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HERALD OF REFORMS.

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Our Enlargement.

AGREEABLY TO THE ANNOUNCEMENT in our last, we herewith present our readers **THE WATER-CURE JOURNAL** in an ENLARGED and IMPROVED FORM.

THE UNPARALLELED SUCCESS of this JOURNAL has induced the PUBLISHERS to thus enlarge its borders, and add several new and important departments.

OUR EXTENSIVE CIRCULATION enables us to furnish the Journal, thus enlarged, at its former extremely low price.

POPULAR PHYSIOLOGY.

IN THE PRESENT VOLUME we shall introduce engraved illustrations of the Human System, showing the ANATOMY and PHYSIOLOGY of the various parts, together with such instruction as will enable every one to obtain a general knowledge of this most complicated of all machinery, **THE HUMAN BODY.**

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THE IMPORTANCE of a correct diet cannot be overrated. Thousands are now inquiring "What kinds of food are most conducive to health?" We shall examine this whole matter, and give our readers a TRUE HYDROPATHIC SYSTEM OF DIETETICS.

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For a more complete statement in regard to the OBJECTS of the WATER-CURE JOURNAL, see PROSPECTUS on last page.

AIR AND VENTILATION.

THAN BAD AIR, no one thing is more fruitful of a variety of fatal maladies. Our dwellings, churches, school-houses, lecture-rooms, workshops, railroad-cars, steamboats, and ships, all need thorough ventilation. Who has not suffered from the consequences of "bad air," and a want of proper ventilation? We shall point out these evils, and hope to suggest a remedy.

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THE VARIOUS DISEASES

So prevalent throughout the world, will be examined, their causes pointed out, and the Hydropathic mode of treatment given in

a familiar manner. This will be of great service to families who ever have occasion to consult a physician.

TO PHYSICIANS.

OUR HYDROPATHIC PHYSICIANS in all parts of the country are enabled to aid us greatly in extending the circulation of the Journal, thereby adding new converts, and swelling our subscription list to an indefinite number. May we not urge upon them the necessity of their co-operating with us in this good work, by which *all* may be benefited. We assure them that all favors of this kind will be appreciated, and as far possible reciprocated.

TO EDITORS.

FROM the commencement of our struggles in the promotion of the principles of Hydropathy, through the WATER-CURE JOURNAL, we have received incalculable aid and encouragement from this influential and most generous class of citizens.

Our success would have been doubtful, indeed, had it not been for "OUR FRIENDS OF THE PRESS." To EDITORS do we offer our most grateful acknowledgments, without the slightest hope of ever being able fully to repay the numberless favors which they have shown us.

OUR TERMS.

THE WATER-CURE JOURNAL is published on the first of every month, at ONE DOLLAR A YEAR, in advance. For club prices, see prospectus on the last page. Subscriptions should, in all cases, be post-paid, and directed to the publishers,

FOWLERS AND WELLS,
No. 131 Nassau street, New-York.

TO OUR READERS.

It is a source of great pleasure to us to repeat the gratifying fact, that the GREAT HYDROPATHIC REFORM is in a progressive condition. It is highly probable that we shall soon outnumber those of any other medical faith.

It is but a few years since the Water-Cure was first introduced, as a system, into the United States, and we now have almost as many Hydropathic establishments as there are OLD SCHOOL MEDICAL COLLEGES; and in less than five years, we shall probably double our present number.

There are no five medical periodicals published, which, when all combined, begin to equal the circulation of the WATER-CURE JOURNAL. This fact alone should be regarded as evidence of the unequalled advancement and growing popularity of the WATER-CURE, as a system of preventing and curing disease.

TO OUR CO-WORKERS.

ALTHOUGH many thousands have examined, embraced, and now live according to the Hydropathic philosophy, there are many MILLIONS yet unacquainted with its virtues. To you, then, do we look for help in pushing forward and onward this "SAVIOR" of HEALTH and LIFE.

TO POST-MASTERS.

PERHAPS there are no public functionaries capable of exerting a wider influence than POST-MASTERS. They may increase or diminish the circulation of publications to almost any extent. How easy it is for them to encourage those in their circles to "take" a certain publication, or, if they feel disinclined, to discourage the same.

As a general rule, POST-MASTERS are of the enterprising, "go a-head" sort of people, and, with a view of increasing the receipts of their offices, and at the same time doing good, frequently induce their neighbors to form clubs and subscribe for useful publications. By this means, the people become enlightened, "the department enriched," and all are greatly benefited. We acknowledge with pleasure the obligations which many of these gentlemen have placed us under, by using their influence in forming clubs for the WATER-CURE JOURNAL.

TO CLERGYMEN.

AMONG those who have been benefited most by the Water-Cure, are the CLERGY-

MEN, of all denominations. The public speaking, hard study, and close confinement to which they are subject, compel them to adopt the most careful and correct mode of living. This they find laid down in the Water-Cure Journal. Hence the adoption of our precepts, and their zeal in placing the same before their congregations, especially those who most NEED the healthful advice which the Journal contains.

It is, indeed, a very common thing for clergymen to deliver occasional evening lectures, on various useful and interesting topics, including the necessity of HEALTHY BODIES, as well as religious and devotional minds. In fact, some clergymen actually take it upon themselves to go about "HEALING THE SICK," as well as preaching the gospel. When they do this, it is an easy matter to obtain subscribers in clubs for the Water-Cure Journal.

TEACHERS and pupils, merchants and clerks, mechanics and farmers, lawyers and doctors—all, everybody, may aid in extending the circulation of the Journal.

Every father and mother, every son and daughter, may learn, by reading this Journal, how to PRESERVE HEALTH, PROLONG LIFE, AND INCREASE THEIR HAPPINESS.

Are not these reasons sufficient to justify us in APPEALING TO ALL GOOD MEN AND WOMEN to aid us in extending the circulation of the Water-Cure Journal EVERYWHERE?

TESTIMONY.

"A national hydropathic association has now been organized upon a strictly rational and scientific basis. Its members are not fettered by chains and shackles. Taking the broad ground that WATER is "the best, the safest, and most universal in its application," of all "remedial agents," and that NATURE is most to be studied, in all her wide and diversified operations, by the really wise and prudent physician, the constitution expressly encourages the members to watch and pay heed to "the various modifications which may from time to time result from the progressive advancement of medical science."—DR. HOUGHTON.

"THE WATER-CURE REFORMATION, if it secures its legitimate end, must be a radical reformation. It must combat not only the unscientific modes of treating disease, but it must sweep within its circle all of those habits of the people which exist in violation of the laws of life. People kill themselves

by eating, by drinking, by labor, by sleep, by want of sleep, by sexual excess, by taxation of brain, by money-making and spending, by extended violation of physical law, in almost every direction. Now the Water-Cure Reformation contemplates a rectification of the general habits of the people, in all cases where correction is needful."—DR. JACKSON.

"It is my most earnest belief, that if a copy of the Water-Cure Journal could be taken by every family in New York, four-fifths of the sickness and premature mortality of the city would be prevented. At the same time, three-fourths of all our grog-shops, apothecaries, and tobacconists would shut up shop for want of customers; and our doctors—as many as would be needed—would be studying and practising Hydropathy; but the greatest portion would take other fields of labor."—DR. NICHOLS.

"MANY years has it been mine to minister unto the wants of diseased humanity, and during that time I have been called upon to prescribe for almost all the different phases of disease, and in hundreds and hundreds of cases—and never, during all these years, have I seen a single case that would not yield far more readily to the Water-Cure, properly applied, than to any other system known to me, and I have been in active practice nearly twenty years."—DR. KITTRIDGE.

"IF THE PEOPLE can be thoroughly indoctrinated in the general principles of HYDROPATHY, they will not err much, certainly not fatally, in their home application of the WATER-CURE APPLIANCES to the common diseases of the day. If they can go a step further, and makes themselves acquainted with the LAWS OF LIFE AND HEALTH, they will well nigh emancipate themselves from all need of doctors of any sort."—DR. TRALL.

"PEOPLE are beginning more and more to read, think, and act for themselves. Medical men may persist in denouncing the Water-Cure, yet there are those who will resort to it, and from a knowledge of its efficacy."—DR. SHEW.

To the above we might add the testimony of almost every person who has ever tried the Water-Cure. Are we not, then, justified in advocating, thus zealously, a system so infinitely superior to all others known in the healing art?

SCROFULA.

ITS NATURE, EFFECTS, CAUSES, PREVENTION, AND CURE.

BY T. L. NICHOLS, M. D.

§ FIRST.—ITS NATURE.

THE term *scrofula* is said to be derived from the Latin *scrofa*, a sow; because it is a disease to which swine are especially liable. It is sometimes spelled *schrophula*, and *schrophulosis*. Some authors prefer the name *struma*. One form of scrofulous affection is popularly known as the *king's evil*.

