*. When the teeth and lower part of the face are left exposed in such circumstances, rheumatism and toothache not unfrequently ensue from the direct impression of the cold air upon parts rendered more susceptible by the preceding heat.

As regards the *temperature* of liquids taken into the stomach the same principle holds true, and when we consider the multitude and intricacy of its nervous connections with other vital organs, we cannot be surprised at even sudden death being frequently caused by drinking ice-cold water when the body is weakened by profuse perspiration.

When great thirst has been excited either by bodily labor or by external heat, it will generally be more effectually, as well as safely, quenched by drinking moderately of tepid than of cold fluids. A tepid draught—a cup of tea for example—produces no disturbing action in the stomach, and being

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immediately absorbed, supplies the deficiency of fluid without changing the balance of the circulation; whereas, cold drink, by the suddenness of its impression, disturbs the balance of the circulation, and excites a degree of reaction which increases the original discomfort. If the system is at the same time weakened by fatigue, cold drinks are always injurious.

On the subject of *the kind of drinks* which ought to be taken a great deal might be said, were it necessary to discuss here the qualities of all the liquors that are in use. But as my purpose is very different, a few general remarks will be enough.

Water is a safe drink for all constitutions, provided it be resorted to in obedience to the dictates of natural thirst only, and not of habit, and with the precautions already pointed out; but unless the desire for it is felt, there is no occasion for its use during a meal, for the mere purpose of obeying a general rule. Toast and water, whey, beer, barley water, ærated and soda water, and other liquids of similar kind, which are little stronger than pure water, may be used, according to the same general principle, by those who prefer them and find them agreeable to the stomach. But with regard to such fermented liquors as porter, ale, spirits and wine, much greater restriction is necessary, because much good or evil may be done by them when properly or improperly administered.

The primary effect of all distilled and fermented liquors is to *stimulate to nervous system and quicken the circulation*.

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In all conditions, therefore, in which the action of those requires to be increased or supported, they are calculated to be useful; and, on the contrary, where it requires to be soothed and abated, they are sure to be prejudicial.

As the sole object of Part Second of this volume is to make the reader acquainted with the *natural* laws of the animal economy, and with the means by which aberrations from them may be prevented and health preserved, I shall not enter at all upon the discussion either of the morbid conditions of the bowels, or of the remedies by which these may be cured, but will take them up in alphabetical order in Part Third.

As to the choice of different articles of food it would be easy to fill many pages with disquisitions about the preference due to individual articles of food, were such the purpose which I had in view. But books devoted to this branch of the subject abound, and are already in general circulation, and as I have nothing new to add to what is contained in them, it would be makiug a needless demand on the patience of the reader merely to repeat what is to be found in so many other works.

My object is the exposition of practical principles rather than of minute details; if I have succeeded in the attempt I shall be greatly pleased.

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PART III.

The Practice of Homœopathic Medicine Simplified for the use of Families.

It is often remarked that the domestic works on Homœopathy seem to contain every phase and symptom of disease except the particular one which it is required to treat, and from the plan upon which most of the Domestic Treatises are written, it is necessarily difficult to embrace many of these features of disease which commonly arise, without being very lengthy, and therefore perplexing in the direction given. With a view of obviating this difficulty I have compiled from the various Homœopathic works at my command the following pages.

The medicines are mentioned in the order of their well known curative properties, and only the principal or "key notes" are given, so as to avoid confusion and delay in selecting a remedy.

BOILS. BELL.—in repeated doses and of a low dilution if you commence in the inflammatory stage and before matter has formed; if they have got beyond this stage they must be treated

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locally, which is a surgical matter, but suppuration may be favored by a few doses of HEPAR or SIL.

SUL.—where there is a constitutional tendency.

CATARRH. ACT.—once followed by CAMP., but if the fever has already set in, and the temperature is still rising, ACT. alone should be given. If it is a *running cold* with pains in the bones, MER. may be alternated with ACT.

DULC.—when the Catarrh is brought on by exposure to dampness.

ARS.—where it rages as an epidemic, and if the bone pains are very distressing a few doses of EUPAT. in alternation, would be of advantage.

CHAPS OF THE SKIN. CAL. CARB.—Rough and dry skin, most suitable to persons who work in water.

HEPAR—cracks and chops. Unhealthy skin.

MER.—cracks deep and bleeding; it is also advisable to anoint the hands at night on retiring, with Althea Ointment.

COLIC—*from indigestion*, brought on by either overloading the stomach or from improper or unhealthy nourishment.

NUX—after coffee, brandy and large meals.

PULSAT.—after fat food, pastry and flatulent food.

IPEC.—after sour and acrid fruits and salads.

ARS.—after ice-water and ice-cream.

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COLIC—*flatulent*, characterized by distention of the abdomen, gurgling in the bowels causing pain and shortness of breath.

BELL.—a tendency to congestion of the head.

CARB. VEG.—sour belching which affords no relief.

CHAM.—abdomen drum-like, with small quantities of wind passing off which afford no relief.

NUX—when there is great pressure upward.

COLIC—*rheumatic*, follows upon suddenly taking cold or getting wet.

ACT.—after exposure to sharp north-west wind, suppressed perspiration.

COLOCY.—hot or cold skin, contracting, pinching, cutting pains, causing patient to sit doubled up.

DUL.—the cramp is attended with nausea in stomach followed by diarrhœa.

RHUS.—getting wet all over.

CONSTIPATION, ACUTE. OPH.—where there seems to be an accumlation of fæces and a sluggishness of the peristaltic action.

