

Pulte (G. H.)

R E P L Y

TO THE

ARTICLE OF DR. J. W. METCALF,

CONTAINED IN THE

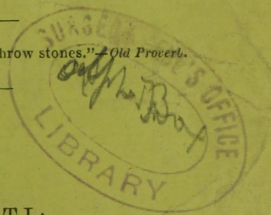
NORTH AMERICAN JOURNAL OF HOMOEOPATHY, NO. II,

PURPORTING TO BE

A CRITICISM ON MY "DOMESTIC PHYSICIAN."

BY J. H. PULTE, M. D.

"People living in glass houses, should not throw stones."—*Old Proverb.*



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REPLY

ARTICLE OF DR. J. W. METCALF

YOUTH AMERICA'S JOURNAL OF HOMOEOPATHY

A CRITICISM OF DR. J. W. METCALF'S

BY A. H. TAYLOR, M.D.

C. CLARK & Co.,

Ben Franklin Book and Job Printing Office, Cincinnati, U. S.

UNDERLYING

H. W. DENNY & CO.; DR. J. W. METCALF

THE YOUTH AMERICA'S JOURNAL OF HOMOEOPATHY
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R E P L Y .

THE readers of the "North American Homœopathic Journal" will have observed in its 2nd or May No., an article from the pen of Dr. J. W. Metcalf, of New York, purporting to be a criticism on "Dr. Pulte's Domestic Physician."

Criticism is a legitimate and necessary branch of literature, particularly in our times, where the quantity of new books on all subjects render a critical guide indispensable. The office of a critic is of the most sacred and responsible nature; from his judgment, the public opinion derives, to a great extent, its elements of life and growth; but he can only hold this high position as long as he discharges the duties of his office with impartiality, urbanity and deep research. When he ceases to be a gentleman, who is always truthful and courteous, and displays ignorance, malice and envy, the critic becomes a libelist, an odium and moral nuisance to society, which ought to be rid of his pestilential influence as soon as possible. For this class of criminals, the courts of the country afford redress, and punishment is frequently dealt out to them; but as these judicial processes are seldom expeditious, one-half of the benefit for the public is gone before the slanderer of his fellow-men is reached by the law. It has been found more efficient to exterminate these moral vampires by the force of public opinion, directed in the proper channel, in order to know and detest these enemies of public morals.

Before this tribunal, I will now summon Dr. J. W. Metcalf, of New York, and examine fairly and quietly the article referred to at the beginning. As a great many of my readers might not be in possession of the "North American Homœopathic Journal," I give the slanderous piece of Dr. Metcalf in full at the end of this pamphlet, to facilitate comparison. Before I proceed to the consideration of the more important points at issue, I will give a short history of matters connected with this case, for the better understanding of the motives and purposes which prompted Metcalf to write or undersign such a libelous article.

After it had become apparent, in the early days of Homœopathy, that the Allopathic profession generally rejected its doctrines, the adherents of Homœopathy became the more zealous to influence public opinion in their favor; popular treatises were issued for the instruction of the people, and soon small works on the treatment of diseases for domestic use, made their appearance. *Caspari* was one

of the first who attempted a more extensive work of this kind, which is very popular up to this day. Shortly after, "Hartmann's Acute and Chronic Diseases" appeared, intended solely for the profession, yet containing an arrangement in the grouping of diseases and remedies, which could be made available for the laity. Hering's first edition of his "Domestic Physician" appeared after the second edition of Hartmann had been issued, and is indebted to the latter for *almost all the prescriptions* it contains, save those peculiar to Hering, where he gives old house-remedies, not strictly homœopathic, a place in his collection; or where, for instance, he prescribes powdered sulphur to be carried in the stockings as a preventive against the return of fever and ague, or the application of leeches in croup, at a time when he himself pronounces the patient beyond recovery. We could mention, if *we had space*, more of these genuine peculiarities of Hering. All the editions of Hering's "Domestic Physician," up to the fifth, which is the last, give no diagnosis or pathology of disease. This peculiar feature of his work never was followed by any other writer on the same subject, and I merely point at it here so prominently, in order to show that, as soon as he introduced pathological diagnosis into the last or fifth edition, he took it almost *word for word* from Laurie, without giving the *least* credit for it; nay, even without mentioning the name of Laurie in the preface. In this respect he acted in the same manner as when his first edition had been compiled from Caspari, Hartmann and others. Laurie had, several years previous, issued a "Domestic Physician" entirely on the plan of Hartmann's, taking the pathology of Hufeland for his model, without even mentioning his name. The appearance of Laurie's "Domestic Physician" was very detrimental to the sale of Hering's, and the latter, in order to remain in market, altered his fourth edition completely after the model of Laurie's, embodying in it from Laurie, *whole pages without changing a word, and without giving the least credit*; yet, nothing was mentioned of this "most astounding piece of literary piracy that has ever come under our notice," by his reviewer, Dr. Metcalf, in the first No. of the "North American Homœopathic Journal;" on the contrary, everything was original, fresh from the brain of Hering, and no mistake. We subjoin in the note below, this clever review on Hering's work, by Metcalf,* inviting the atten-

NOTE.—It is only necessary for us to announce the publication of the fifth edition of this deservedly popular domestic manual. The appearance of seven successive editions in Germany, of five in this country, and its recent translation into the French language, are a sufficient testimony to its value. We notice the addition of nearly a hundred pages of new matter, the more full description of some diseases, and the introduction of several which did not appear in the last edition. The part relating to the diseases of women and children, which was then contributed by another hand, is supplied in the present issue by the author himself; a great improvement, as it gives to the work a desirable completeness, which the productions of different individuals can never present.

We are also happy to say, that the paper, printing, and typographical arrangement of the copy before us, are very decided advances upon previous editions; though we beg the respectable publishers not to suppose that they have yet attained the maximum of what is desirable in these respects.

tion of the reader to the cringing construction of its contents, and begging not to forget that Metcalf is the co-editor of Hering for the same journal in which the puffing takes place.

My "Domestic Physician" had appeared shortly before Hering's last edition; its contents had been prepared for years; for the pathology, Hufeland had been chosen as the most popular expositor of that branch, yet Schœnlein had been consulted, and frequently my own experience was given, where both did not suit or suffice. Mention was made of these facts, however, in the preface, and every honorable critic would have been satisfied, except Dr. Metcalf, who could swallow with ease and relish Hering's whole pages where *no credit* had been given—the scissors even had not been necessary—but choked at my lines, which bore the mark of considerable labor in adapting them for popular use, and for which even credit had been given. Reader, dost thou not think involuntary on the Pharisee in the Bible?

My reasons for publishing this work were simply the need of a manual for the people, which could be understood and be of *real* service to them. Neither ambition nor gain prompted me to the arduous labor, of preparing its pages; but having found that neither Hering nor Laurie suited the people, I had conceived and prepared by degrees my present work. In its preparation, I consulted, of course, the best authors of our school, who, in their turn, had drawn from that only fountain of our knowledge, the "*Materia Medica Pura*." No one has an especial claim in the cure of piles, and so on, with all the other indications. I drew from the same source that Hering and others had done, namely, from Hartmann and Jahr. The reasonment of Metcalf in this respect is particularly rich in the ridiculous and ignorant. Poor man, he knows only of two therapeutic authorities, Laurie and Hering, which, according to his opinion, have taken all what they ever had published from their own brains! *Risum teneatis, amici!* It comes better still; Hering's work particularly was useless for comparing or consulting. The only article which was taken from Hering, was that on *poisoned wounds*, in the cure of which I had no experience. This fact was stated, together with an acknowledgment.

I introduced into the family practice, for the first time, the use of the higher potencies, which had to be done throughout the whole work, lending to it a feature altogether original, and not possessed by any former. I condensed the prescriptions to a great extent, giving only those which, *according to my experience*, had helped in a *large majority* of cases, in this manner facilitating the choice of remedies in an astonishing degree. Any one comparing different "Domestic Physicians" with my work in this respect, will soon find the proofs. That this process required a great experience, no *honest* physician will deny; it was only left for Dr. Metcalf to expose his silly madness, by sneering at the "results of sixteen years practice."