Pathologists are not very clear or united in their opinions of the nature of this disease. It is generally termed a *cachexia*; and *cachexia* means "bad habit." Good defines a *cachexia* to consist in a "morbid state of the blood, or blood-vessels, alone, or connected with a morbid state of the fluids, producing a diseased habit." If this definition conveys a clear idea to my readers, I am very glad of it. I confess that they have the advantage of me.

Some suppose that what is called the *scrofulous diathesis*—and diathesis means habit, as *cachexia* means bad habit—depends upon an imperfect or diseased condition of the digestive system. Professor Dickson rather ascribes it to "improper action of the minute order of vessels, whose function it is to separate the materials of growth and nourishment, and the several secretions;" that is, the capillary system; and this idea coincides with a curious speculation of Dr. Stokes, who looks upon the scrofulous diathesis as "a condition of the human body, which is, to a certain extent, imperfect, and which is to be attributed to an arrest of development." Thus it is known that at a certain period of foetal life, the whole mass of the body consists of white tissues. The foetus is white-blooded. As its development goes on, the vessels begin to carry red blood, and this change continues up to maturity, when the red tissues are more abundant than the white. But if this process be arrested at any time, we have in consequence a lower degree of vitality.

We know how large the head is in proportion to the body, in the foetal state. An early arrest of development should leave the head out of proportion to the body: and we find that scrofulous children have large heads, and are exceedingly subject to hydrocephalus. Scrofulous children have also large bellies; and this is another characteristic of the foetal stage. The foetal liver is large, and scrofulous subjects have large livers. Scrofulous children have small limbs and contracted chests; both foetal peculiarities.

All this is ingenious and plausible, but I think nothing more. There is arrest of development, and these are all results of arrest of development; but what is the nature of the cause which has produced this effect?

Many pathologists believe scrofula to be a real virus, like the diseasing matter of small-pox and syphilis; but the experiments by inoculation do not prove it; neither do they satisfactorily establish the negative. Lugol endeavors to prove

that it is in all cases the result of hereditary influences; but it cannot be denied that the same condition is often induced directly, and otherwise transmitted. Animals may be rendered scrofulous by being placed in bad conditions, and there is no doubt that children can be filled with scrofula by the milk of a scrofulous nurse.

I say *filled with scrofula*; and I use this form of speech deliberately. I believe that disease is more than a condition, or habit, or predisposition, or diathesis, or cachexia; all vague terms, invented by those who deny the reality of the matter of disease. There is the matter of small-pox, of measles, of syphilis, of typhus, and of scrofula. This last, like the others, is sucked in with the mother's or nurse's milk, and the latter too often with the milk of cows, made scrofulous by confinement and improper food. It comes out in eruptions and ulcerations.

Scrofula, then, is a disease which vitiates nutrition, suspends development, and gradually destroys the system. It is the most frequent and the most terrible of all the diseases of civilization. Its ravages begin before birth, and end with death. Lugol estimates that one-quarter of all scrofulous children are destroyed before birth by spontaneous abortion. Such abortions are not to be deplored so much as the causes which produce them. Scrofulous children swell the frightful records of infant mortality. Scrofulous infants die of convulsions, dropsy of the brain, cholera infantum, marasmus, tabes mesenterica, &c. Scrofula is a terrible complication of all the diseases of infancy, giving danger to whooping-cough, croup, measles, and scarlet fever; and giving to diarrhoea and dysentery great fatality.

Sometimes scrofula attacks the mucous membranes, and children are affected with sore eyes, running at the ears and nose, whites, worms, mucous fevers, and various intestinal derangements.

It attacks the skin, causing chilblains, eruptions on the lips, eyelids, and ears; pustules over the face, and on the chest, especially between the shoulders; and is the source of many excrescences and ulcerations. This may be considered its most favorable form, as this gives the best chance of eliminating the disease, and casting it out of the system.

Sometimes it lies below the skin, in the cellular system, and causes tubercles, abscesses and profuse suppurations.

In the bones it causes rickets, and a rotting down of the bony structure. Sometimes the disease concentrates upon a single point, as the lower jaw, the elbow or knee joints, the small bones of the hands, &c.; sometimes it seems to affect every bone in the body.

It attacks the internal organs, and we have tubercular consumption of the lungs, the liver, and the whole mass of intestines. Scrofulous tubercles have been found in every soft organ of the body. "Tubercle," says Lugol, "is the true diagnostic of Scrofula."

We cannot tell what determines this disease to

one organ or tissue in one case, and to another in another. Of several scrofulous children, one may have ophthalmia, another rickets, another enlargement of the glands of the neck, another some cutaneous affection, another deep ulcers, another white swelling or hip disease, another pulmonary consumption, &c. &c.; but it is all one disease—all scrofula. When scrofula attacks the lungs, we call it consumption; but we might apply the same name to all its varieties.

Authors have pointed out several signs of scrofula, such as light silky hair; a thin, transparent skin; a rosy flush of the cheeks; large, moist, light eyes; a thick, pouting upper lip; great delicacy, and often fullness of the face and figure, &c. Where all these signs co-exist, the scrofulous diathesis is strongly marked; but it would be a great mistake to suppose that it may not exist where any or all of these are wanting. There are many signs which indicate the existence of the disease, which are very difficult to describe, but which, once seen, cannot easily be mistaken.

There is in many scrofulous families, a general mark of debility, pointing out badness of organization. I have noticed the disproportion between the head and body, the body and limbs, and the chest and belly. The limbs are misshapen; the joints are apt to be large. The two sides of the body are not evenly developed. Sometimes there is hare-lip, division of the palate, and other separations on the median line of the body. The chest is bulged forward at the centre, the child being what is called chicken-breasted. Some scrofulous persons are very short in stature; others very tall. The mouth is too small, or too large; the teeth decay early. The appetite is irregular. Some scrofulous children eat very little; in others the appetite is morbid and voracious. The action of the intestines is feeble and irregular; and there are often symptoms of worms. Frequently there is an unnatural apathy and aversion to exercise. Even repose fatigues, and such patients are more wearied in the morning than at night. Dullness, laziness, and stupidity are often the results of scrofula. Children, so affected, must not be punished—they must be cured. A precocious activity and consequent retardation of the development of the genital system is a common effect of scrofula, in both sexes; and the weaknesses and irregularities of young females often come from the same cause.

Scrofula is often connected with precocity of intellect, great beauty of disposition, and vivacity rather than strength of the passions.

§ SECOND.—ITS EFFECTS.

It has been impossible to describe the nature of this terrible and terribly prevalent disease, but by its effects, many of which I have already enumerated. Scrofula destroys its victims in every stage of their development. I have said that it is the frequent cause of spontaneous miscarriages and abortions. The foetus is ejected in its early stage, because it is too much dis-

eased for the processes of life to go on. I think we may go back of this, and find scrofula in either parent the cause of sterility. Where the taint is on the father's side, I do not know that the child can be saved from its sad inheritance; but where the mother is scrofulous, there is much reason to believe that nature often shields the child, previous to birth; perhaps only that it may be poisoned by her milk afterwards. But sometimes we have the reverse of this. A scrofulous mother has given birth to a child which was one mass of disease, while her own health has improved during the whole period of gestation. The same thing has been observed in respect to syphilis.

But besides the danger of abortion from scrofula, the child has sometimes another peril. Scrofulous women are sometimes affected with such enlargement or malformation of the bones of the pelvis as to interfere with the process of labor, and cause the death of the child. And these are a few of the many reasons why scrofulous persons should conscientiously abstain from marriage. It is the solemn duty of every young person who has reason to suppose that he has a scrofulous taint, to be cured of it before he ventures to marry. No one has a right to inflict disease upon his offspring. If a scrofulous child be safely born, it, in most cases, carries within it the seeds of early death. Its lungs may be full of tubercles; the mesenteric glands may be diseased; the spine may have begun to ulcerate; it may fall into a shapeless mass of rickets. Every cause of disease acts upon this unhappy child with ten-fold efficiency, and when it falls sick, the probabilities are that no skill can save it. A bowel complaint, which some children easily recover from, is a rapid dissolution to one filled with scrofula. Whatever part is in any way diseased, whatever part is weakest, becomes the focus of scrofula. Such a child takes a cold, and dies of chronic bronchitis, or sinks under pneumonia. A little irritation causes a determination to the head, and we have brain fever, convulsions, effusion, and death. The bowels are disordered, and there sets in an incurable dysentery. In some childish play it injures its knee, and we have white swelling, with loss of limb or life. The elbow is lamed, and there begins an ulceration of the bones, so that the joint is lost, if not the whole limb. Some trifling injury, or a simple cold, brings on terrible disease of the hip joint, and it is a cripple for life.

In the same way, scrofula complicates all diseases of the internal organs, and is the foundation of all tuberculous affections, from the king's evil to the dread destroyer, consumption.

I am conscious of the repetitions in the preceding paragraphs; but this subject cannot be made too impressive. In treating of the causes, prevention, and cure, I may be obliged to traverse the same ground; but it matters not how often it is gone over, if I only arrive at the end I have in view—the eradication of this human curse.

§ THIRD.—ITS CAUSES.