CONSTIPATION, CHRONIC. SUL.—a few doses at the commencement, following this with BRY., if the person leads a sedentary life—is subject to rheumatism; or NUX if the patient is subject to piles, and abuses the use of spirituous liquors.

PHOS.—in consumptive and old people.

MER, VIV.—stool black, tenacious, (pitch like) bitter taste, but no loss of appetite.

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COUGH. ARS.—asthmatic subjects, worse in the evening, and at night after lying down.

BELL.—dry spasmodic cough with determination of blood to the head, also *second stage of hooping cough.*

BRY.—cough dry, worse in the day-time, tickling and soreness behind breast bone, stitches in side and pain in head.

IPEC.—spasmodic cough, causing blueness of the face, with retching and vomiting and mucous expectorations. *First stage of hooping cough.*

MER. VIV.—excited by tickling, or a feeling of dryness in the throat, a disposition to perspire, worse at night.

RHUS.—cough on awaking in the morning, with bitter taste, and vomiting of food taken.

SPONG.—dry, hollow, barking cough day and night, with burning in chest.

CROUP. This is one of the most important of children's diseases, and from its strong tendency to end in death, its violent symptoms and acute accession, *it requires prompt and skillful treatment.*

ACT. and SPONG.—in alternation every quarter or half hour to every hour, generally suffices in cases of so-called catarrhal croup.

Bœnhausen says the true symptoms of croup nearly always disappear after administering the following remedies: ACT., HEP. and SPONG. He gives five powders, thus, No. 1 and 2, ACT.

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3 and 5, HEPAR, and 4, SPONG, and allows from one to three hours to pass between the administration of each powder.

DIARRHŒA, ACUTE. CHINA—when there is simply an increase in the frequency and quantity with griping pains in the abdomen.

VERAT.—if stools are very watery and expelled with violence, and there is but little griping, and the attack commences with vomiting.

ARS.—violent thirst, worse after midnight, great debility.

MER.—slimy, frothy, bilious evacuations.

DYSENTERY. MER.—in alternation with ACT., is generally sufficient; if there is much tormina, it may be alternated with COLOCY., and if there is great tenesmus, alternate it with IPEC.

ARS.—great debility and involuntary evacuations.

EARACHE. BELL.—great sensibility to the least noise, shooting and tearing pains extending into throat.

PULS.—when the external ear is affected with darting, tearing pains, hardness of hearing, especially from a cold or suppressed measles.

NUX—if the pains extend into the temples, forehead and bones of the face.

EYE-LIDS, STYES ON THE. A few doses of PULS. generally arrests the progress of the disease, and if there is a disposition to recurrence, SUL. will check it.

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EYES, INFLAMMATION OF. ACT.–in most cases at the commencement; great dread of light, burning, sticking pains, with dark redness of the vessels. ARN., if from an injury.

BELL.—pains around the eyes, aggravated by motion; very sensitive to the light, and pain in the head.

BRY.—pain in head when eyes are opened, with swollen lids.

MER.—sensation of sand under the lids, worse in the evening, or when getting warm in bed, itching.

PULS.—great dryness or copious lachrymation, swelling of the lids.

RHUS—when there is an erysipelous tendency with continued burning.

SUL.—vesicles, ulcers and pustules round the eyes.

FATIGUE, SUFFERING FROM. ARN.—if from labor or bodily exertion.

BELL.—headache after study.

CALC.—the least exertion or conversation fatigues one.

CHIN.—after bodily exertion with profuse sweat.

NUX.—from studying, and when leading sedentary life; worse in the open air.

PULS.—relief in the open air.

GIDDINESS. ACT.–red face, cloudiness before the eyes, worse on raising the head when lying or stooping.

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BELL.--pressure on the forehead with a sensation of fulness, staggering, swimming in head with partial loss of consciousness.

MER.—on arising in the morning or in the evening with nausea and dimness.

NUX—if from wine, coffee or excessive mental exertions, buzzing in the ears, danger of falling during or after a meal.

PULS.—nausea, pale face when raising the eyes, relieved in the open air, or from eating rich food.

SUL.—when sitting, or ascending an eminence.

GUMBOIL. ACT. and BELL.—in repeated doses, if given in time will often cut the disease short.

MER. or PHOS.—if the trouble is produced by a diseased fang.

HEADACHE. ACT.—red, bloated face, burning, contractive pains, especially over the root of the nose.

BELL.—pains over the eyes, with violent throbbing, and pressure as though the head would split open; can not bear the least noise, light or motion.

BRY.—pain worse when moving, sensation as though the head was being compressed, when produced by bad weather or heat.

CHINA—aggravated by contact, scalp very sensitive to the touch.

MER. VIV.—worse at night, and when getting warm in bed.

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NUX--from spirituous liquors, excessive study, constipation, worse when stooping in the open air or after eating; head feels very heavy.

PULS.—pale face, worse during rest or in the evening, better in the open air, shooting, tearing, humming in the ears.

HOARSENESS. CARB. VEG.—worse in the evening, and after talking; burning under the breast bone.

MER. VIV.—great thirst, sweat without relief, throat feels dry, worse in the evening.

PHOS.—violent catarrh with hoarseness.

HOOPING COUGH. ACT. and IPEC.—in alternation at the commencement; if the spasmodic stage is well marked "DROSERA."

BELL.—where there is marked head symptoms.

INFANTS, COLD IN THE HEAD OF. CHAM.—one cheek red and the other one pale; discharge of water from the nose.

NUX.—dry stoppage of the nose, &c.

CARB. VEG.—if aggravated in the evening.

DUL.—if aggraved in the open air.