Again, I introduced treatises on sciences intimately connected with

a successful domestic practice, and these were prepared after works which had acquired a noted popularity. Here I must remark, that it is *not true*, as Dr. Metcalf asserts, that "the next 80 pages were taken *word for word*, etc.," neither that the article on Hydropathy was at all taken from Dr. Cutter's work, as it did not treat on that subject *in the least*. Any one who compares my remarks on Anatomy and Physiology, with those of Dr. Cutter's, will soon perceive that, although I followed his truly admirable arrangement, yet a great amount of discriminating labor had to be performed by me, in condensing such a mass of matter, in Cutter's work over 300 pages, into the small space of 30 pages in my own work (not 80 pages, as Dr. Metcalf will have it.) It is extremely difficult to condense voluminous and weighty subjects in a smaller space, remaining still intelligible, and omitting nothing of importance. My object was to give a cursory view of Anatomy and Physiology, thereby instructing as much as possible in a short space; on account of this great labor which I had to bestow on such a treatise, I call it my own, and no one will deny my right, except when imbued with sinister motives.

One word in regard to the "*Abridged Materia Medica*," which I gave at the end of the work, and on account of which Dr. Metcalf bursts out in the following: "To any one who is acquainted *with the pepper-box principle*, on which those italics were inserted, the value of this part of Dr. Pulte's work will be apparent." This expression of his, touches deeply at the veracity of the early fathers of Homœopathy, even Hahnemann himself, and needs no farther comment of mine, but that the sneer thus recklessly, and without qualification thrown out, becomes in the highest degree impious and disgusting.

Thus, I have given a sketch of my work, which was offered to the public at a time when thousands of copies of other "Domestic Physicians" had been offered in market, and Hering's fifth edition was issued to re-engage lost ground, for which purpose it had been studded with the feathers of other birds; this last edition of Hering, should, as Rademacher, its publisher, expected, successfully drive Laurie out of the market, after which, he feared no rival to compete with a flourishing sale. But in a short time Rademacher had to find out, that even Hering's fifth edition, improved as it was, would not sell, as numbers of copies were sent back from the west to the disappointed bookseller. Even in the east, in the very city of Philadelphia, my work made sad havoc among his former customers. His wrath now broke out in open denunciation, and then that plot was formed which should drive *per fas aut nefas* my work out of the market. The *greediness of an avaricious bookseller*, therefore, was the moving cord to this shameful spectacle in the columns of a literary periodical; it was the *punctum saliens* of this miserable affair. To accomplish his object he did not shrink from trying to rob another of his reputation, even if it had to be done by the most dishonest means, which really were used, as I will show hereafter. I introduce now, an extract from a letter written by Rademacher to Dr. Davis of Cincinnati, who had the

sale of my work. Although a private letter, it was intended by its author to have an effect on the public, and is here inserted for the purpose of showing that it contains in every particular, the germ of Dr. Metcalf's criticism, even to the choice of words and sentences :

"You will know well enough that Dr. Pulte's book would never have come to light if it had not been for Hering's fourth edition. This you will see yourself, by comparing the books. Dr. Calvin Cutter's *Treatise on Anatomy, etc.*, has also been plundered in a shameful manner *without having received the least credit for it*, for compare pp. 399, 400, 401, etc. Proceeding in this way, any one can publish a medical work, and *even if he were no physician of sixteen years' practice.*"

"The editors of the Cincinnati Journal show very little judgment in saying that Dr. Pulte's work is superior to any work of the kind they have seen, and *we shall soon see what the judgment of more competent editors about the matter will be.*"

After threatening Dr. Davis with establishing an agency of his own in Cincinnati, he goes on to say :

"For we consider Cincinnati entirely lost to us, and we must have one there to take care of *our interest*. (Remember, not the *people's* but *Rademacher's* interest.) Time will show whether you would have made more by selling Hering's or Pulte's Domestic."

This letter was written in March, and one can hardly get rid of the idea that its contents were transferred substantially into the article of Metcalf's, which appeared in May. Rademacher wanted to stop the growing popularity of my work ; he therefore, formed his plan of operation, and found in Metcalf the willing tool to carry it out. I cannot conceive of any other combination of causes, to have produced such strange, and for Dr. Metcalf's *personal* reputation, so fatal results. Could even money prompt any one, except a criminal by profession, to disregard his honor and dignity so far as to publish a *gross falsehood* against the fair name of another ? And strange to say, of this crime, Dr. Metcalf made himself guilty. He says, on page 299 :

"The next eighty pages of the book, containing popular information, on Anatomy and Physiology, Hygiene and Hydropathy, are taken *without any acknowledgment* and almost word for word, from a school-book in common use."

The italics are my own, and shall point out, where Dr. Metcalf *suppressed the truth*, thereby evidently trying to wrong me in the eyes of the public. It is easy to show that his statement does not contain *one word of truth*. On page 398 of my "Domestic Physician," after the introduction to the article on Anatomy and Physiology, it thus reads in a conspicuous note : "If a more extended acquaintance is desired with these necessary branches of practical medicine, it can be satisfactorily found in the work of Calvin Cutter, M. D., on Anatomy, Physiology, and Hygiene, *which we followed in its admirable and popular arrangement.*"

Here is not merely an acknowledgment in *clear, unequivocal*

words, sweeping the whole ground at once, but more than that, a recommendation of the work of Dr. Cutter, from which I had made the extracts. Alas ! for poor human nature, how could Dr. Metcalf make himself guilty of thus publicly uttering a falsehood against one who never had done him any harm ?

How could he thus trifle with a good character and reputation, if he ever possessed it ? I cannot comprehend it ; my knowledge in regard to Dr. Metcalf amounts to about nothing at all. I never heard of him professionally, although I have been in the Homœopathic ranks of this country almost from the beginning ; whether he is a reliable man or merely one of those who ride into notoriety by hanging themselves on the coat-tails of others, I do not know—must however, confess that what I knew of him as an author, previous to his attack on me, did not impress me favorably ; his article on Bibliography, in the first number of the North American Homœopathic Journal, could have been compiled by any school boy just as well, as it did not contain any thing worthy of notice, but the titles of the books, gathered in a library ; this however, does not influence the present question ; a limited cultivation of the mind does not necessarily carry along a deterioration of the heart. Dr. Metcalf may be in a scientific direction incapacitated for any great achievement, yet his heart might be good and his character an estimable one. I confess, it is impossible for me to conceive, how Dr. Metcalf could publish the above untrue statement, thus trifling with his character, except on the supposition that he did not know what he had undersigned, that other persons made up the article, to which he merely lent his name. *Sapi-enti sat !*

It now remains for me to show that the charge of “ literary piracy,” made against me by Dr. Metcalf, is unjust and false, and ought to have been directed by Metcalf towards other points, where it would have stuck firmly. Whenever I found it necessary to avail myself of the labors of others, I freely acknowledged the source ; in the case of the article on Yellow Fever, I gave even the reason, why I had done so. I leave it for any one to judge, whether *such* conduct can be called “ literary piracy,” and on what ground Metcalf could have the impudence to charge me with it. The *genuine* literary piracy laid much nearer his own door ; we will submit some proofs of this below, which will be startling and conclusive to every one.

Literary piracy consists in the appropriation of the writings of others without giving them a fair compensation, either in money, where it is possible, or by an acknowledgment, giving the name of the author. If any other construction could be given to it, all the authors in the world would be literary pirates, as each one, more or less, has used the works of others. But it is honorable and fair, to give credit ; if this is not done and the source kept secret, the charge of literary piracy is justified. Such a case presents itself in Hering’s fifth edition, as the following specimen will show :

Hering—Fifth Edition.

BRONCHITIS, p. 204.

This disease consists of an inflammation of the mucous membrane of the bronchi, and is divided into acute and chronic. Of the former it is intended more particularly to treat. The disorder is of frequent occurrence, both as a primary affection, and as an accompaniment of measles, scarlatina, smallpox, hooping cough, &c.