LUGOL, a French writer, believes he has proved that scrofula is invariably hereditary. He will not allow that it is ever of spontaneous origin, or ever produced except by transmission from one or both parents; and in all cases where it appears to have arisen from other causes, he insists that there must have been hereditary taint, predisposition, or diathesis.

This, I think, is carrying the matter too far. It seems to me that the disease must exist before it can be transmitted, and I see no reason why any other part may not become scrofulous, from the operation of various causes, as well as the germ of fetal life. If hereditary transmission were the only source of scrofula, it would long since have died out—but this Lugol does not contend for. He admits that children may be born scrofulous, on account of their parents having had syphilis; or having been licentious; or too young or too old; or of disproportional ages or strength; or where they have suffered from certain diseases. But I see no reason why the cause of scrofula, in some of these cases, should not be the disease itself, first developed, and then transmitted.

But there can be no doubt that scrofula is, in a vast majority of cases, hereditary. And there can be no more doubt, I think, that it can be produced directly by a variety of debilitating circumstances. Typhus is generally recognized as a contagious disease; yet who doubts that it may at any time be bred in filth and misery. The itch is highly contagious; yet it may also arise spontaneously; and though small-pox and syphilis seem at present to be propagated solely by contagion, they must at some time have had a beginning.

It must be admitted, however, that abundance of facts have been brought to prove that scrofula has been developed, in the most unquestionable manner, in children, in whose parents it has never shown itself, but who have been otherwise diseased, or in various ways rendered incompetent to produce a healthy offspring. In addition to the causes enumerated above—syphilis, licentiousness, improper or disproportional age—Lugol gives the following circumstances under which the disease may be generated. Those who wish to see by what array of facts he sustains these positions, should get Dr. Doane's translation of his work, (published by Fowlers & Wells,) entitled, "Researches on Scrofula."

He says, parents who have recovered from scrofula, beget scrofulous children; parents who do not seem to be scrofulous themselves, but whose brothers and sisters are so, beget scrofulous children; precocious marriages, and the marriage of near relations, produce scrofulous children. In short, it would appear that any cause of debility, or any violation of the laws of health in parents, makes their children liable to an inheritance of tuberculous disease. It is in this way that the sins of fathers and mothers are visited upon their children to the third and fourth generations.

But with all that can be said of the hereditary causes of scrofula, it seems to us unquestionable that it may be developed originally, in the healthiest constitution, by many causes:—

By insufficient, or unhealthy food. Especially may it be taken into the system by eating the flesh of swine, and other diseased animals; or flesh in a partial state of decomposition; and perhaps fish and vegetables similarly diseased or decayed. It is well known, that when animals are shut up in styes, pens, and stalls, kept, as they often are, in darkness, deprived of exercise, and fed to repletion, tubercles are found in their lungs, livers, &c., and these tubercles are the certain sign of scrofula. This is the case with much of the flesh sold in our markets. It is especially the case with the cows kept in the city, and fed on the slops of the distillery. Is it possible that the milk and flesh of these cows can be eaten, as it is every day, by multitudes, without transmitting scrofula?

By want of cleanliness, light, and ventilation. That which causes scrofula in sheep, cows, and swine, must also produce it in men, women, and children. Among the more than half million population of this city, there are tens of thousands, who are not thoroughly washed once a month, and many but once, perhaps, in their lives; who live in deep alleys and dark cellars, and on whom the blessed light seldom shines; whose clothing is ever filthy; whose miserable and crowded rooms never admit air fit for breathing; whose whole lives are passed in these violations of the laws of health. Is it strange that children living in such conditions should be filled with loathsome disease? Go among the poor, and you will see on every side the marks of this scourge.

Sedentary and depressing occupations are fruitful causes of scrofula. The body and mind demand active and varied exercise for their healthy development. Monotonous labor, in crowded, ill lighted, and badly ventilated rooms, as is the case to a greater or less extent in manufactories of all kinds, and even the smallest work-shops, leads to rapid physical decay. The children of factory operatives and sedentary mechanics are therefore much subject to scrofula.

There is another cause, connected with all of these, and more potent, perhaps, than all combined. I mean the influence of drug medication. Every drug taken into the system, in any appreciable quantity, and for any purpose, tends to produce that condition of the system from which springs the scrofulous diathesis, or out of which the matter of scrofula is produced. Under this term of drugging, I include the use of tea, coffee, spirituous drinks of all kinds, tobacco, opium, and the whole class of medicines.

A child, with a weak constitution, and badly nurtured in unhealthy conditions, is necessarily sick; being sick, it complains; then comes the dosing with paregoric, to keep it quiet, to make it sleep. Some children are put to sleep with opium; some are made drunk on gin or beer, sucked with the mother's milk; some are narco-

tized with strong coffee; some poisoned with tobacco smoke; all drugged in one way or other. And if these poor children, with the scrofula developed, are taken to the doctor, what is done? I have seen them brought in dozens, to the most distinguished physician in New York, and heard him prescribe for case after case, either *corrosive sublimate* or *arsenic*. Not a word of air, or cleanliness, or a pure diet—nothing but so much corrosive sublimate, or so much arsenic. Is it any wonder children die?

One of the medical inspectors of the English factories, where, among the children of the operatives, the system of drugging, to make them quiet, exists to an enormous extent,* gives the following account of the results:

"The consequences produced by the system of drugging children, are suffusion of the brain, and an extensive train of mesenteric and glandular diseases. The child sinks into a low, torpid state, wastes away to a skeleton, except the stomach, producing what is called pot-belly. If the children survive this treatment, they are weakly and stunted for life."

There could scarcely be a better description of scrofula than is here given as the direct effect of drugging in infancy. If parents would save their children, they must beware of drugs, and all who give them.

If drugging is a cause of scrofula in children directly, it oftener acts indirectly, by producing in parents that diseased condition which is the sure forerunner of hereditary transmission of a scrofulous constitution to their offspring.

Climate is supposed to have an influence on scrofula; as it is said that warm and dry climates are less exposed to it than cold and moist ones. It is true that some of the causes which produce scrofula in the latter do not exist in the former. In warm and dry climates, for instance, people have more air and light; but aside from this, I believe the disease assumes different forms, under these different circumstances. In warm climates the skin is oftener diseased—in cold ones the internal organs, especially the lungs.

The marriage of near relations; of persons of a similar physical conformation; of persons who are too young; of those of widely unequal ages; and especially of persons diseased from any cause, tends to the production of scrofula. It is asserted that it exists but little in the pure, and very widely in the mixed races. It is rare with Indians and negroes, but very common with half breeds and mulattoes. It is common among the English, a very mixed race, but comparatively rare among the purer races of Southern Europe.

*In England, Godfrey's cordial is the favorite opiate, as paregoric is with us. It contains one ounce and a half of pure laudanum to the quart. "It may be had at public houses and general dealers, as well as of druggists; and on market days the people from the surrounding neighborhoods regularly provide themselves with this 'mother's comfort,' as they purchase other household provisions. About two thousand gallons are sold in Manchester alone every year. The nurses to whom the children of the factory people are entrusted, are either laundresses or superannuated crones. The more they drug the children entrusted to them, the greater number they can undertake to manage."—HOUSEHOLD WORDS.

The laws which regulate the production of disease by these crosses and intermixtures, deserve a careful investigation.

In short, every violation of the laws of health and life may be a cause of scrofula, in the individual or his posterity. There is no effect without its cause, and no cause without its effect—no punishment without sin, and no sin without punishment. "The curse causeless shall not come."

§ FOURTH.—ITS PREVENTION.

The prevention of any disease has an intimate relation to the causes that produce it. In giving the causes of scrofula, we have indicated the means by which it may be prevented, and finally eradicated.

The first step, if one had the power, would be to prevent the marriage of scrofulous persons; but as that is impossible, we must do the next best thing,—we must cure them,—but this belongs to the next section of our subject. But notoriously bad marriages in this respect may be discouraged, and the education of the people in the knowledge that most concerns them—the laws of their own constitutions—will do much to prevent men from marrying scrofulous wives, and women from marrying scrofulous husbands; and as the product of such marriages is generally short-lived, this source of scrofula would soon be at an end.

The next point, and a more important one, is to surround every member of the community with healthy conditions. No man ought to be satisfied, or think that his country is safe, while pure air, light, a convenient dwelling, water, good clothing, a pure and nutritious diet, healthful employment, recreation, and an education, such as will enable him to make the best use of these advantages, are denied to the humblest citizen.

To prevent scrofula, we must abolish all its causes; abolish poverty; abolish filth; abolish vice; abolish misery; abolish drugs; abolish all that poisons, weakens, and degrades humanity. We must teach all mankind the laws, and surround them with the conditions of health.

§ FIFTH.—ITS CURE.

The means of prevention are, to a certain extent, identical with the means of cure. In curing, as in preventing, disease, we must still look to its causes. If scrofula comes from hereditary taint, we cannot go back to remove that. The disease is here, and we must stop its further development, and cast it out of the system. But where scrofula is being produced originally by any of the causes mentioned above, our first duty is to remove the cause, and change the conditions.