NFANTS, COLIC OF. CHAM.—Child cries and bends double, face red.

BELL.—Face pale.

IPEC.—Cries, with fermented diarrhœa.

INFANTS, CONSTIPATION OF. BRY.—Stool large-sized, hard and tough.

Nux.—Ineffectual urging to stool, with apparent inactivity of the bowels.

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INFANTS, SPASMS OR CONVULSIONS OF. BELL.—Dilated pupils, coldness of the whole body.

CHAM.—Redness of one cheek, involuntary movements of the head.

IGNAT.—When we are not certain from what the fits arise, when they return every day at the same hour.

INFANTS, CRYING OF. BELL.—When crying without any apparent cause.

CHAM.—One red cheek, if there is head-ache or ear-ache.

IEFANTS, DENTITION OF.—Restless, obstinate, wakeful,—COFFEE, unless the mother is in the habit of drinking coffee, then give ACT. and in some cases it will have to be followed by CHAM., or if mother drinks coffee and child's face is red without fever, give OPII.

CAL-CARB. if the teeth are slow in coming through.

NUX.—If there is constipation with fever and a dry hacking cough. IPEC.—if there is vomiting and diarrhœa.

BELL.— Starting and jerking through the whole body during sleep, with evening exacerbations.

INFANTS, DIARRŒA OF. RHEI.—Tenesmus, stools smell sour, and the child also.

CHAM.—Stools greenish, colic, red face.

BELL.—Violent colic, face pale.

IPEC. OR NUX.—When it manifests itself in the heat of summer.

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BRY. or CARB. VEG.—Returning when the weather becomes warmer.

DUL.—Returning when the weather becomes cooler.

ARS.—Emaciation, great weakness, pallor, worse after midnight.

INFANTS, EXCORIATION OF. CHAM.—Easily excoriated with great sensitiveness to the touch.

SUL.—If there is a rash and in obstinate cases.

INFANTS, INDIGESTION OF. IPEC—Vomiting, with diarrhœa.

NUX—Vomiting, with constipation.

PULS.—If arising from pastry or rich food, or if IPEC. is insufficient.

INFANTS, RED GUM OF. BRY.—White miliary eruptions, with constipation and distension of the bowels.

SUL. in most stages of the disease.

LABOR-PAINS. CHAM.—Pains too acute and too long and spasmodic, convulsions or spasm during the pains.

COFFEE.—When patient is almost driven to despair.

PULS.—The pains succeeding each other slowly, inactivity of the uterus after the birth.

LEUCORRHŒA, (WHITES). This can hardly be called a disease, but rather a symptom of some of the many uterine maladies.

The most common form is that occurring in those who have had severe abortions, or who

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have borne children too frequently—in such cases LEP. is chief remedy.

PULS. may be used when there is great debility, with cutting pains in the back, and the discharge is thick and corrosive.

CAL. CARB,—Flowing before the menses and by fits, like milk, producing a burning and itching sensation.

MEASLES. ACT. is the chief medicine and should be continued throughout the disease.

PULS. —may be given in alternation with ACT., to facilitate the erruption.

BRY.—is recommended for recalling the eruption, especially where there is much suffering in the chest from its retrocession.

MENSTRUATION, PAINFUL. CHAM.—pressure extending from the small of the back to the abdomen and downwards; pains resembling labor pains.

NUX.—giddiness, debility, tendency of blood to the head, nausea, with fainting early in the morning.

PULS.—discharge black and coagulated; colic and nausea.

MENSTRUATION, SUPPRESSED. PULS.—from getting wet or catching cold; palpitation of the heart, most suitable to individuals of a mild disposition.

GRAPHITES (stands next to PULS.) constipation, with heaviness of the limbs and congestion of blood to the head.

ACT.—if from fright.

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MILK, EXCESSIVE FLOW OF. BELL.—pulsations in the breasts, with fulness and hardness.
BRY.—breasts swollen, hard and knotty.

MILK, SUPPRESSION OF. PULS.—if caused by a chill; in most cases.

BELL and BRY.—may be alternated if the abdominal organs are affected and the breasts become hard and knotty.

FEVER. ACT.—if there is redness and tension in the breasts, accompanied with fever.

BRY.—may be alternated with ACT. if there is constipation and rheumatic pains.

CHAM. if caused by violent emotion or a chill and there is great nervous excitement.

MUMPS, MER. and ACT.—if patient be feverish.

PULS.—if there is metastasis to the testicles or mammæ,

BELL.—if there is mestatasis to the brain.

NEURALGIA. ARS.— pains intensely agonizing and of a darting, burning character, great restlessness and anguish, which is at first relieved by cold applications, but in a few moments it is increased; worse during rest; diminished during exercise. Pains intermittent in character.

BELL.—violent pain when rubbing or pressing the parts. Worse when exposed to the light, motion or noise. When in each attack of of the pain the face flushes up, the cheeks burning hot, the eyes red and watering.

RHUS.—I would suggest a trial of this remedy in chronic cases.

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NIPPLES, EXCORIATING. ARN.—for simple soreness both locally and internally; if this proved insufficient I should give a few doses of SUL.

CHAM. is chiefly suitable where the nipples are highly inflamed, or where they are ulcerated.

PILES. SUL. and NUX.—in alternation where there is little or no bleeding, but are very annoying from their fulness.

HAMAMELIS—in bleeding piles and if there is much fever any of these remedies may be alternated with ACT.

PLEURISY. ACT. and BRY.—in alternation generally suffices, but to complete the cure we may follow this with SILL.