The most prominent symptoms of acute bronchitis are: Chilliness, succeeded by fever; hoarseness; difficulty of respiration; severe, frequent, and distressing cough, at first dry or with scanty expectoration of frothy or viscid mucus, which subsequently becomes copious and sometimes streaked with blood; constriction at the chest with a feeling of oppression; general weakness, foul tongue, and loss of appetite; rapid pulse, increased difficulty of respiration; paleness of the lips, cadaverous and anxious countenance, loud wheezing, and on applying the ear to the chest, a louder sound than the natural respiration, either rattling, whistling, or droning, or harsh and broken, according to the advance of the disease.

In the cases which terminate favourably, the first symptoms of improvement are a greater freedom of breathing, with remission of the fever, and an alteration in the expectoration, which becomes thicker, whiter, and diminished in quantity. But when a disease takes an unfavourable turn, the difficulty of breathing increases, a state of excessive debility and collapse supervenes; the face becomes livid, the body covered with a cold and clammy sweat; the mucus accumulates rapidly in the bronchial tubes, and the cough, which has become feeble through the exhausted and sinking energies of the patient, is insufficient for its ejection; aeration of the blood in the cells of the lungs is prevented; cerebral symptoms declare themselves from impeded circulation, or the effect of unarterialized blood circulating in the brain, and the patient is carried off in a state of asphyxia.

In many, and the most dangerous cases of acute bronchitis, although a degree of oppression at the chest be

Laurie—Hull's Edition.

BRONCHITIS, p. 225.

This disease consists of a greater or less degree of inflammation of the mucous membrane of the bronchi, and is divided into acute and chronic. Of the former it is intended more particularly to treat. The disorder is of frequent occurrence, both as an idiopathic affection, and as a concomitant of measles, scarlatina, smallpox, hooping cough, &c.

Diagnosis of Acute Bronchitis. Chilliness, succeeded by fever; hoarseness, difficulty of respiration; severe, frequent, and distressing cough, at first dry or with scanty expectoration of frothy or viscid mucus, which subsequently becomes copious and sometimes streaked with blood; constriction at the chest with a feeling of oppression; general weakness, foul tongue, and loss of appetite; rapid pulse, increase of the difficulty of respiration; which sometimes approaches to a feeling of suffocation; paleness of the lips, cadaverous and anxious countenance, loud wheezing, and on applying the ear to the chest, a louder sound than the natural respiration, either rattling, whistling, or droning, or harsh and broken, according to the advance of the disease.

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In many, and the most dangerous cases of acute bronchitis, although a degree of oppression at the chest be

present, no particular pain, heat of skin, nor fever, may exist; this is the most insidious form of the disease, in which it is but too frequently neglected until beyond the power of the physician's art; this occurs most frequently in children who may apparently be only troubled with a *slight wheezing*, of which scarcely any notice is taken or any medical aid called in, until suddenly suffocation threatens, or some organic lesion is produced, so that an affection which probably might have been easily subdued at the onset, is now beyond control.

The frequency of the disease in infancy and early life deserves a particular notice. It generally commences, as in adults, with the symptoms of a common catarrh; the breathing becomes quick and oppressed, and from the increased action of the diaphragm, the abdomen becomes prominent; both the shoulders and nostrils are in continual motion, but the wheezing is often more marked than the difficulty of respiration, and on applying the ear to the chest, a mucous rattle is heard over almost every part; expectoration sometimes temporarily relieves, and occasionally the mucus is expelled from the air-passages by vomiting; the countenance is pale and anxious, and somewhat livid:—these symptoms are interrupted and relieved by occasional remissions, during which the child generally appears drowsy; but they return with additional severity, and, if not checked, an accession of extreme dyspnoea ensues, and death takes place from suffocation. When sore throat is also present, coughing produces considerable pain, and the child for that reason frequently endeavours to suppress it. There is also impaired appetite with thirst, although when the disease has advanced, it is found difficult to take a long draught, from its impeding respiration: this is very observable with children at the breast, who, after eagerly seizing the nipple, will bite it, and discontinue sucking, cry, and throw back the head, and after vomiting up the phlegm, continue for some time in that position.

In some cases, from the character of the voice and cough, bronchitis has been mistaken for croup.

The tubes of one lobe, or of one lung only, may be affected, but sometimes those of both lungs participate.

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In some cases, from the character of the voice and cough, bronchitis has been mistaken for croup.

The tubes of one lobe, or of one lung only, may be affected, but sometimes those of both lungs participate.

The aggravation of suffering at night is a very remarkable symptom of this complaint.

The causes are the same as those of common catarrh.

Treatment. The remedies which are chiefly indicated as most appropriate in ordinary cases of this affection are: *Aconite, Spongia, Belladonna, Nuxvomica, Bryonia alba, Lachesis, Phosphorus, Pulsatilla, Mercurius vivus, Cannabis, &c.*

Aconite is the remedy upon which most reliance is to be placed in the inflammatory stage of the disease, and throughout its course, as long as a febrile character exists. Its more marked characteristics are hot, dry skin, with strong, hard and accelerated pulse; hoarseness, with roughness of the voice; short, dry, and frequent cough, excited by a tickling in the throat and chest; obstructed respiration, anxiety, restlessness, headache, and thirst, with occasionally scanty expectoration of viscid mucus.

Spongia is often of great service after the previous administration of *Aconite*, when there still remains a considerable degree of inflammation in the bronchial tubes, especially the larger, with hollow, dry cough, day and night, but worse towards evening; or cough with scanty, viscid, ropy expectoration; heat in the chest, burning, tickling irritation in the larynx, quick, anxious, laborious respiration; hoarseness. (*Hepar* is sometimes useful after *Spongia* when the skin is hot and dry, and the efforts to expectorate ineffectual.)

Belladonna. This remedy is useful when there is severe cephalalgia, aggravated by coughing, *oppression of the chest*, and constriction as if bound, with rattling of mucus in the bronchi; short, anxious, and rapid respiration; dry, fatiguing cough, especially at *night*, and thirst. Soreness of the throat, (see SORE THROAT.)

Nuxvomica. Difficult breathing with excessive *tightness of the chest*, particularly at night; hoarseness; dry cough, worse towards morning, attended with a sensation as from a blow, a bruise, in the epigastric or hypochondriac re-

gion; exacerbation of suffering at night is a very remarkable symptom of this complaint.

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Aconitum is the remedy upon which we must place our chief reliance in the inflammatory stage of the disease, and throughout its course, as long as a febrile character exists. Its more marked indications are *hot, dry skin, with strong, hard, and accelerated pulse*: hoarseness, with roughness of the voice; short, dry, and frequent cough, excited by tickling in the throat and chest; *obstructed respiration*, sibilant or sonorous rhonchus, anxiety, restlessness, headache, and thirst, with occasionally scanty expectoration of viscid mucus.

Spongia is often of the greatest service after the previous administration of *Aconite*, when there still remains a considerable degree of inflammation in the bronchial tubes, especially the larger, with *sibilant or sonorous rhonchus*; and also at a more advanced stage of the disease, when the *mucous rhonchus* is distinctly audible; with hollow, dry cough day and night, but worse towards evening; or cough with scanty, viscid, ropy expectoration; heat in the chest, burning, tickling irritation in the larynx, quick, anxious, laborious respiration; hoarseness. (*Hepar s.* is sometimes useful after *Spongia* when the mucous rhonchus is predominant, the skin hot and dry, and the efforts to expectorate ineffectual.)

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Nuxvomica. Dyspnœa, with excessive *tightness of the chest*, particularly at night; hoarseness; dry cough, worse towards morning, attended with a sensation as from a blow, a bruise, in the epigastric or hypochondriac re-

gions; cough with difficult and scanty expectoration of viscid mucus; dryness of the mouth and lips, thirst, constipation, peevishness.