Is a child bleaching like celery for want of light? We must take it into the sunshine; for sun-light is the light of life. Is it pining for fresh air? Send it to the Battery,—to Hoboken,—anywhere into the fields, where it can get a new stock of the breath of life. See that

every room is ventilated at all times, night and day, summer and winter.

Is its food impure or insufficient? Change it. Let the infant of a scrofulous mother have a healthy nurse, or be fed on the milk of a good cow. Leave greasy pork and putrid flesh, and give it pure vegetables, fruits, and country milk. A bad diet will do much to give any person the scrofula; a good one will go far to cure it by substituting good matter for bad, in the natural changes of the system.

Do not forget cleanliness. Every child that is not washed all over at least once a day is defrauded of its natural rights. It has as much right to so much cold water, as it has to air, light, and food; and a wise and good parent would as soon think of depriving it of one as the other. The skin upon the face and hands is but a small part of the whole, and there is no square inch of that skin that does not need a daily ablution.

In all cases of scrofula, the clothing must be very clean, and often changed. Under favorable circumstances, the system will be constantly throwing off diseased matter; and this must not be left to be again absorbed. No person ought to sleep in any of the clothes he has worn during the day. This is a rule for sickness and health.

Exercise in the open air favors all healthful processes of the system, and this among the number.

These are all simple hygienic observances, which must commend themselves to every person of common sense and knowledge, and in which physicians of every school would concur, though they might forget to prescribe or enforce them; but here we part company with most of the profession. There are many indeed who who have tested the uselessness of drugs, and who would rely wholly on these hygienic recommendations, with sea-bathing, the shower-bath, change of air, or some such hackneyed prescription. But the greater number *drug, drug, drug*, through the same hopeless and miserably routine of cathartics, anodynes, alteratives, and tonics.

The Homœopathist seeks out an infinitesimal quantity of some medicine which would produce the symptoms of scrofula upon a healthy person; but he does not forget a judicious diet, and other hygienic regulations; and if unaided nature can cure the disease, he gives her a fair chance, and really believes that he is rendering her important assistance.

But the Allopathist treats scrofula as absurdly as he treats most other diseases. He gives mercury, first of all, and as his great sheet anchor. Generally it is given in the form of bi-chloride, or, as it is more popularly known, corrosive sublimate. He gives cathartics, as Professor Dickson says, "with patient perseverance." He gives tonics. They are greatly confided in, especially iron. Unfortunately they do little good and much mischief. He gives iodine sometimes. It is a sad poison, and he is afraid of it; but

when corrosive sublimate fails, he gives it, and as that won't do, he then tries arsenic.* Following the advice of the Chrono-Thermalists, he tries one thing, and if that won't do, he tries another. If arsenic won't do, he shrugs his shoulders, and orders some burnt sponge, or compound syrup of sarsaparilla!

I turn with pride to the methods and the results of Water-Cure. Here we find a system, and principles, and glorious results. The Water-Cure physician, if he understands his profession, knows what he wants to do—knows what will do it, and acts accordingly. He knows that the system must be supported, strengthened, and revived; and he uses the means already indicated. He knows that it must be freed from the matter of disease, whether laid up in swollen glands, forming internal tubercles, causing cutaneous eruptions, settling about diseased joints, or diffused over the whole system, poisoning and oppressing every organ; and he adopts the proper means to accomplish this important work. These means, in addition to such as I have named, are few, simple, and effectual. The first indication is to give vigor and activity to the skin. This is done by baths; by friction; by the cold douche; especially by the wet sheet-pack. The next point is, to excite the invigorated skin to extraordinary action—to quicken and increase the eliminating process, by which, foul, effete, and poisonous matters are continually cast out of the system.† This is accomplished by long wet sheet-packs, and long sweating packs in the dry blankets, alternating, and carefully adapted to the strength of the patient.

Short packs, twenty minute packs, and careless, slip-slop treatment, will not answer; but judicious and thorough treatment will; and will cure every curable case, from the first sign of glandular enlargement, or cutaneous eruption, to the earlier stages of tubercular pulmonary consumption. I do not state this merely as a matter of theory, but as the result of observation and experience. I do not suppose, or think, or believe; *I know it*.

Some of the local forms of scrofula require careful and particular management. When any part, as one of the joints, is injured, or weakened in any way, the scrofulous matter seems to con-

* These are the medicines commonly given and chiefly relied on; but so unsatisfactory are the results of all drug medication in this disease, that a multitude of empirical remedies (†) have been resorted to. Among these are cod-liver oil, bromine, preparations of gold, muriates of lime and barytes, veratria, sugar of lead, sulphate of zinc, creosote, &c., &c.

† Time is required for the perfection of this process. "The constitution, in this disease," says *Dubois d'Amiens*, "is like an edifice built of materials of bad quality. It is not, then, a partial change that is necessary, still less a simple modification. All the materials must in some manner be changed for others, and to accomplish this, time is necessary."

Yes—and much time is necessary, when the process is complicated by the administration of mercury, iodine, or arsenic; but with the Water-Cure, all these changes are wonderfully expedited. *Liebig*, the first chemist in Europe, in his letter to *Sir Charles Scadamore*, says as great a change takes place in the system in six weeks, under the Water-Cure, as is ordinarily accomplished in three years. What system can be better adapted, then, to the change of materials spoken of by *M. Dubois*?

centrate there, from other parts of the body. Perhaps the only comfort of hip disease or white swelling of the knee, is, that it may have saved the sufferer from dying of consumption of the lungs.

In these cases, the system must be strengthened; the nutritive functions made healthy; the disease attracted from the part affected and cast out of the system. Merely local treatment may aggravate the evil.

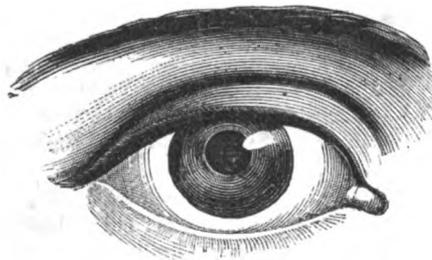
And the scrofulous matter *does come out*. In some cases, it exudes from every pore, staining sheets and bandages, and filling the room with its pestiferous odor. In others, it comes out in one or more critical eruptions, which for days together will be covered with the yellow, characteristic matter of the disease. In some cases there will be a crop of boils, and as fast as these suppurate and throw out their matter the system becomes purified. Often, a cough, attended with profuse expectoration, has entirely ceased, on the appearance of a crop of pustules or boils, which poured out exactly similar matter. In a few cases, large abscesses have formed, and the system has been drained of a pint of matter at a time. We endeavor to avoid any violent crisis; but whether the matter comes out imperceptibly, by every pore, or is poured forth in a mass by a large abscess, the result is purification—

AND PURIFICATION IS HEALTH.

PHYSIOLOGY AND PATHOLOGY OF THE EYE.

ILLUSTRATED WITH ENGRAVINGS.

BY E. T. TRALL, M. D.



STRUCTURES OF THE EYE.

THE structures of the visual organ may be conveniently divided into three classes, the *coats*, *humors*, and *appendages* of the eye. The Eye-ball is of a spherical form, about one inch in diameter. The Globe of the eye is composed of three coats or *tunics* and three *humors*.

OUTER COAT OR FIRST TUNIC.—The first coat of the eyeball is formed of the *Sclerotic* and *Cornea*. The sclerotic is a dark fibrous membrane investing about four-fifths of the globe. Its anterior surface is covered with a tendinous layer called the *tunica albuginea*, which is derived from the expansion of the tendons of the four recti muscles. A part of the tunica albuginea is covered by a mucous membrane called the *conjunctiva*, which constitutes the "white of the eye." The sclerotic forms a thin sieve-like plate, called *lamina cribrosa*, at the entrance of the optic nerve; this lamina is full of openings for the passage of nervous filaments. The largest of these openings in the centre is called

the *porus opticus*, through which the *arteria centralis retinae*—central artery of the retina—enters the eyeball. The cornea constitutes the anterior fifth of the globe. It is circular, transparent, and resembles a watch-glass. It is received into the grooved edge of the sclerotic in the manner that a watch-glass is received into its case. It is composed of four layers, the external being the white membrane, or conjunctiva; before mentioned.

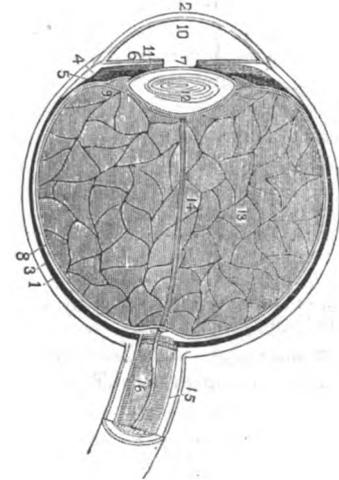


Fig. 1.