PNEUMONIA. ACT.—always to commence the treatment with, and if in twenty-four hours there is no material abatement, we must have recourse to PHOS. or BRY.

PHOS.—for broncho-pneumonia

BRY.—for pleuro-pneumonia.

SUL.—(a few doses of) whenever amelioration takes place but is not permanent.

PREGNANCY, SLEEPLESSNESS OF. ACT.—if attended with fever.

NUX.—when patient sleeps well on first retiring, but wakes early in the morning and can not get to sleep again.

COFFEE.— when the patient cannot get to sleep for a long time after retiring.

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CHAM.—in the latter months when sleep is often hindered by cramps in the calves, etc., generally called fidgets.

PREGNANCY, VOMITING DURING. IPEC.—in simple uncomplicated cases.

NUX.—nausea and vomiting every morning on rising, headache, constipation and a hemorhoidal tendency.

LEAC.—inclination to vomit early in the morning, in bed; vomiting of food.

PREG. CONSTIPATION DURING. BRY.—hard tough stool.

NUX.—from sedentary habits, ineffectual urging, inactivity of the bowels.

QUINSY. BELL.—choking and spasmodic constriction of the throat, inflammation and swelling of the palate, uvula and tonsils, so that swallowing is almost impossible. Shooting and darting pains in throat.

MER.—when the stiches in the throat and tonsils extend to the ears and glands, with a tendency to suppuration.

RHEUMATISM, ACUTE. ACT.—shooting pains, worse at night, light fever, and after the fever has subsided follow this with BRY.

RHEUMATISM, CHRONIC. BRY.—if there is much heat and swelling.

RHUS.—when the tendons, nerves, &c., are chiefly affected, and where motion at first increases the pain, but continued motion relieves it; worse in damp weather.

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PULS.—when the knee and ankle joints are involved, fingers become stiff and curved.

SCARLET FEVER. ACT. and BELL.—in alternation in *simple and uncomplicated* cases, generally relieves the patient, and even in the more grave forms it would be advisable to administer a few doses of the above while waiting for the arrival of the physician, the call for whom should not be postponed till the eleventh hour, causing the patient thereby unnecessary suffering.

SORE THROAT. BELL.—the membrane highly inflamed without much swelling; a feeling of rawness, and where there is much fever and a pricking sensation in the throat, ACT. may be alternated.

MER. if BELL. does not relieve the symptoms, and there is a tendency to ulceration.

LAC.—where the left side is specially affected, and where BELL. and MER. are not sufficient, and there is a constant desire to swallow.

TOOTHACHE. BRY. (*mother tincture*)—applied locally on cotton held between the gum and cheek, will generally relieve the pain in a few minutes; in addition to this, one of the following remedies may be administered:

CHINA—dull pains, worse at night, or after the least contact.

NUX—jerking pain, swelling and throbbing of the gums, worse in the open air or at night in persons who lead a sedentary life and are fond of coffee or wine.

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PULS.—shooting pains which extend into the ears, eye, face and head; face pale, relieved by cold application.

CHAM.—pains driving almost to despair, with swollen, red, hot cheeks, or *especially* on one side, worse from warm applications, and especially at night in bed.

BELL.—more especially adapted to females and children in inflammatory and congestive toothache; great thirst, worse by contact with food.

VOMITING. BRY.—especially after eating food which one relishes, of bitter water, or of bile.

IPEC.—occurring after eating or drinking ever so little.

PULS.—from overloading the stomach, or after eating fat, rich food.

NUX—periodical attacks after wines and spirituous liquors, or from weakness of stomach.

VERAT—stomach very sensitive to the touch, with burning pains, vomiting occurring before, during or immediately after a stool, great prostration, frothy.

WORMS. VIOL. ORDA., 6th—a dose every 4 hours for three days, and follow this with STAN. 30th, one dose every third night for twelve days generally relieves all of the symptoms.

CINA—pale, bloated face, livid circles around the eyes, abdomen swollen and drum-like, fever and colic.

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PART IV.

THE CINCINNATI HOMŒOPATHIC MEDICAL DISPENSARY.

ITS HISTORY.

On November twelfth, 1867, pursuant to a call issued through the papers of this city, there assembled at the Burnet House, for the purpose of organizing a benevolent Association, the following named persons: S. C. Newton, John P. Epply, J. W. Canfield, Hugh McBirney, P. P. Lane, Dr. T. C. Bradford, Dr. E. B. Thomas, Dr. Wm. Owens, F. Eckstein, Jethro Mitchel, C. Taylor Jones, and John E. Bell.

Mr. S. C. Newton being called to the chair and John E. Bell to act as Secretary, the following resolution was adopted, *viz.*

"That we, the undersigned, form ourselves into an association to be incorporated and known as the Cincinnati Homœopathic Medical Dispensary, the object of which shall be the gratuitous dispensing of Homœopathic medicine to the sick poor of Cincinnati and vicinity."

At a subsequent meeting the following gentlemen were elected Trustees for the first year.

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TRUSTEES FOR 1868.

Hugh McBirney,
C. Taylor Jones,
P. W. Strader,
Alfred Gaither,
A. H. Hinkle,
J. K. Sterrett,
Gazzum Gano,
Fred. Eckstein,
S. S. Davis,
John Shillito,
John E. Bell, *Clerk.*
J. W. Canfield,
N. S. Jones,
Wesley Taylor,
S. C. Newton,
P. P. Lane,
Howell Gano,
John P. Epply
J. H. Cheever
*M. B. Hagar
Bellamy Stor

OFFICERS FOR 1868.