Lachesis. Oppression at the chest, with short and hurried respiration, anxiety, and dejection; dry, fatiguing cough, sometimes followed by the expectoration of a little tenacious or frothy mucus, after much effort, occasionally streaked with blood; hoarseness.

Bryonia. Difficult and anxious respiration, with constant inclination to make a deep inspiration; hoarseness; headache; cough dry, attended with a sensation of burning, or cough with expectoration of viscid mucus, in some instances tinged with blood; dryness of the mouth and lips, excessive thirst. When, moreover, the respiration is impeded by shootings in the chest, and this affection threatens to become complicated with pleurisy, this remedy is still more particularly called for.

Phosphorus. This important remedy is frequently of great utility in this affection when the more inflammatory symptoms have been subdued by *Aconite*, but the respiration continues much oppressed, accompanied with great anxiety, and heat in the chest; dry cough, excited by tickling in the throat or chest, aggravated by talking or laughing, and followed by expectoration of stringy mucus of a saltish taste: Further, when the disease has been neglected, or when, from the phenomena which present themselves at the commencement, we have reason to dread complication, or an extension of the inflammation to the substance of the lungs,—there will be additional reason for administering *Phosphorus*. (See *Pneumonia*.)

Pulsatilla. Respiration short, accelerated, and impeded, attended with rattling of mucus, heat in the chest, and anxiety; hoarseness; shaking cough, worse towards evening, at night or in the morning, accompanied with considerable expectoration of tenacious, or thick, yellowish mucus, sometimes mixed with blood; cold in the head with copious discharge of thick discoloured mucus.

Sepia may be selected in preference to *Pulsatilla*, when the expectoration is very copious, though somewhat dif-

gions; cough with difficult and scanty expectoration of viscid mucus; dryness of the mouth and lips, thirst, constipation, peevishness.

Lachesis. Oppression at the chest, with short and hurried respiration, anxiety, and dejection; mucous rale; dry, fatiguing cough, sometimes followed by the expectoration of a little tenacious or frothy mucus, after much effort, occasionally streaked with blood; hoarseness.

Bryonia. Difficult and anxious respiration, with constant inclination to make a deep inspiration; hoarseness; headache; cough dry, attended with a sensation of burning, or cough with expectoration of viscid sputa; in some instances tinged with blood; dryness of the mouth and lips, excessive thirst. When, moreover, the respiration is impeded by shootings in the chest, and this infection threatens to become complicated with pleurisy, this remedy is still more particularly called for.

Phosphorus. This important remedy is frequently of great utility in this affection when the more inflammatory symptoms have been subdued by *Aconite*, but the respiration continues much oppressed, accompanied with great anxiety, and heat in the chest; dry cough, excited by tickling in the throat or chest, aggravated by talking or laughing, and followed by expectoration of stringy mucus of a saltish taste: Further, when the disease has been neglected, or when, from the phenomena which present themselves at the commencement, we have reason to dread complication, or an extension of the inflammation to the substance of the lungs, which we generally recognise by crepitation and rusty sputa,—there will be additional reason for administering *Phosphorus*. (See PNEUMONIA.)

Pulsatilla. Respiration short, accelerated, and impeded, attended with rattling of mucus, heat in the chest, and anxiety; hoarseness; shaking cough, worse towards evening, at night, or in the morning, accompanied with considerable expectoration of tenacious, or thick, yellowish mucus, sometimes mixed with blood; coryza with copious discharge of thick, discoloured mucus.

Sepia may be selected in preference to *Pulsatilla*, when the expectoration is very copious, though somewhat diffi-

cult, and of a *salt taste*; exacerbation of cough in the morning and towards evening,—followed by *Stannum*; if still profuse, but more easy, *greenish*, and less saline, or of a *sweetish* taste.

Lycopodium, when the cough is materially worse at night, and attended with thirst, quickness of pulse, but moist skin or tendency to sweat; expectoration yellowish gray, and of a saltish taste; oppression at the chest.

Mercurius vivus. This remedy may occasionally be found useful when the symptoms of bronchitis are found accompanied by excessive perspiration; when the cough is fatiguing, worse in the evening and at night, and excited by a tickling irritation, or sensation of dryness in the chest, with quick, short, oppressed breathing, and louder respiration than ordinary; hoarseness, cold in the head, with watery, acrid discharge; swelling of nose. *Dulcamara* is occasionally serviceable after *Mercurius vivus*, when there is a continuance of night sweats of an offensive odour.

Chamomilla may also be mentioned as a useful remedy in cases of children, after the previous use of *Aconite*, when a slight degree of whistling still remains; dry cough worse at night, occurring even during sleep.

Ipecacuanha is also very valuable in the case of children, but generally at a more advanced stage of the disorder, with mucous rattling in the chest, and when on coughing they are almost suffocated by the excessive secretion of mucus, and become livid in the face; shortness of breath, and perspiration on the forehead after each fit of coughing.

Tartarus emeticus is chiefly found useful in those extreme cases where the smaller tubes are clogged with mucus, and suffocation threatens; when the cough suddenly ceases either from weakness or other causes. A grain of the first trituration should be dissolved in a half a tumbler of water and a table-spoonful administered every one, two, or three hours, according to the severity of the symptoms.

Arsenicum is occasionally of the utmost service in those unfavourable cases in which the pulse becomes very quick, feeble and intermitting, and the

cult, and of a *salt taste*; exacerbation of cough in the morning and evening,—followed by *Stann.*, if still profuse, but more easy, *greenish*, and less saline, or of a *sweetish* taste.

Lycopodium. When the cough is materially worse at night, and attended with thirst, quickness of pulse, but moist skin or tendency to sweat; expectoration yellowish gray, and of a saltish taste; oppression at the chest.

Mercurius. This remedy may occasionally be found useful when the symptoms of bronchitis are found accompanied by excessive perspiration; when the cough is fatiguing, worse in the evening and at night, and excited by a tickling irritation, or sensation of dryness in the chest, with quick, short, oppressed breathing, and louder respiration than ordinary; hoarseness; *coryza* with watery, acrid discharge; swelling of nose. *Dulcamara* is occasionally serviceable after *Mercurius*, when there is a continuance of night sweats of an offensive odour.

Chamomilla may also be mentioned as a useful remedy in cases of children, after the previous exhibition of *Aconite*, when a slight degree of whistling or sonorous rhonchus still remains; dry cough worse at night, occurring even during sleep.

Ipecacuanha. Also very valuable in the case of children, but generally at a more advanced stage of the disorder, with mucous rhonchus in the chest, and when on coughing they are almost suffocated by the excessive secretion of mucus, and become livid in the face; shortness of breath, and perspiration on the forehead after each fit of coughing.

Tartarus emeticus is chiefly found useful in those extreme cases where the smaller tubes are clogged with mucus, and suffocation threatens; when the cough suddenly ceases, either from weakness or other causes.

Administration. A grain of trituration at the second or third potency in four dessert-spoonfuls of water, one every quarter, every half, or every hour, according to the severity of the symptoms or the effects produced.

Arsenicum is occasionally of the utmost service in those unfavorable cases in which the pulse becomes very quick, feeble and intermitting, and the patient

patient is reduced to a state of extreme debility and collapse.

Sulphur is used in winding up a cure, and preventing the disease running on to the chronic form, or when the expectoration has increased in quantity and become whitish and less viscid.

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Sulphur is used in winding up a cure, and preventing the disease running on to the chronic form, or when the expectoration has increased in quantity and become whitish and less viscid.

This is a "word for word" specimen of wholesale piracy, or in the words of Dr. Metcalf, "the most astounding piece of literary piracy that has ever come under our notice." Yet this same individual, in a criticism on Hering's work in the first volume of the "North American Homeopathic Journal," says *not a word about this literary piracy*; he is all smiles and bows. If the above specimen were the only one to be found of this piratical nature, I would say nothing; but, to speak with Dr. Metcalf "we cannot afford much room for an exposition of the extensive depredations of Dr. Hering, nor will anything but an examination of the work itself afford any idea of their magnitude and comprehensiveness:—when the issue of other men's brains is extracted from his work, the remaining 'result of twenty-five years' practice' would dwindle into an insignificance sadly ridiculous." I will subjoin only a few more samples, to show that Hering committed these same depredations in all departments of the work; yet in no instance was the name of Laurie mentioned, from whom he had taken it almost "word for word."