MIDDLE COAT.—The second tunic is formed of the *Choroid*, *Ciliary Ligament*, *Iris*, and *Ciliary Processes*. The *choroid* is a vascular membrane, of a rich brown color externally, and of a deep black on its inner surface. Posteriorly it has an opening for the passage of the optic nerve; it is connected anteriorly with the iris, ciliary processes, and with the junction of the sclerotic and cornea, by a dense white structure called the ciliary ligament, which surrounds the circumference of the iris like a ring. The choroid membrane is composed of three layers, the external being principally an arrangement of veins, called *vena vorticosae*. The middle layer is formed by the ramification of minute arteries. The internal layer is a delicate cellular structure, containing the *pigmentum nigrum*, or coloring matter of its posterior surface.

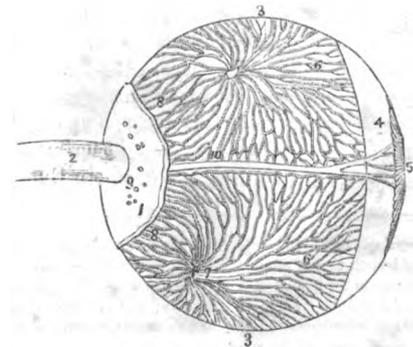


Fig. 2.

The *Ciliary Ligament* forms a circle round the iris, connecting the cornea and sclerotic at their junction with the iris and external membrane of the choroid.

The *Iris*, or rainbow, is so denominated from its variety of colors in different individuals. It makes a partition between the front and back chambers of the eye, and has a circular opening near its centre, called the *pupil of the eye*. The iris is composed of two layers; the anterior is muscular, consisting of both circular fibres which surround the pupil, and radiating fibres from the centre to the circumference; the combined contraction of these fibres diminishes the diameter of the pupil.

The *Ciliary Processes* consist of triangular folds of the middle and internal layers of the choroid. Their circumference connects with the ciliary ligament; they are covered with a thick black pigment.

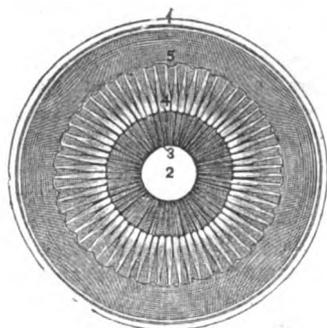


Fig. 3.

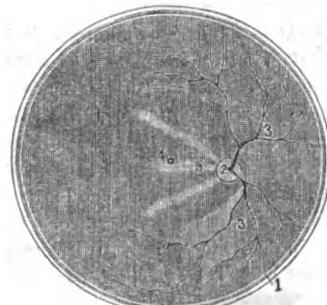


Fig. 4.

INNER COAT.—The third tunic is the *retina*. It is formed of three layers. The external is a mere *film*; the middle or *nervous* is the expansion of the optic nerve, enveloping the vitreous humor, and extending forward to the ciliary processes; the inner membrane is the *vascular*, composed of ramifications of arteries and veins. The anterior margin of the retina is connected with the anterior surface of the lens, by a thin vascular layer, called *zonula ciliaris*. There is a circular spot in the retina, in the centre of the back part of the globe, called the *foramen of Sömmerring*, surrounded by a yellowish halo, called *limbus luteus*.

HUMORS OF THE EYE.—The *Aqueous humor* occupies the two chambers of the eye. The *anterior chamber* is the space bounded by the cornea in front, and the iris and pupil behind; the *posterior chamber* is the very small space between the pupil and posterior surface of the iris in front, and the ciliary processes, crystalline lens, and *zonula ciliaris* behind. Both chambers are lined by a thin membrane, which secretes

the fluid of the aqueous humor, which does not exceed five or six drops in bulk.

The *Vitreous humor* makes the greater part of the bulk of the globe of the eye. It is a glassy, transparent fluid, inclosed in a delicate membrane called the *hyaloid*. The inner surface of the hyaloid is disposed in thin lamellæ or plates reflected inward, forming different apartments or cells, like the transverse section of an orange, for holding the vitreous humor.

The *Crystalline humor*, or *lens*, is situated behind the pupil, surrounded by the ciliary processes, and embedded in the front part of the vitreous, from which it is separated by the hyaloid membrane. The *Capsule of the lens* is an elastic, transparent membrane which surrounds it. The lens is formed of concentric layers, the external being soft, the middle firmer, and the interior still firmer. The *canal of Petit* is a small triangular channel around the circumference of the lens.

MUSCLES OF THE EYE.—The ocular group of muscles are easily understood from the accompanying cut. They are so arranged as to move the globe of the eye in all directions.

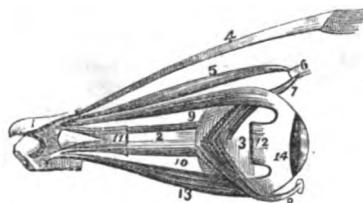


Fig. 5.

ACTION AND USES OF THE STRUCTURES.

The firm sclerotic coat gives shape and form to the eye, and protects its complicated and delicate tissues. The transparent cornea furnishes a medium for the transmission of the rays of light. The choroid supports the nutritive vessels, and by the black pigment of its posterior surface, absorbs the scattered rays of light, that might otherwise confuse the image impressed on the retina. The iris regulates the quantity of light admitted through the pupil, by contracting when the rays are too strong and expanding when the light is more feeble. The humors refract the rays so as to impress the object on the retina in the most favorable manner for distinct vision.

APPENDAGES OF THE EYE.

These are the *Eyebrows*, *Eyelids*, *Eyelashes*, *Conjunctiva*, *Caruncula Lachrymalis*, and the *Lachrymal apparatus*.

The *Eyebrows*, called *Supercilia*, are projecting arches of integument covered with short thick hairs, forming the upper boundary of the orbit of the eye.

The *Eyelids*, called *Palpebræ*, are valvular layers in front of the eye. The elliptical space between is divided into the *outer* and *inner canthus*. The inner canthus is prolonged into a triangular space toward the nose, which is called the *lacus lachrymalis*. The *lachrymal papilla* is a small angular projection at the commence-

ment of the *lacus lachrymalis* on each side, each of which papilla has a small orifice at its apex, called *punctum lachrymale*, and constituting the commencement of the lachrymal canal. The thin, firm, fibro-cartilaginous bands supporting the edges of the eyelids are called the *tarsal cartilages*; in their internal surface are embedded a number of secreting tubes or follicles, called the *Meibomian glands*.

The *eyelashes*, called *Cilia*, are triple rows of long thick hairs, curling upward from the upper lid, and downward from the lower; an arrangement which prevents their interlacing each other.

The *Conjunctiva* covers the anterior surface of the eye, and is so reflected on the lids as to form their inner layer. The duplicatures formed between the globe and lids of the eye are called the *superior and inferior palpebral sinuses*.

The *Caruncula Lachrymalis* is a small reddish body occupying the *lacus lachrymalis* at the inner canthus. It is composed of an assemblage of mucous follicles, and secretes the whitish matter usually found at the inner angle of the eye. On the outer side of the caruncula is a fold of the conjunctiva, called *plica semilunaris*; this is the *membrana nictitans* in birds, and the rudiment of the third lid in animals.

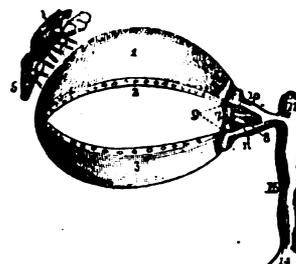


Fig. 6.

The *Lachrymal apparatus* consists of the *Lachrymal gland with its excretory duct*, the *Puncta lachrymalia*, the *Lachrymal canals*, the *Lachrymal sac*, and the *Nasal duct*.

The *Lachrymal gland* is situated at the outer and upper part of the orbit. It secretes the *tears*, which are ordinarily conveyed away by small ducts which run a short distance between the conjunctiva, and then open on its surface a little above the upper border of the tarsal cartilages. The *Lachrymal canals* commence at the *puncta lachrymalia*, and run inward to the lachrymal sac. The *superior duct* first ascends, then turning suddenly inward, forms an abrupt angle; the *inferior duct*, by descending and then turning abruptly inward, forms a similar angle. The *Lachrymal sac* is the upper extremity of the nasal duct. It consists of a mucous membrane covered by a fibrous expansion of the tendons of the orbicularis and tensor tarsi muscles. The *Nasal duct* is a short canal, three-fourths of an inch long, running downward, backward, and outward to the inferior meatus of the nose, terminating there in an enlarged orifice.

DISEASES OF THE EYE.

The most common of the morbid conditions of the eye is inflammation. It may attack any of

its structures, but is most frequently seen in the membrane covering the external coat and lining the lids, the conjunctiva, constituting what is called *ophthalmia*. Of this there are several varieties.

ACUTE OPHTHALMIA.—This is the common form of active inflammation. It commences with a pricking sensation, as though dust was in the eye, soon followed by heat, redness, swelling, and extreme intolerance to light. Often there is severe headache, with more or less general fever.