S. C. Newton, *President.*
Hugh McBirney, *Vice-President,*
Gazzum Gano, *Treasurer.*
John E. Bell, *Secretary.*

STANDING COMMITTEES.

FINANCE.

J. H. Cheever,
Wesley Taylor,
†John P. Epply,
A. H. Hinkle,
P. W. Strader
Gazzum Gano

DISPENSARY.

P. P. Lane,
J. K. Sterrett,
M. B. Hagan
Howell Gano,
C. Taylor Jones.

*Resigned and Jos. Emery was apponted to fill vacancy.
†Resigned, and Hugh McBirney was appointed to fill vacan

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HOSPITAL.

Alfred Gaither, J. W. Canfield,
N. S. Jones, B. Storer,
John Shillito.

On February the twenty-fifth, 1868, the Finance Committee reported having secured subscriptions amounting to twelve hundred and fifty dollars, as donations, and also ten annual subscribers, at five dollars each.

On the same date the Dispensary Committee reported having rented No. 308 Race St., for dispensary purposes, at a rent of six hundred dollars per year.

The Committee was then instructed to fit up the said building for dispensary use at a cost not exceeding five hundred dollars, and also to select and employ a resident physician.

On March tenth, 1868, the Dispensary Committee reported the rooms at 308 Race St., ready for occupancy, and that one Dr. W. Draper had been employed as resident physician.

From this date (March 10, 1868,) there was little or nothing of importance transacted till August 27, when the resignation of Dr. Draper being excepted, the Dispensary Committee were instructed to secure the services of some competent person to fill the vacancy, and at an adjourned meeting held September first, reported that they had secured the services of one Dr. J. A. Cloud.

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Dr. Cloud entered upon his duties as resident physician, September 3d, up to which period there had been but thirty-seven patients treated, and at that date there were no patients under treatment. The following table will show the progress that has been made under Dr. Cloud's management:

Patients	treated	from	Sept. 3, to Sept. 16, inclusive	20
"	"	"	Sept. 17 to Oct. 15	do.....37
"	"	"	Oct. 16 to Nov, 3d.	do.....39
"	"	"	Nov. 4, to Dec. 3	do.....92
"	"	"	Dec. 4 to Dec. 31st,	do 130
"	"	"	Jan. 1 1869 to to Jan. 31	do.....139
"	"	"	Feb. 1 to Feb. 28	do.....137
"	"	"	March 1 to March 31	do.....144

The Dispensary up to this time has been sustained by private subscription, but the increased number of patients demands a larger outlay than those subscriptions will furnish, so the Trustees resolved to hold a Fair to supply this demand, trusting to the generosity of the good people of Cincinnati and vicinity to make this, their Fair, a success. The resident physician, to extend the benefit of the institution, has from time to time visited nearly two thousand families, and distributed over two thousand five hundred cards.

From September 1st. 1868, to April 1st. 1869, the following labor has been performed by the resident physician:

Number of office patients treated	.....	477
" "	Out-door patients treated	 144
" "	Visits made	 641
" "	Prescriptions made	 1623

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Number of		Medical cases attended	577
"	"	Surgical cases treated	20
"	"	Vaccinations performed	33
"	"	Obstetrical cases attended	5
"	"	Cases sent to hospital,	20
"	"	Cases recovered	343
"	"	Deaths.	2

At the present time there is from one hundred and fifty to two hundred patients treated monthly by the resident physician, and in addition to attending to the wants of his fellow sufferers in Cincinnati, there is frequently calls left, and answered, for Covington, Newport, Fulton, Hamilton, Walnut Hills, Mt. Auburn, and College Hill, and as a very large number of these patients live some distance from the line of our street railways, and therefore can only be reached by foot (there being no private conveyance at present furnished to the resident physician) a great amount of valuable time is thus consumed which might be turned to a more profitable account by visiting the poor and seeking out the sick, for this is the *only way* by which we can accomplish the end we all so much desire; for an institution of this kind, where all, irrespective of age, sex, color, religion or nativity, may come and be healed, is comparatively such a new thing in this city, that two-thirds of the class its benefits are intended to reach, are not even aware of its existence, and never will be unless some one visits them and explains the whole matter to them, and who shall do this, but the resident physician? True, the laymen can do a great deal by sending any worthy

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sick persons that come under their notice, to the Dispensary, for medical aid and advice, but as the number thus sent is comparatively small, and as the past is beyond recall, the present only is ours and the future what we make it; the resident physician hopes, that the laymen, one and all, will hereafter bear in mind, that there is such an institution, and give it *their support* and countenance, at least in this respect.

INCORPORATION AND BY-LAWS.

The institution was incorporated and the following By-Laws adopted December 17, 1867:

ART. 1. Any person who shall at one time contribute the sum of *five dollars* shall be a member of the corporation for one year.

ART. 2. Any person who shall contribute at one time *fifty dollars*, to the permanent fund of the Dispensary shall be a life member and entitled to all the privileges of membership.

ART. 3. Any person who shall contribute at one time *one hundred dollars* to the permanent fund of the Dispensary shall be a patron and entitled to all the privileges of membership.

ART. 4. The members of the corporation shall hold an annual meeting on the second Monday in January of each year, at which the annual reports shall be submitted and twenty persons elected to serve as Trustees for the next year.

ART. 5. The Board of Trustees shall hold regular

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meetings on the first Thursday following the first Monday of each month, and such other special meetings as may be called by the Secretary on application of three members of the Board; at which five members shall be a quorum for the transaction of business.

ART. 6. The Board shall, at its first meeting after election appoint three standing Committees of five persons each who shall serve for one year viz: one on Dispensary, one on Finance, and one on Hospital, who shall report in writing to each meeting of the Board, or whenever required.