Hering—5th Edition.

DYSENTERY, p. 299.

"Dysentery consists of a constant straining and desire to evacuate the bowels, violent pains in the abdomen, more or less fever, and stools of mucus or blood, or both."

COLIC, p. 275.

"Colic, or griping, consists of a shooting, gnawing or tearing pain in the bowels, principally confined to the region of the navel, generally attended by painful distension of the abdomen, and sometimes by costiveness and vomiting or diarrhœa."

ENCEPHALITIS, p. 457.

"The symptoms of this disease are exceedingly diversified; the extent and duration, the age, sex, constitution and habits, of the patient all aid in giving to it a variety of character."

HÆMATEMESIS, p. 274.

"This affection may be preceded by all or a part only of the following symptoms: weight, pressure, fulness or ten-

Laurie—Hull's Edition.

DYSENTERY, p. 141.

"DIAGNOSIS. Constant urgency to evacuate the bowels, tenesmus, violent pains in the abdomen, a greater or less degree of fever, and stools of mucus or blood, or both."

COLIC. *Enteralgia*, p. 133.

"DIAGNOSIS. Griping, tearing, gnawing, or shooting pain in the bowels, chiefly confined to the region of the navel, generally attended with a painful distention of the abdomen, with spasmodic contraction, and sometimes accompanied with vomiting and costiveness, or diarrhœa."

ENCEPHALITIS, p. 271.

"DIAGNOSIS. The symptoms are exceedingly diversified; the extent and duration of the disease, the age, the sex, and constitution of the patient, assist in giving to the affection a variety of character, etc."

VOMITING OF BLOOD, p. 119.

"*Premonitory Symptoms.* Weight, pressure, fulness or tensive pain or spasm in the hypogastric or hypochon,

sive pain or spasms in the region of the stomach; griping or colic; burning heat in the epigastrium; feeling of anxiety, especially after eating, or drinking, or of pressure on the stomach; appetite impaired; saltish taste in the mouth; giddiness; cold perspiration; fainting."

TINEA CAPITIS, p. 430.

"This disease is characterized by circular red colored patches, covered with numerous small yellowish points or pustules, which do not rise above the level of the skin. These pustules soon break, and form thin scabs. The patches frequently unite with adjacent patches, and assume an irregular and extensive appearance, and sometimes cover the whole head. These incrustations by accumulation become thick and hard, and when removed, the surface beneath is left red and glossy, and studded with slightly elevated pimples."

SCARLET RASH, p. 420.

"This affection is occasionally met in complication with measles, small pox and scarlet fever, more particularly the latter; it appears to be in fact a modified form of scarlet fever.

"It may be distinguished from genuine scarlatina by the dark, almost purple appearance of the eruption, by the pressure of the finger leaving no white mark, and by the small grains in the skin, which are distinctly felt by passing the hand over it.

"This form of the disease does not run a regular and definite course like other eruptive fevers. The efflorescence may disappear suddenly, and be followed by dangerous symptoms. It may or may not extend over the entire body, and is often attended with sweating, which only occurs on the surface covered with the eruption."

Again, Dr. Metcalf refers in his criticism on Dr. Hering's Fifth Edition, to the article on the "Diseases of Women and Children," as follows :

triacal regions; griping and colic; burning heat in the region of the stomach; anxiety, particularly on partaking of food or drink, or on pressure on the stomach; saltish taste in the mouth; impaired appetite and nausea; giddiness, syncope, cold perspiration."

RINGWORM OF THE SCALP. *Tinea Capitis*, p. 297.

"DIAGNOSIS. The affection is characterized by circular red-colored patches, on which appear numerous small yellowish points or pustules, which do not rise above the level of the skin, and are generally traversed in the centre by a hair. These pustules, which are much more thickly studded in the circumference than the centre of the circular patches, soon break and form thin scabs, which frequently unite with the adjacent patches, and assume an extensive and irregular appearance, but commonly retain a somewhat circular shape. These incrustations become thick and hard by accumulation, and are detached from time to time in small pieces which bear a close resemblance to crumbling mortar. When the scabs are removed, the surface is left red and glossy, but studded with slightly elevated pimples, in some of which minute globules of matter appear in the course of a few days."

SCARLET RASH, p. 55.

"This affection is sometimes met with in complication with small-pox, measles and scarlet fever, more particularly the latter, of which disease, indeed it is regarded by many as a mere modification.

"It is easily distinguishable from pure scarlet fever, by the dark redness of the efflorescence, by the slight pressure of the finger leaving no white imprint, and by the small granular elevations, the cause of the dark red hue, which are felt on passing the hand over the affected cutaneous surface.

"This eruptive fever does not run a defined and regular course like other exanthematic fevers. The efflorescence often disappears suddenly, and is then productive of extreme danger, frequently terminating in a fatal result. The extent of the efflorescence does necessarily add to the danger, as the latter is often greatest when the efflorescence is scarcely perceptible."

“The part relating to the Diseases of Women and Children, which was then, (in the Fourth Edition,) contributed by another hand, is supplied in the present issue by the *author himself*; a great improvement, as it gives to the work a *desirable completeness*, which the productions of different individuals, (are Laurie and Williamson perhaps no ‘individuals?’) can never present.”

To test this matter, whether ‘the *author himself* supplied it,’ we will look only at the following specimens, regretting much, that want of space does not permit us to give the whole article, where it would be evident enough, that “the remaining of the *author himself* would dwindle into an insignificance sadly ridiculous.”

Hering—5th Edition.

CESSATION OF THE MENSES, p. 345.

“As the ‘change of life’ approaches, the menses generally become irregular, both as regards the time of their return and the quantity of the discharge. They may either return too soon, or the interval may be much longer than usual. The quantity discharged is at times much smaller than common, and at others again it may be so profuse as to amount to a hemorrhage. Occasionally the flow comes on suddenly and quite unexpected, continues for a short time, and then stops without being followed by any of the ordinary symptoms of suppression. Sometimes the menstrual fluid discharged is largely mixed with mucus.”

REMARKS ON PREGNANCY, p. 349.

“During this period, therefore, she should consider that her most trifling actions may exert a great influence on the future physical, and we may add, moral and intellectual condition of a being that has a right to expect from her, as its parent, so far as it lies in her power to give, a sound constitution. Therefore, to realize such an object, it is the duty of the mother to pay all possible attention to her *diet, exercise and dress.*” (Compare these.)

CONSTIPATION. *Hering*, p. 354.

“Constipation is a very common attendant on pregnancy.”

LABOR. *Hering*, p. 370.

“Were it not for the acquired habits of civilized life, such as tight-lacing, improper diet, want of proper air and exercise, &c., we would find child-bearing to be comparatively free from the suffering and danger which now so commonly accompany it.

“It is almost unattended with pain among the savage tribes of our own country.”

Williamson, in Hering's 4th Ed.

CESSATION OF THE MENSES, p. 306.

“When this period of life is approaching, the menses become more or less irregular both as to the time of their recurrence and the quantity discharged—they may either return too soon or the interval be more protracted than usual. The quantity discharged may likewise vary from the regular amount—be very small, by itself, or largely mixed with mucus, or be very profuse, amounting to a true hemorrhage. The flow frequently appears suddenly, at an unexpected moment, continuing for an hour or two, and then stops, without any of the ordinary symptoms of suppression following.”

REGIMEN DURING PREGNANCY, p. 311.

“During the period of gestation, a woman should consider that her most trifling actions may exert a great influence on the future physical, and we may add, moral and intellectual condition of a being bound to her by the most endearing ties—a being that has a right to expect from her as its parent, so far as it lies in her power to give, a sound constitution. Therefore, to realize such an object, it becomes the duty of a mother to pay every possible attention to her diet, dress, and exercise.” (See these.)