Treatment.—Keep the eye shaded from strong light, but not confined from the air by close bandaging. Apply linen cloths wet in cold water, changing them very frequently, until the temperature becomes natural, and the redness disappears. Wet the head often in cold water. If there are irregular chills and heat, employ the wet pack sheet once or twice daily for an hour, followed by the cold ablution. Move the bowels freely with tepid water injections. If the feet are cold, use warm foot baths. The patient should eat nothing stronger than water-gruel, and but little of that, until the violence of the disease has very materially abated.

CHRONIC OPHTHALMIA.—This condition of sore eyes often results from riotous living, bad air, bad food, liquor, tobacco, &c., and is very often a sequel of maltreated acute ophthalmia. Millions of eyes are rendered miserable to look upon, or from, by the drugifications of doctoring, washes, lotions, leeching, blistering, bleeding, calomelizing, etc., to cure the acute form.

Treatment.—Particular attention must be paid to the general health. A daily rubbing sheet, and a daily hip-bath, should be part of the treatment. Walking foot-baths are excellent auxiliaries. The eyes should be bathed several times a day in moderately tepid water at first, and finally as cold as may be found consistent with comfortable sensations after the application.

PURULENT OPHTHALMIA, OR EGYPTIAN OPHTHALMIA.—This form of inflammation is rapidly destructive, and requires prompt and energetic treatment. In addition to the pain, heat, and redness of acute ophthalmia, it is characterized by the enormous swelling of the eyelids, soon followed by the discharge of a large quantity of thick, yellowish or greenish matter.

Treatment.—If there be much general heat of body, the wet sheet packing should be employed two or three times a day, followed by washing the surface in tepid water. If the body incline to chilliness, the sheet should be wrung out of warm water. The eyes are to be very frequently washed with pure soft water, warm at first, then tepid, and then cold—never very cold. Attend to the bowels as above.

PURULENT INFANTILE OPHTHALMIA.—Children of a few days or weeks old are often attacked with this formidable malady. The symptoms, however, usually come on with less violence, and progress less rapidly. But the common lotions and potions, washes and swashes, are very apt to aggravate the disorder, deform the eyelids, or

destroy the sight. The treatment is the same as in the case of the adult, substituting the warm bath for the pack.

Scleritis, Iritis, Retinitis, &c., designate, in technical Latin, inflammatory affections of the sclerotic, iris, retina, &c. They should all be treated precisely as acute or chronic ophthalmia, as the violence or mildness of their symptoms approximate the character of either.

GRANULAR EYELIDS.—In this affection the conjunctival membrane, or white of the eye, is raised into little projections, presenting a rough, irregular appearance. It is a consequence of long-continued or maltreated inflammation. If not cured, it may in time occasion opacities of the cornea, by the irritation it causes, followed by blindness. The only chance of cure hydropathically is by a persevering course of general and local treatment. Moderate bathing, say a daily rub-sheet and douche, the local application several times a day of very cold or iced water, or even pounded ice, with a strictly abstemious regimen, carefully avoiding all exciting condiments, and all sorts of stimulants, constitute the outlines of the remedial plan.

NEBULE AND SPECKS, OR OPACITIES OF THE CORNEA.—Nebulæ are superficial deposites in the transparent part of the eye, giving it a cloudy appearance; opacities are deeper seated, producing a dense and pearly appearance. They are caused by inflammation. Their treatment should be managed precisely as for granular eyelids, with the addition of means to excite powerful absorption. A strong douche and walking foot-baths are the best measures for this particular indication.

ULCERS OF THE CORNEA.—These occasionally result from long standing inflammation, and are also sometimes produced by mechanical and chemical irritants. The treatment is, in all respects, as the preceding.

PTERYGIUM.—A small reddish triangular tumor, growing from the inner cornea of the eye, or from some portion of the eyelid. It can be readily removed by cutting, the operation being entirely painless.

STAPHYLOMA.—A pearly, conical whitish tumor, formed by the enlarged cornea projecting between the lids. It is the consequence of severe ophthalmia, and of badly-managed eruptive fevers, as the small-pox. It can only be removed by a surgical extirpation; though a rigidly abstemious and hygienic regimen might, in many instances, prevent the disease from proceeding to a dangerous extent. The sight is always destroyed.

CLOSED PUPIL.—Inflammation of the iris is sometimes followed by an obliteration of the pupil. Vision is often partially restored by forming an artificial pupil.

CATARACT.—This is an opacity of the crystalline lens or its capsule. Its progress is very slow, and it generally commences without any apparent cause. The first symptom of the approaching disease is indistinct vision. Objects seem enveloped in a mist before the eyes. A

speck can then be observed in the centre and behind the pupil. As the opacity increases, the sight grows dim, and vision is better in a moderate than a strong light.

Treatment.—Surgeons have three operations for its cure. 1st. Breaking up the crystalline lens with needles, which is probably the best. 2nd. Depressing or pushing the lens aside from the angle of vision. 3rd. Extracting the lens.

When this affection is first discovered, its further progress might be arrested, and possibly a cure effected, by the management applicable to nebulæ, specks, &c.

AMAUROSIS.—A total or partial loss of vision from paralysis of the optic nerve, or an affection of the nervous structure of the retina. It is produced by inflammation, severe exposure to intense light, intemperance, gluttony, tobacco, alcoholic liquors, excessive night labor, &c. Milton was a notable example of this affection. The defect of vision comes on gradually; letters and other objects at first look misty or confounded, or run into each other; sometimes objects seem double, and at other times portions of objects are undistinguishable. Between the objects and the eye, numerous insects, cobwebs, or other substances seem to be interposed. The eye itself manifests little or no change to the observer. Sometimes flashes of light appear before the eyes, and the head is often affected with vertigo, pain, and heaviness.

Treatment.—Confirmed amaurosis is incurable. If taken in its incipient stage, it may be arrested and generally cured. Being essentially a disease of exhaustion, the full hydropathic system should be thoroughly and perseveringly applied. The general or constitutional treatment is mainly to be relied on, the local applications being of secondary importance. The simple and single indication is, to invigorate the whole system. The rubbing wet sheet, the pack followed by the shallow bath or plunge, sitz, and foot baths, with occasional douches, should be adapted discriminatingly to the particular condition of each case. Every part of a hygienic regimen is important. In no disease is strict temperance in eating and drinking more indispensable. A little of the "hunger cure" would be serviceable in all of these chronic maladies of the eyes.

AFFECTIONS OF THE EYELIDS.

PSOROPHTHALMIA.—A form of chronic inflammation of the eyelids, attended with itching, redness, watery discharge during the day, and a sticky, glutinous secretion during sleep. Its causes and treatment are the same as of chronic ophthalmia.

TRICHIASIS.—Irritative soreness of the eye, from the eyelashes, growing in toward the ball. Extract the inverted hairs, and bathe often in cool water.

ENTROPION.—The eyelid is sometimes inverted, or turned inward. It requires surgical treatment, viz.: the careful excision of the inverted edge of the lid.

ECTROPIUM.—An eversion or turning outward of the eyelid. It creates a hideous deformity, and the lid must be excised as for entropium.

HORDEOLUM.—Commonly known as *stye*. It consists of a small inflammatory tumor near the edge of the eyelid. It is very painful, but generally suppurates and heals in a few days. Frequent bathing of the affected part with water of a temperature most agreeable to the feelings, lessens the pain and accelerates the cure.

EXCRESCENCES.—Wart-like and other trifling tumors sometimes form about the eyelids; they are easily and safely clipped off with the knife or a pair of scissors.

PTOSIS.—A hanging down of the eyelid over the eyeball, from relaxation or paralysis of the muscle, whose action elevates the lid. Frequent cold bathing, occasional head-baths, gentle manipulations over the eye with the bare hand, and attention to the general health, are all proper, and generally all are necessary.

FISTULA LACHRYMALIS.—This is a stoppage of the tear passage, caused by obstruction from a thickening of its lining membrane. The tears, instead of passing off by the nose, run over the cheek, giving the eye a watery appearance, especially when exposed to wind or cold. In protracted cases a swelling occurs at the inner angle of the eye, sometimes forming matter. It requires to be treated on the same general plan as ptosis. Usually the general health is so disordered as to render a rigidly abstemious diet advantageous. In bad cases it may be necessary to probe the obstructed canal, or wear an artificial tube.

STRABISMUS.—Squinting, or cross-eyes, is sometimes congenital, and sometimes produced by diseases and accidents. Measles, dropsey in the head, worms, looking too much at objects obliquely, are exciting causes. More generally it results from a permanent contraction of a particular muscle which holds the eye in a wrong direction. It is curable, by dividing the obnoxious muscle, an operation scarcely painful or dangerous.

INJURIES AND ACCIDENTS.

ECCHYMOYSIS.—“Rowdy’s coat of arms.” This is the common black eye of rowdy characters. Generally it comes from an unlucky blow, but a fall, sting of an insect, or leech bite, may produce it. Bathe freely in the coldest water.