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Officers for 1869.

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JNO. P. EPPLY,
E. H. CARTER,
GAZZIUM GANO,
DR. WM. OWENS,
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J. H. CHEEVER,
ROBERT ALLISON,
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A. H. HINKLE,
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JAMES M. BISHOP,
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WESLEY TAYLOR.

OFFICERS.

MR. S. C. NEWTON, PRESIDENT.
MR. F. ECKSTEIN, VICE PRESIDENT.
MR. GAZZUM GANO, TREASURER.
DR. J. A. CLOUD, SECRETARY.

STANDING COMMITTEES.

Dispensary.

JNO. P. EPPLY,
J. H. CHEEVER,
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WESLEY TAYLOR,
S. C. NEWTON,

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Hospital.

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A. FONTAYNE,
ROBERT ALLISON,

Finance.

GAZZIUM GANO,
P. P. LANE,
P. W. STRADER.

F. ECKSTEIN,
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Aug. Wessell,	5 00	C. Hitchcock,	5 00
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Jacob Elsas,	5 00	Wm. Williamson,	5 00
Wm. Holmes,	5 00	H. S. Holmes,	5 00
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MRS. E. H. CARTER, VICE PRESIDENT.
MRS. J. W. CANFIELD, TREASURER.
MRS. DR. CLOUD, SECRETARY.

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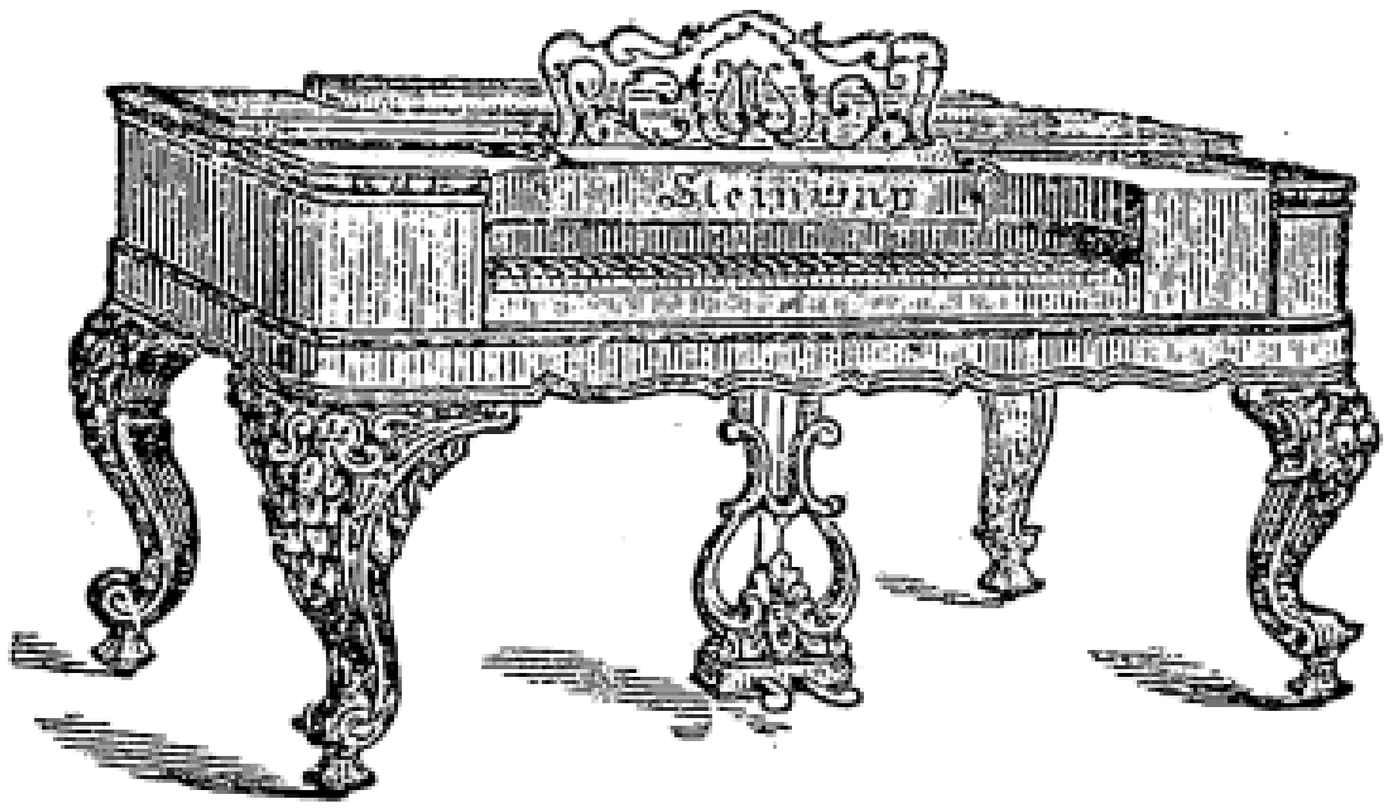