CONSTIPATION, p. 319.

“Constipation is a very frequent attendant upon pregnancy,” etc.

LABOR, p. 330.

“Were it not for the acquired habits of civilized life, the process of child-bearing would be divested of much of the suffering and danger, which now so commonly attend it as almost to lead us to consider them natural concomitants. It is almost unattended with pain among savages.”

RECEPTION AT BIRTH, p. 384.

"When the child is born before the arrival of the physician, it should be removed a little out of the discharges, so as to enable it to breathe freely; and if the cord be coiled around the neck, limbs, or any part of the body, it should be immediately disengaged, in order that the circulation between the mother and child may not be obstructed before respiration is fully established in the latter. The mouth and nostrils should also be cleansed from mucus; the readiest method of doing this is with a piece of fine linen or muslin wrapped round the finger. If, after these things are attended to, the child begins to cry strongly, and the skin change from a dull and leaden hue to a pink or rose color, there is no further cause for alarm, as both mother and child may remain in this condition without danger," etc.

RECEPTION AT BIRTH, p. 338.

"In case a child is born before the arrival of the accoucheur, some person should place it in a proper position to breathe; and if the cord be coiled round the neck, body or limbs of the child, it should be disengaged, in order that the circulation between the mother and child may not be interrupted before the circulation is fully established in the latter. Remove the child a little out of the discharges, so that the face at least may be free, and if the mouth or nostrils are obstructed by mucus, cleanse them with a napkin or piece of fine linen wrapped around the little finger. When these things are attended to, if the child be healthy and robust it will cry lustily; and its skin will change from a light, or leaden hue, to a pink or rose color. There is now no cause for alarm, as both mother and child may remain in this situation for an hour or two without danger," etc.

How much that is original does now remain in Hering's "Domestic Physician?" The Therapeutics have been taken years ago from Hartmann, Caspari and others; they have since been renovated by additions from Jahr; the Pathology was lately taken from Laurie, and the Diseases of Women and Children from Williamson.

Hic Rhodus, hic salta!

To show that Laurie has taken the Pathology of his work from Hufeland, without giving credit for it, I submit a few *coincidences* between Dr. Laurie and Dr. Hufeland, more "word for word" than ever Metcalf presented any of mine.

Laurie—Hull's Edition.

NEPHRITIS, p. 177.

"*Diagnosis.* Pressing, pungent pain in the renal region, shooting along the urethra to the bladder, dysuria, strangury, and ischuria (when both kidneys are affected), hot and high-colored or red-urine; drawing up, swelling, and pain of the testis on the affected side; numbness and spasms of the foot on the same side; nausea, vomiting, colic, and tenesmus; lying on the part affected and motion aggravate the pains."

PERITONITIS, p. 175.

"*Diagnosis.* Painful tension and tumefaction of the abdomen, with a sensibility to the touch even more acute

Hufeland—Enchiridion.

NEPHRITIS, p. 164.

"*Diagnosis.* Pungent, pressing pain in the renal region, shooting along the urethra to the bladder; difficulty to urinate, strangury, or ischury (only when both kidneys are inflamed, which rarely happens); hot, red urine, the testicle drawn near the abdomen on the affected side, painful and swollen; often numbness of the whole foot, which is spasmodically affected; vomiting, colic pains, tenesmus; lying on the affected part and the back, as well as standing and walking, increase the pains."

PERITONITIS, p. 164.

"*Diagnosis.* Tumefaction and painful tension of the abdomen, with great sensibility to touch, so much so, that

than that of Enteritis; so much so that the patient cannot bear the pressure even of a sheet upon the abdomen; frequently constipation or ischuria, and the symptoms of enteritis."

CYSTITIS, p. 180.

"Burning pain in the region of the vesica, with tension, heat, pain when touched, and external tumefaction; frequent and painful discharge of urine, or suppression, and generally tenesmus," etc.

CROUP, p. 210.

"*Diagnosis.* Short, difficult, and hoarse respiration, accompanied by a shrill, whistling, squeaking, harsh, rattling or metallic sound, with cough of the same character," etc.

INTERMITTENT FEVERS, p. 39.

"We have now to enter upon a class of fevers differing essentially from those already considered, in possessing a marked character of their own, in the simplicity of their form, the periodicity of the different stages, and the uncertainty of their duration.

"*Diagnosis.* A chill or cold fit, followed by heat, and terminating by perspiration, more or less profuse; these three stages constitute a paroxysm; after which for a certain period, called *Apyrexia*, the patient is generally free from suffering."

GLOSSITIS, p. 346.

"*Diagnosis.* Tumefaction, with heat and redness of the tongue; the swelling is sometimes so great as to fill the whole cavity of the mouth, rendering swallowing impossible, and threatening suffocation; unless resolution takes place, it may terminate in induration, suppuration, or gangrene."

SCARLET FEVER, p. 48.

"*Diagnosis.* Fever with extreme thickness of pulse; a feeling of soreness or pain in the throat; and in one or more days, an appearance of an eruption of the color above mentioned, in large indefinitely marked patches, gradually growing paler towards their margins, and often extending over entire

in a high degree the patient cannot suffer any thing on the belly. Constipation or ischuria is frequently connected with it; being dependent on the extent of the inflammation. In a high degree all the accidents of enteritis, as vomiting, etc. often occur.

CYSTITIS, p. 165.

"*Diagnosis.* Burning pain in the vesical region, with external swelling, tension, heat, and pain when touched; urine red and hot, strangury, disury and ischuria; even tenesmus and constipation, a hard pulse and fever, etc.

CROUP—ANGINA MEMBRANACEA, p. 551.

"*Diagnosis.* Hoarseness, short, difficult respiration, accompanied by a whizzing, or whistling, or rattling sound, cough with hoarse, whistling, croaking, barking tone, etc.

INTERMITTENT FEVERS, p. 117.

"The difference between the class of fevers we have now described, and the one we are now entering upon, consists in this—in the former, *fever* essentially constitutes the disease; while, in the second class, fever is only a form, producible by various causes, indefinite in its duration, and variable in its treatment.

"*Diagnosis.* A chill, followed by heat, terminating in sweat, with a urinary deposit of red sediment, constitutes a paroxysm. It returns at definite, sometimes at indefinite periods, leaving an interval entirely free from fever, with good pulse and health. The state of fever is termed *paroxysmus*, and its absence, *apyrexia*."

GLOSSITIS, p. 147.

"*Diagnosis.* Swelling, redness, heat of the tongue, great difficulty of swallowing, in a high degree total impossibility, danger of suffocation; it may swell so as to fill the whole mouth; yea, as not to leave room for itself.

"*Issue*, if not in resolution, in terminates in induration, suppuration, or gangrene.

SCARLATINA, p. 405.

"*Diagnosis.* Fever with greatly accelerated pulse, pain in the throat, after one or more days a breaking out of large scarlet-red spots, without definite limits, and like erysipelas gradually diminishing in color, as they approach the surrounding skin; they often extend over the whole limbs with a uni-

limbs with an uniform scarlet color; the efflorescence disappearing in five or six days, when the skin desquamates, and comes off in large pieces."

HÆMATEMESIS, p. 119.

"*Diagnosis.* Blood evacuated by vomiting, some, sometimes pure, (generally venous,) of a dark color, but sometimes of a bright red; it is occasionally mixed with bile, food, &c.; the quantity varies," etc.

DYSENTERY, p. 141.

"*Diagnosis.* Constant urgency to evacuate the bowels, tenesmus, violent pains in the abdomen, a greater or less degree of fever, and stools of mucus or blood, or both."

COUGH—TUSSIS, p. 196.

"*Diagnosis.* Forced and audible respiration without fever, or a symptom in acute diseases, such as fever, pneumonia, or phthisis; either dry or accompanied with expectoration."

RHEUMATISM, p. 310.

"*Diagnosis.* Pains in the muscular or membranous structure, generally with swelling of the adjacent cellular tissue, with slight redness and increased generation of heat, caused by taking cold."

HEPATITIS, p. 156.