SUBSTANCES IN THE EYE.—Foreign bodies often insinuate themselves between the eyelids,



Fig. 7.

causing great pain. Draw down the lower lid (Fig. 7,) and remove by a piece of moistened paper. If the substance be under the upper lid, place a bodkin across the lid, and draw back the lid so that it is completely inverted (Fig. 8). Very minute pieces of iron are often given with such violence that a surgeon is compelled to cut them out; but the operation should not be at-

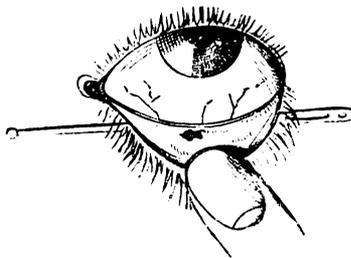


Fig. 8.

tempted by other parties, as they may destroy the eye. Inflammation is very apt to occur after these accidents, for which the eye should be well bathed with tepid or warm water frequently, until the pain abates; then follow with cool, and finally cold applications.

LIME.—Lime and Roman cement are very destructive to the eyes. Wash repeatedly with a mixture of a tablespoonful of some vegetable acid in a tumbler of water, as vinegar or lemon juice.

BURST EYE.—From severe blows the eye is sometimes burst. Do not attempt to touch it, as vision may be irremediably damaged by merely touching it with the finger. The careful surgeon will frequently be enabled to preserve sight. Place the patient at once in bed, and darken the room.

PERVERTED STATES OF VISION.

ASTHENOPIA.—Weak vision. This depends on constitutional or local debility, and requires the full invigorating plan before mentioned.

HEMERALOPIA.—Day-blindness. A peculiar sensibility of the retina, by which the patient sees better in the evening than in clear daylight. The Albino manifests more or less of this condition. It is irremediable.

NYCTALOPIA.—This is the reverse of the former condition, the subject having natural vision in the day-time, but very imperfect in the evening, or twilight. Glasses sometimes assist this night-blindness to some extent.

MYOPIA.—Short-sightedness. The subject cannot read ordinary print well beyond the distance of fifteen or sixteen inches. In looking at distant objects, he half closes the eyelids. It is most common in young persons. The oculists remedy this defect by concave glasses. Manipulations have been found successful, as the difficulty depends on too great convexity of the globe of the eye. Flattening the eyeball by pressing gently with the fingers across it, from within outwardly, tends to restore the proper focal point of vision.

PRESBYOPIA.—Far-sightedness. The subjects of this complaint read with the book or paper at

the distance of two feet or more. The corner is too flat, the pupil is contracted, and the eyes have a more sunken appearance. It is most common to aged persons. *Convex* glasses are prescribed by the oculists. The defect may be finally overcome in many persons by manipulating from without toward the nose, so as to increase the roundness of the eyeball. Press the fingers gently from the outer angle of the eye inward, and rather around than across the globe.

PRESERVATION OF THE ORGAN OF SIGHT.

Whatever tends to impair the general health also tends to impair the integrity of all the organs of sense, as well as of all the functions of body and mind. The first rule, therefore, to lay down for the maintenance of good eyes to the end of life, is the same that would apply to the preservation of the ears, the nose, the stomach, or the teeth—*correct habits of life*. Use the eyes well, and they will always serve you well.

Among the special causes of diseased eyes may be reckoned as peculiarly injurious, hot and dusty rooms, lamp-smoke, tobacco-smoke, looking at a bright fire, heating the face before a hot fire, looking at molten iron, sudden transition from a dark room to a very bright light. Reading or writing, or sewing with the lamp or candle before the eyes, or to one side, is very hurtful. The light should shine over the shoulder, or be placed over the head. Reading or writing in twilight is injurious; also reading in railroad cars when in rapid motion. Bright and glaring colors in parasols, sun-shades, and fans, and in flowers and ribbons, on the inside of bonnets, are objectionable; veils are injurious, by preventing the free circulation of air. Bright, dazzling, gilded furniture, and walls of houses and rooms, are hurtful. Cologne water, and all spirituous applications to the temples, tend to debilitate the eyes; notwithstanding, physicians and oculists often prescribe them for weak eyes. The use of narcotics and stimulants is among the most prolific causes of disordered eyes, especially tobacco, snuff, alcoholic drinks, and hard cider.

Much has been said, in medical books and newspapers, for and against the practice of frequently bathing the eyes in cold water. It is well as far as it goes; but without daily bathing of the whole surface, no one can expect the best condition of eyesight. Most of the morbid depositions in the structures of the eye, occasioning nebulæ, specks, ulcers, cataract, &c., would never take place if the blood were pure, and no one can have pure blood without a clean skin.

Concerning the “use and abuse of spectacles,” there is great diversity of opinion among medical men. They are certainly very convenient and very useful in many states of disordered vision; but are, no doubt, a source of debility, like all other artificial substitutes for natural means. For this reason, all the known remedial means should be resorted to first, and spectacles only employed as a final necessity.

NOTE.—For explanation of engravings see page 18.

RATIONAL HYDROPATHY,
NOT EXCLUSIVE EITHER IN THEORY OR IN
PRACTICE.

BY ROLAND S. HOUGHTON, A. M., M. D.

My attention has lately been attracted to a couple of works recently published by DR. WORTHINGTON HOOKER, of Norwich, Connecticut: one of them entitled "*Physician and Patient*," and the other, "*Lessons from the History of Medical Delusions*." I have strung together, below, a number of citations from these works, which I deem of sufficient importance to serve as texts for a brief "discourse":—

"There never was such a variety of systems of *quackery* before the community as there is at the present time. To say nothing of minor claimants, there is Thompsonianism, almost parboiling its patients with steam, and shaking them to shreds with lobelia, and burning them up with cayenne; and *Hydropathy*, that wraps up its devotees in the cold, wet blanket; and then gentle, sweet, refined, sublimated Homœopathy, that starts with horror at the very idea of such harsh means, and professes to neutralize all disease with little else than the mere shadow of medicine. Each one of these systems, so opposite to each other, asserts its claim to be the *only true system of medicine*, and bases this claim upon the success which attends it. The same claim is also essentially made in behalf of numberless medicines which are before the public."—*Physician and Patient*, page 174.

"The truth is that no *exclusive* system of practice can be said to be a good system, for it is impossible that it should suit all the varying states presented by disease. [These remarks may be applied to an *exclusive* system quite popular just now:—I refer to HYDROPATHY. Cold water is a valuable remedial agent, used both internally and externally, as the recorded experience of medical men abundantly proved long before PRIESSNITZ appeared on the stage. But the indiscriminate and exclusive use of it, which is prescribed by his system, is as bad practice as the indiscriminate and exclusive use of anything else—and a full and impartial record of *Hydropathic practice* would show it to be so."]—*Ibid.*, page 178.

"There is error, gross error, in every mode of practice, because it necessarily excludes valuable facts. The only proper mode of practice, if it can be termed a *mode*, is the eclectic, which simply takes facts from whatever quarter they may come, whether they belong to any system or not, and uses them in the cure of disease. I wish to be distinctly understood on this point. I have not said that there is no truth in any of the modes, or systems, which have prevailed. There is some truth in most of them—not to say all. And the true eclectic will sift out from them whatever of truth he may find, and use it, whether they have had a professional or a non-professional origin. *There is some truth in Hydropathy*; some—a little—in Thompsonianism; some in Calomelism, as it may be termed, for calomel is used by some in somewhat the same exclusive way as water is by the *Hydropaths*, and lobelia, and red pepper, and steam are by the Thompsonian. Of Homœopathy, popular as it is among the refined, the learned and the wealthy, I must make an exception. There is absolutely no truth in this system. In this mode of practice, if followed out in good faith, there is nothing done, though there is a show of doing much.

"Though there is some truth in almost every system or mode, there is no one, however good it may be, which contains anything more than a small portion of the truth. And it is folly for

any man to shut himself within such narrow limits, while so much truth lies outside of them. But this is not all. Every exclusive system not only does not embrace all the truth, but also embraces much error. It is positively as well as negatively bad. Every exclusive mode or system, therefore, whether it is rude and unlearned, or is decked with all the display of genius and erudition, deserves to be regarded, to a greater or less degree, as a delusion. And well it is for the science of medicine that physicians are rapidly coming to this view of the subject."—*Lessons from the History of Medical Delusions*, pages 53-4-5.