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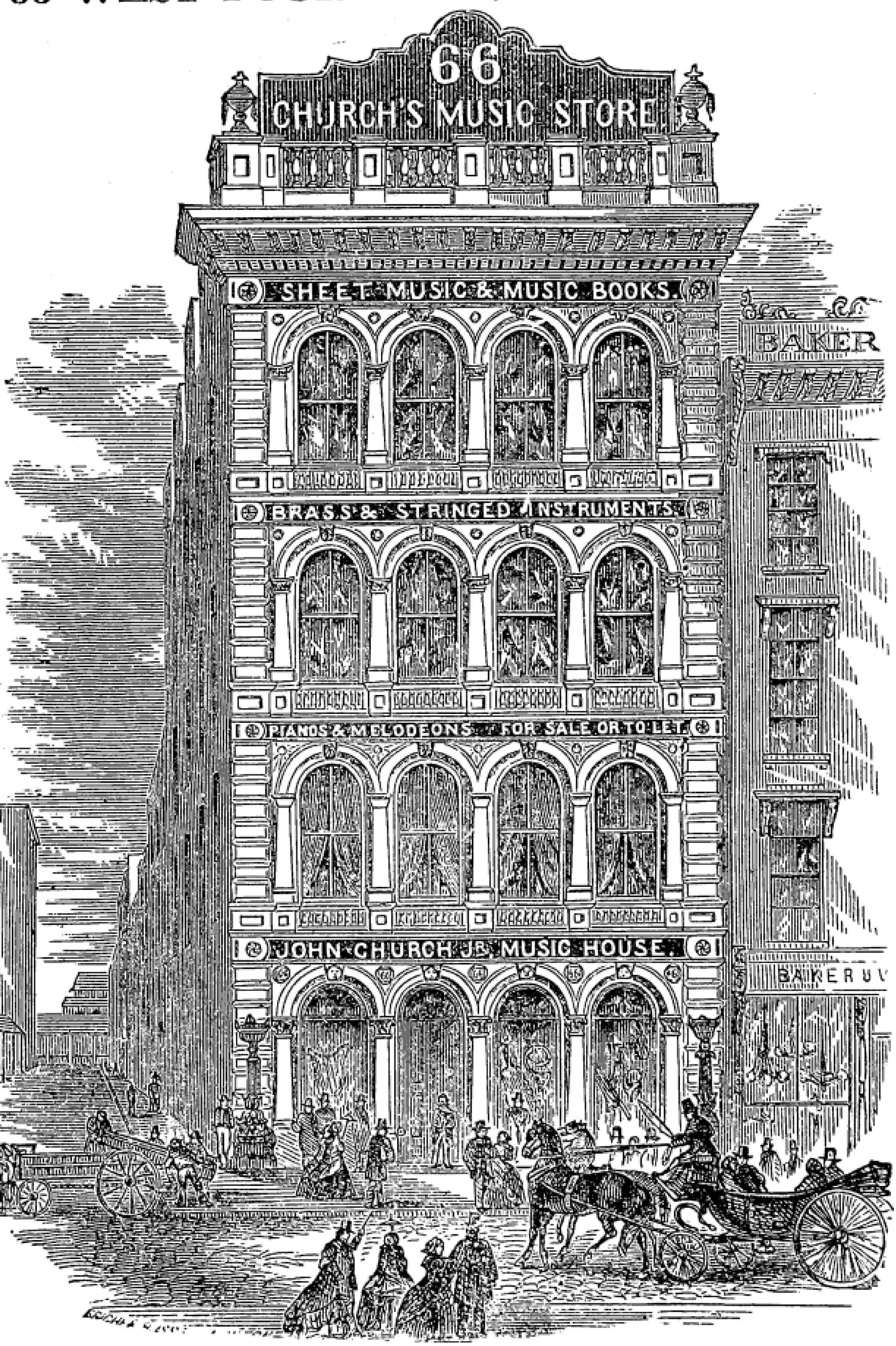

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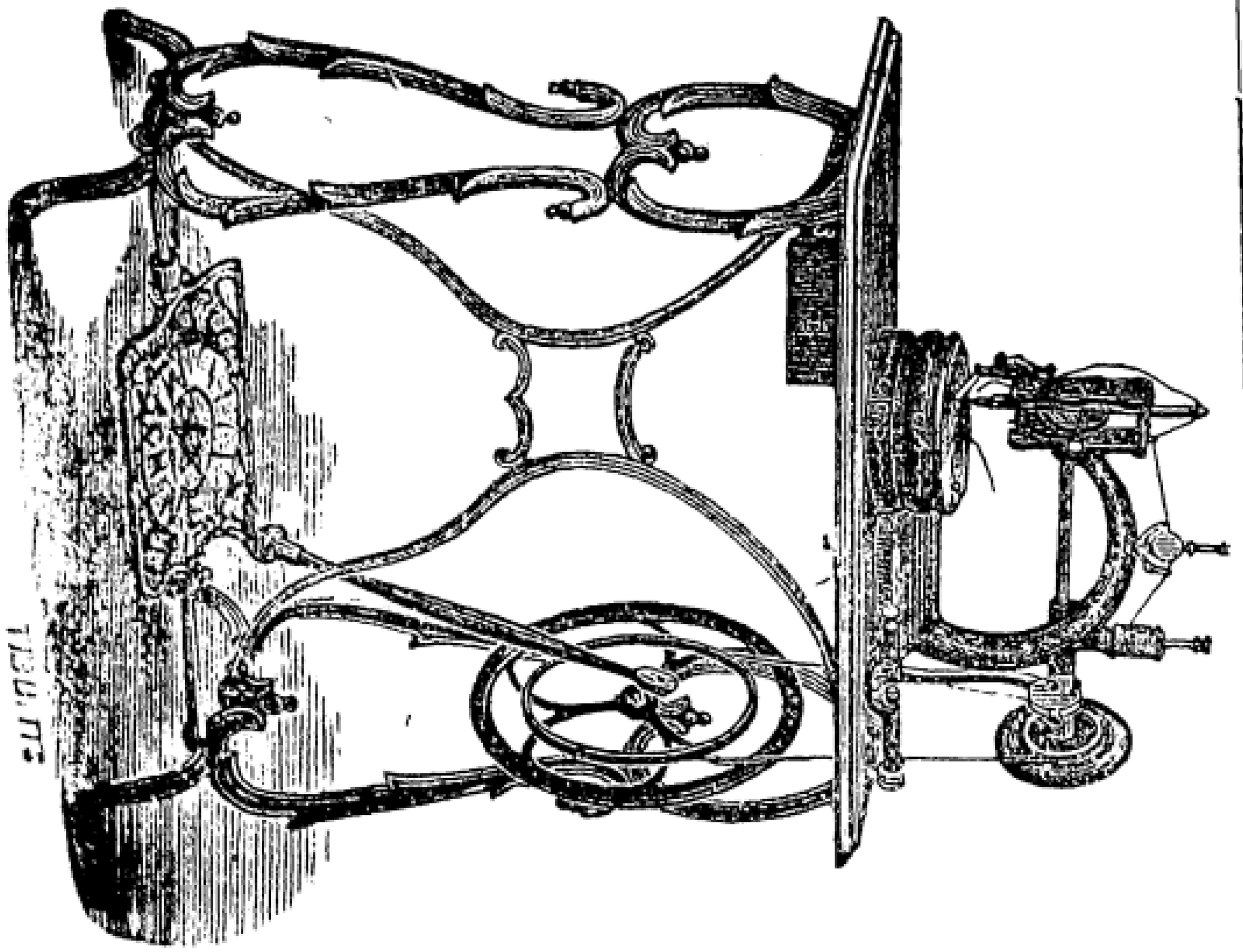