"*Diagnosis.* This differs according to the seat of the inflammation, when on the outer surface or convex side the symptoms closely resemble those of pleuritis; there is generally a violent pain in the right hypochondrium, sometimes resembling stitches, at others burning—shooting to the sternum, the right scapula, and point of the shoulder, and even affecting the right foot, with sensation of numbness or tingling in the arm of the same side, the pain increased by inspiration," etc.

GASTRITIS, p. 165.

"*Diagnosis.* Burning, pricking, or shooting pain in the gastric region, increased by pressure, inspiration or the passage of food. Swelling, considerable heat, and tension over the whole stomachic region, sometimes with pulsation; nausea, inclination to vomit, retching, vomiting, great thirst, increased or brought on by the smallest quantity of food or drink," etc.

form redness. They disappear after four or five days, when the epidermis scales off in large pieces or patches," etc.

HÆMATEMESIS, p. 331.

"*Diagnosis.* Evacuation of blood by vomiting, which comes up pure, or is mixed with food, bile, etc. Its color may be light red, but is most frequently dark, blackish, and of a venous nature. The quantity is sometimes small; at others it is great, several pounds at a time."

DYSENTERY, p. 363.

"*Diagnosis.* Constant urgency to go to stool, tenesmus, violent abdominal pains, fever; only mucus and blood."

COUGH—TUSSIS, p. 228.

"*Diagnosis.* Forced, audible respiration without fever, which is discriminative of cough, as a symptom of acute fevers and pulmonary inflammation and phthisis pulmonalis. It may be dry or accompanied by expectoration."

RHEUMATISMUS, p. 173.

"*Diagnosis.* After having previously taken cold, pain in a muscular, membranous or aponeurotic part, together with swelling of the surrounding cellular tissue, light redness and warmth."

HEPATITIS, p. 161.

"*Diagnosis.* It is different according to the different seat of the inflammation. When it is located more in the surface and convex side, the phenomena are pain in the right hypochondrium, sometimes stitches, sometimes burning, sometimes as violent as in pleuritis, shooting to the sternum, the right scapula, extending sometimes even to the right foot, increased by inspiration; cough; frequently also vomiting, and lying on the right side is impossible."

GASTRITIS, p. 158.

"*Diagnosis.* A constant violent burning, stitching pain in the gastric region, increased by inspiration, by pressure, and taking any kind of ingesta, bloatedness, tension, swelling heat, and of the stomachic region, frequently combined with pulsation; throwing up all that is swallowed, even pure water," etc.

Now, I leave it to you, brethren of the profession, to judge between me and Dr. Metcalf & Co. I was aggressed in a manner so abusive and malicious, that the coolest of men would have been aroused to the whole height of his moral nature. My defense is before you, and I invite your impartial judgment. If such conduct as Dr. Metcalf has shown towards me, is not tolerated by the law and among men generally, how much more offensive does it become, when it is exhibited towards brethren of the same profession, members of the same society, professing and defending the same principles of medicine. It is just the very conduct which opens our ranks to the attacks of the enemy from without, and has in this respect already borne its unhappy fruits. In this city, the article of Dr. Metcalf was re-printed in a paper much used by Allopathists, when attacking Homœopathy. If this spirit of malice and envy within ourselves is not properly put down by the whole moral force of our brotherhood, we will reap bitter fruits from neglecting to do it. The tripod of the "North American Homœopathic Journal" is desecrated shamefully by one of its occupants; it now devolves upon you, professional brethren, who are not merely the receivers but also the reviewers of its teachings and the supporters of its shrine, to make it holy again and acceptable in the sight of honest men.

J. H. PULTE.

CINCINNATI, August, 1851.

APPENDIX:

Containing the slanderous article of Dr. J. W. Metcalf against my "Domestic Physician," in the II. No. of the "North American Homœopathic Journal."

Homœopathic Domestic Physician; containing the treatment of diseases, with popular explanations on Anatomy, Physiology, Hygiene and Hydropathy; also, an abridged Materia Medica. By J. H. PULTE, M. D., Cincinnati, 1850. 12mo. pp. 556.

We regret extremely the necessity of noticing a work of the character of that before us. That it should ever have been compiled, and when compiled, should have found a publisher, are striking evidences of the want of wholesome guardianship under which our infant homœopathic literature has hitherto suffered. The author tells us in his preface that it contains the results of "sixteen years' practice;" three months' "practice" with a pair of scissors, we should think, would be sufficient to render any intelligent lad capable of producing a work with an equal title to originality and superior claims to good English. It is, in short, the most astounding piece of literary piracy that has ever come under our notice.

The first part, concerning the description and treatment of diseases, contains some 390 pages. It is principally taken, with but little alteration, and that for the worse, from Hufeland, Schönlein and the previous publications of our school of a similar character. We cannot afford much room for an exposition of the extensive depredations of Dr. Pulte, nor will anything but an examination of the work itself afford any idea of their magnitude and comprehensiveness:—when the issue of other men's brains is extracted from his work, the remaining "result of sixteen years' practice" would dwindle into an insignificance sadly ridiculous.

As a slight sample of the whole, we open the book at page 9, and give in parallel columns the *coincidences* between Dr. Pulte and Dr. Hufeland.

GOUT. *Pulte*, p. 9.

"DIAGNOSIS. The symptoms of this disease are very similar to those of inflammatory rheumatism; consequently, the remedies will be almost the same. It is characterized by pains in the joints, with inflammatory swelling; or in chronic cases, with a swelling of the joints, caused by deposits in them of a calcareous substance, which impedes their movements and causes them to make a cracking noise. There is always connected with an attack of gout, flatulency, acid stomach and other derangements of the digestive organs. The principal differences between rheumatism and gout are: rheumatism attacks more the muscles and membranes—gout, more the joints; rheumatism is hardly ever complicated with derangement of the digestive organs; gout is never without that—has besides permanent swelling of the joints by calcareous deposits, which rheumatism never has. Rheumatism is caused by taking cold, consequently depends upon external causes; while gout is generated by internal causes, amounting, sometimes, to hereditary predisposition. Both diseases, however, can intermix with each other, one taking the form of the other."

GOUT. *Hufeland*, *Enchiridion*, p. 453.

"DIAGNOSIS. Pains in the joints, with inflammatory or chronic cold swelling, readily passing into arthritic nodes and calcareous formations; connected with digestive difficulties, flatulency, generation of acidity, mucosity, aepsia, obstruction."

Hufeland, p. 174.

"The principal discriminative signs are: Rheumatism attacks more the muscular and membranous parts, arthritis, the joints; rheumatism is not necessarily connected with digestive difficulties, quite the contrary, with the best appetite; but arthritis always shows itself connected with or succeeding to digestive difficulties; arthritis exhibits in the urine and other secretions more the signs of a singular dyscrasia, such as the knotty, calcareous concretions on the joints, and the calcareous sediment in the urine; rheumatism does not. Rheumatism sets in after taking cold, an external influence operating from without to within; arthritis after, and by disorders of digestion and chylication from within to without, and appears as a critical deposit of a qualified morbid matter to the surface. It is not rare for rheumatism to assume an arthritic form, and *vice versa*."

PAIN IN THE HIP. *Pulte*, p. 11.

“DIAGNOSIS. Pain in the region of the hip joint, extending to the knee, even to the foot, accurately following the course of the sciatic nerve. Its continual severity may impede the motion of the foot, producing stiffness and contraction, disturbing the rest at night, and thereby inducing general uneasiness and emaciation.”

INFLAMMATION OF THE PSOAS MUSCLE. *Pulte*, p. 14.

“DIAGNOSIS. Pain in the region of the kidneys, hip and downward to the leg, which cannot be stretched or drawn near to the abdomen, without pain; increased, also, by turning when lying and lifting, with a feeling of numbness of the affected side; walking is possible only by hobbling, with the body bent forward. Although not often fatal, yet it is very important in its consequences, as its issues may give rise to lingering diseases. If suppuration takes place, by not preventing it in time, the matter discharges itself in the abdomen and causes death, or it sinks down further and further until it reaches sometimes even the knee before it escapes; frequently, the spine becomes affected and is rendered carious in such cases. The causes of this disease are, besides external injuries, rheumatism and piles.”

HIPS. *Hufeland*, p. 180.

“DIAGNOSIS. Pain in the region of the hip joint which often extends to the knee, even to the foot, accurately following the course of the sciatic nerve. Its severity may impede the motion of the foot and bring on stiffness and contraction, finally by its long continuance and violence, disturbing nightly rest, it may induce general marasmus and emaciation.”

INFLAMMATION OF THE PSOAS MUSCLE. *Hufeland*, p. 167.

“DIAGNOSIS. Pain in the renal regions, hip and downward to the leg; the leg cannot be stretched or drawn near to the abdomen without pain; turning when lying and lifting increases the pains; walking is possible only in hobbling, and with the body bent forward.”

“It is not lethal, but very important in its consequences, for suppuration often exists though unperceived and the matter breaks through and empties into the abdominal cavity, bringing on a ratal issue; or (what happens more frequently) the matter burrows downwards, hence, a *phthisis lumbaris*, *abscessus lumbaris*, which opens in very remote parts, as in the groins, anus, perinæum, thigh or above the knee. Not seldom, also, are the vertebral bones or the hip-joint affected by it and rendered carious. The causes besides the general, are: violent exertions in lifting and carrying, blows; falls on the back or the back or the nates; rheumatism and hæmorrhoids.

And so it runs throughout the diagnosis. For the therapeutics, *Hufeland* and *Schænlein* not being recognized as authorities in our school, *Dr. Pulte* has had recourse to *Laurie* and *Jahr*, but principally to *Dr. Hering*. The whole article on yellow fever, (pp. 95—104,) he has copied from *Dr. Marcy's* theory and practice; in this case, however, with an acknowledgment of the source. An instance or two will suffice as a sample of the mode in which the therapeutics have been taken bodily from *Dr. Hering's* Domestic Physician.

NERVOUS HEADACHE. *Pulte*, p. 136.

In this kind of headache, to which nervous persons and females are mostly subject, the head is generally cool, the face pale, with a suffering expression; in females, great quantities of colorless urine are discharged; if vomiting sets in, it only relieves for a short time; the pain is mostly concentrated in one spot, with the characteristic feeling as if a nail were driven through the head (*clavus hystericus*); the patient is generally very nervous, fickle-minded, dejected, hysterical or hypochondriacal. * *

Coffea. Pain as if a nail was driven into the head, or as if the brain were torn or bruised; pain seems to be intolerable; also noise and music; the patient is very restless, screams, weeps, feels chilly, and has an aversion to open air drinking coffee, though he is at other times fond of it. The headache generally arises from cold, close thinking or vexation.

Ignatia. Aching pain above the nose, relieved by bending forward; sensation as if a nail had been driven into the head; with nausea, dimness of sight, and yet dread of light; face pale, copious, watery urine; pain is momentarily relieved by a change of position, tendency to start; fitful mood; taciturn and sad.”

HUMMING, BUZZING OF THE EARS. *Pulte*, p. 157.

As a symptom it invariably accompanies ear-

NERVOUS HEADACHE. *Hering*, (1818) p. 144.

“In headache arising from an affection of the nerves, the head is generally cool, the face pale, in the beginning sometimes discharges a colorless urine; vomiting gives relief; the headache, however, returns frequently on one side only or is rooting, as if produced by a nail on particular spots; touching the head increases the pain.

Coff. will do good in violent, drawing, pressing pains on one side of the head as if a nail were driven into it; as if the brain were shattered, crushed and torn, recurring on the slightest occasion after close thinking, vexation, taking cold, eating too much, &c., with a distaste for coffee, sensitiveness at the least noise, even music; the pains appear intolerable, making the patient fretful; he is almost beside himself, shrieks and cries, tosses about, feels much agitated, dreads the fresh air and is chilly. * * *Ignatia* will relieve the pressing pain above the nose, which is mitigated by bending forward; * * tearing in the forehead as if a nail were driven through the head, piercing deep into the brain; with nausea, darkness before the eyes, aversion to light, pale face, much colorless urine; the pains often cease for a time when the position is changed * * the patient being very nervous, fickle-minded, taciturn and dejected.”

BUZZING IN THE EARS. *Hering*, p. 172.

This complaint is generally connected with running of the ears and difficulty of hearing;

ache, running of the ears and their inflammation, and will disappear with them; but when it appears alone, it is caused generally by congestion to the head, from catching cold or other diseases.

Pulsatilla relieves it if worse in the evening. *Nux vomica*, if worse in the morning. *Dulcamara*, if worse at night. *Mercury*, in persons inclined to perspire. *Chamomile* in persons who do not perspire easily. *China* in persons who have taken much calomel or when the noise in the ear is more a hissing, singing or ringing noise. *Carbo-veg.* if *China* does not relieve or the noise is worse in damp weather. *Sulphur* if *Carbo-veg.* does not relieve or the noise in combined with great sensitiveness to sounds, is which case it ought to alterate with *Aconite*.

or with earache. Sometimes with headache, and determination of blood to the head. Give medicine according to these symptoms. If it comes, however, quite alone, is not of long standing, but from catching cold, give *Nux-vom.* if worse in the morning; *Puls.* if worse in the evening; *Dulc.* if worse in the night; to persons who perspire much, *Merc-rio.*; to those who cannot perspire, *Cham.*; to very sensitive persons who have taken much mercury, or sniffer much from fever or liver complaints, when the buzzing is more hissing, like a ringing or singing, give *Chin.*, but if louder, more like the noise of a humming-top, or when *Chin.* does no good, give *Carb-veg.* * * Sometimes, when the ears cannot suffer the least noise, *Sulph.* given once, and *Acon.* several times will do good.

We might easily, had we the space and inclination, thus trace almost every article in this first part of the work to its proper owner; what we have given must suffice.

The next eighty pages of the book, containing popular information on Anatomy and Physiology, Hygiene and Hydropathy, are taken without any acknowledgment, and almost word for word from a school-book in common use.* The sixty following pages contain a *Materia Medica* in which, under each one of 68 remedies, a short abstract of their symptoms is given in the usual anatomico-physiological schema. Here, if anywhere, might be found some valuable clinical contributions from the results of "sixteen years' practice" in the pointing out of characteristic symptoms, the confirmation of therapeutic indications and the selection and isolation of useful and frequently recurring groups. But in Dr. Pulte's *Materia Medica* we have no such addition to the common stock of our knowledge—it is still mere scissors-work; the symptoms printed in italics in the edition of Jahr's Manual, published in 1841, have been simply transcribed. To any one who is acquainted with the pepper-box principle, on which those italics were inserted, the value of this part of Dr. Pulte's work will be apparent.

There remain but a few pages of glossary and an index. The index is probably the work of the publisher, and the glossary is extracted from Laurie's Domestic Medicine, (1840, p. 550 et seq.)

We have thus completed a most ungracious labor, and are glad to have done with it; we can only repeat that, for the sake of Homœopathy, we regret that such a book should have ever seen the light. J. W. M.

It will be observed, that in my defense against the above libelous article of J. W. Metcalf, I have touched upon all the important points of his attack; thereby showing conclusively the truth of the Proverb, as applied to Metcalf and accomplices, : "whoso diggeth a pit shall fall therein; and he that rolleth a stone, it will return upon him."

J. H. PULTE.

* Dr. Calvin Cutter's Anatomy, Physiology, etc.

ERRATA.

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| Page 5th, line | 15th— | <i>involuntarily</i> , instead of involuntary. |
| " " " | 29th— | <i>raisonement</i> , instead of reasonment. |
| " " " | 31st— | <i>who</i> , instead of which. |
| " " " | 32d— | <i>that</i> , instead of what. |
| " " " | 40th— | after former, insert the word <i>one</i> . |
| " 8th " | 7th— | <i>them</i> , instead of it. |