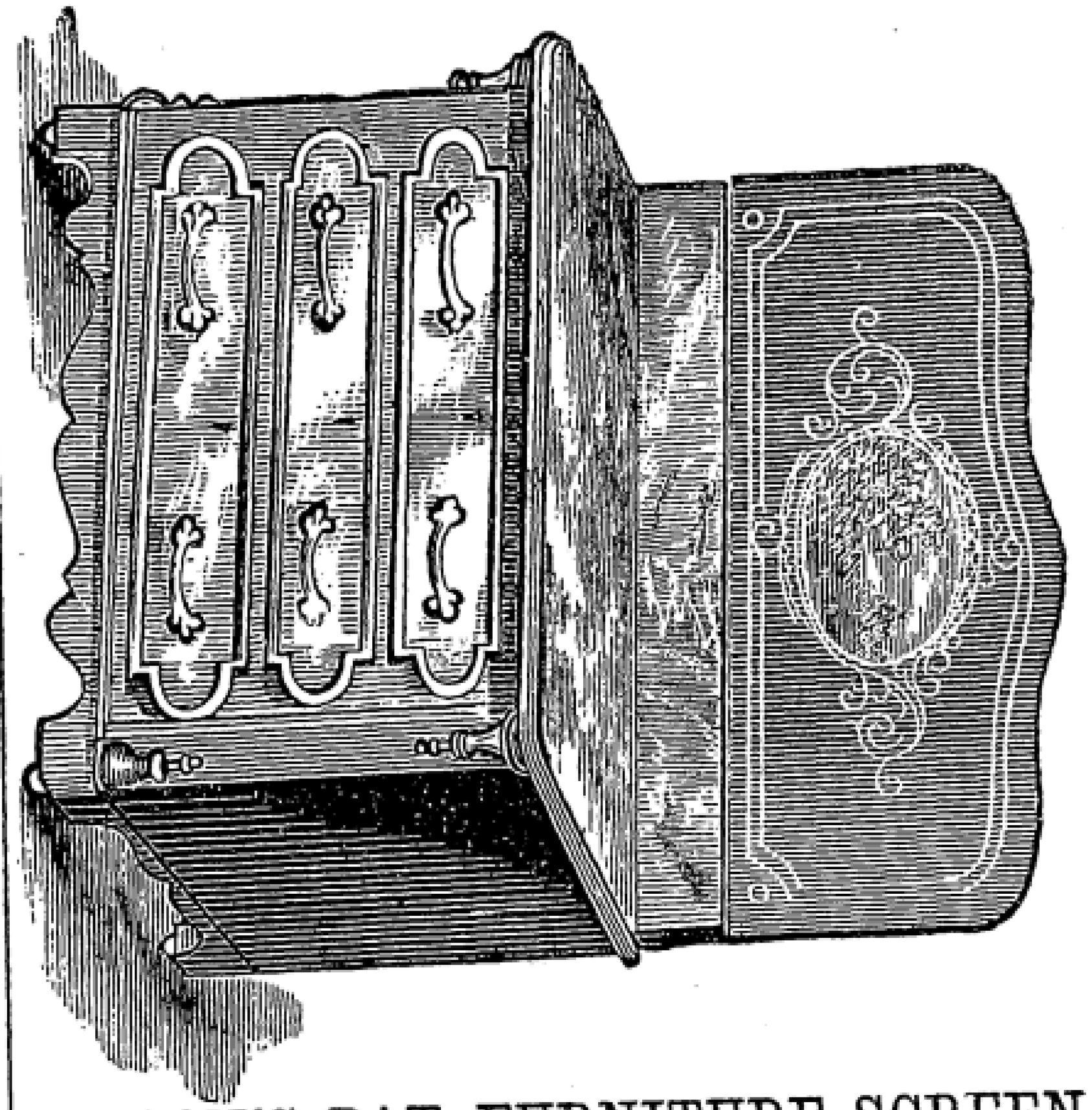

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