My principal object in making these citations is to refute an assertion advanced by DR. HOOKER, in common with quite a number of other Allopathic physicians; namely, that Hydropathy is an invariably *exclusive* mode of medical practice. I contend that this is an error. I refer, of course, to RATIONAL HYDROPATHY, as understood and practised in our own country: for the reader will please to recollect that at the American Hydropathic Convention, held in this city in the month of June last, a national organization was effected, upon a purely rational and scientific basis; and no such ground was assumed as one might infer would have been taken, judging from the language of Dr. Hooker and his fellow-allopathists. What does the Constitution then adopted set forth? Why, that the physicians and surgeons constituting the members of the Association organized at that time, "believe in the doctrine of the *vis medicatrix nature*, or the inherent tendency of the human constitution to free itself from disease; and, furthermore, that of all the remedial agents which the experience of ages has shown to be requisite to assist nature in her operations, WATER is by far the best, the safest, and most universal in its application." This is all: this is the extent of the creed: and the English language must be proved to be susceptible of a pliancy hitherto unsuspected, if Dr. Worthington Hooker and his collaborators can torture anything "exclusive" out of a declaration so plain and simple. WATER is declared to be "by far the best, the safest, and most universal" remedial agent. There is no ultraism about that: nor is there any high treason to sound common-sense, or to medical science either, that I can discover; for HOFFMAN of Saxony took very nearly the same ground, over a hundred years ago, in his treatise on *Water*. As I have heretofore declared,* "this is not a position of exclusiveness, nor of *one-idea-ism*, but rather of comparison. * * * We do not take herein any obstinate, exclusive, ultra ground: we do not assume that water is the *only* remedial agent which the experience of ages has warranted our using, and that those who employ other agents in their practice are, from that very fact, no better than a set of 'poisoners and assassins; we occupy no such position, nor will we submit to have it forced upon us from any quarter whatsoever."

And yet more: the constitution of our society

* Vide "Three Lectures on Hygiene and Hydropathy," published by Fowler and Wells.

expressly encourages the members to watch and pay heed to "the various modifications" [in theory and practice] "which may from time to time result from the progressive advancement of medical science." The members are not encouraged to believe that they *cannot* learn anything more; they are rather taught to agree with the opinion of SIR CHARLES SCUDAMORE, that "a physician should consider himself a student to the latest period of his life; for the wisest must still have something to learn." As regards their practice, the members of the Association are left free to use WATER, or not, according to the best of their judgment, in any individual case; and they are equally free to employ other remedies whenever they may see any occasion for their use. The writer, for one, claims "the largest liberty" in this particular, subject alone to a becoming regard for his own self-respect, and to a proper sense of his responsibility for the welfare of his patient. Ultraism and bigotry, in his opinion, have no place at the bedside of the suffering invalid. As a matter of course, WATER is his "first choice" as a remedial agent; but if there exist any satisfactory reasons for *not* resorting to its use in any individual case, he not only believes that he has a *right*, but that it is his solemn *duty* to employ some other remedy for the relief of his patient—no matter what, so that it will accomplish the end desired. This is the only tenable ground to be taken, in the writer's best judgment; for no one of us can always foretell how he may be situated himself at any given time, or in what condition he may find his patient, when summoned on the sudden: and that physician who will go about the world with his "*one remedy*" ONLY for every conceivable malady, is just about as rational as that tailor would be who should insist upon clothing "the universal Yankee Nation" according to one man's measure.

By way of illustrating and enforcing this position, I take leave to refer to a recent case occurring in my own practice. I chanced to be summoned, not long ago, in great haste, to the bedside of a patient in a family not acquainted with the Water-Cure, whom I found on my arrival in imminent danger from *congestion of the brain*—a state brought on by want of timely care at a critical period, and the improper use of one or two (miscalled) "domestic remedies." What was to be done? Here was a patient, young and delicate, of frail and evidently scrofulous organization, and suffering from the most intense agony—now writhing in terrific convulsions—now moaning in absolute despair. It was necessary that *something* should be done immediately; *not a moment was to be lost*; the brain was overloaded with stagnating venous blood—an absolute poison to the system; the pulse was weak and fluttering; and at one time there seemed to be an almost entire suspension of the functions of life,—pulsation ceasing, and the under jaw dropping like that of one dying. What was to be done under such circumstances as these? Now, the best thing, according to our hydropathic ideas,

would unquestionably have been a tepid sitz bath, with active, repeated, and long-continued friction;—but, under the circumstances, the family not being familiar with the employment of even warm water as a remedial agent; not having time to instruct them properly how to proceed (even if I could have found enough ladies who would be willing to give a bath to a patient seemingly on the point of death); and not even having time to make the necessary preparations for such a bath, I made up my mind to employ a mixed treatment. Cold wet cloths were applied to the head; bottles of warm water to the feet; and warm fomentations to the stomach; warm water was also given to drink; the bed clothing, meantime, being so arranged as to keep the patient as equably warm as possible, and the attendants taking care that she inflicted no injury upon herself with her hands, as patients are apt to do in convulsions like hers. I then administered a powder (anodyne and revulsive); and at the moment when the symptoms indicated most danger, I caused mustard plasters to be applied to the nape of the neck, below the small of the back, and to the soles of the feet. An interval of the most anxious suspense ensued; when finally, the patient, who had been suffering inconceivable torments for nearly twelve hours (in the absence of medical advice), who had complained, at her lucid intervals, of a loss of the power of vision—countenance livid and swollen—her eyes often starting out of her head during the spasms,—whose breathing had been, for the most part, fearfully oppressed and stertorous,—and whose courage had been so effectually quelled by the long and (until now) unequal encounter, that she had bidden farewell to her relations and friends, as she supposed, forever—awoke calm and rational, and completely out of danger. Nothing more was now necessary but to “keep the upper hand of the disorder,” and, henceforward, recovery was rapid.

Now this was a somewhat peculiar case. Although it was no common, every-day paroxysm of *Hysteria**—far from it, as all who were present can attest,—still there is no manner of doubt that it could have been successfully treated without any recourse to medical advice, had it been well understood and carefully watched from the outset, and had the use of the tepid sitz-bath and frictions been properly comprehended. The congestion of the brain could thus have been effectually prevented. But this was not so; none of the parties interested suspected any danger, until symptoms declared themselves of the most alarming import; the “domestic remedies” employed only added more fuel to the fire; and then messengers were despatched to three different physicians, but in vain, as so often happens in city practice; not one of them was at home: the fourth application was made to myself; and the rest of the story has already been told.

* The symptoms more nearly resembled those of the obscure disorder, *epilepsy*—that *opprobrium medicorum*, as Dr. MORT calls it.

So much for the asserted *exclusiveness* of Hydropathy. I do not hesitate to declare that I never would suffer myself to be called a Hydropathist, did I thereby incur any obligation to use *nothing but WATER* in my practice, in any contingency. No sensible physician will ever consent to be clogged with fetters, with his eyes open. For my own part, I willingly accede to one of Dr. Hooker's positions: that “no exclusive system of practice can be said to be a good system, for it is impossible that it should suit all the varying states presented by disease.” But I trust I have shown that Rational Hydropathy is free from the stigma of exclusiveness, and that its platform is as broad, liberal, and comprehensive in its provisions as it possibly could be, consistently with truth and the admitted principles of medical science. It does not narrow down the *materia medica*; it does not make WATER the *Alpha* and *Omega* of medical practice; it has only ELEVATED it to its merited rank, as the best antiphlogistic and tonic, the safest alterant and purgative, the mildest nauseant and diuretic, and the least injurious sedative and astringent. Add to all these properties, its unequalled virtue and power as THE GRAND PURIFIER OF THE SYSTEM, and no wonder that Dr. WARREN found reason to say of it, that “it was so valuable, so necessary, so BEAUTIFUL AN AGENT, that it would not be wonderful if an enthusiast were to be excited in its favor.”

I will not, in the next place, waste any time in refuting the stale and vulgar charge of “quackery,” which Dr. HOOKER has revamped against modern Hydropathy. I have written so much on this particular subject before, and so have many abler and older practitioners than myself, that I will merely refer the reader, who is thirsting for more argument on this head, to the writings of Drs. Forbes, Scudamore, Mayo, Smethurst, &c., and to the numerous publications on the Water-Cure which have appeared in America. I will only add, in passing, in reference to Dr. Hooker's acquaintance with the details of Water-Cure processes, that if he has ever seen a human being “wrapped” in a “cold, wet blanket,” he has done right to “make a note of it.” I am sure I never have, and I have yet to meet with the hydropathic physician who has ever employed a process so grotesque and so repulsive.

One word more, before concluding, in regard to Dr. Hooker's intimation that Water was quite well enough understood and appreciated “before PRIESSNITZ appeared on the stage.” The Doctor does not go quite so far in this respect as my neighbor, the editor of *The New York Medical Gazette*, who recently said (in a criticism upon my address at the Hydropathic Convention):—

“In regard to the medical uses of cold water, for the knowledge of which it seems Dr. HOUGHTON is indebted to his brother Hydropathists, everything which he can justly claim for this agent was known to SYDENHAM, and ever since his day has been taught in every medical school

worthy the name. And the same may be said of all that is said of other Hygienic treatment. We have been in the profession, man and boy, for more than thirty years, and, as then taught, have ever since employed cold water in fevers and other inflammatory diseases, and to such an extent all the while as to bear the nickname of cold water and ice doctor, before modern Hydropathy had a ‘local habitation or a name.’ It is simply contemptible, therefore, to prate as Dr. H. does on this topic, if he knows better. If he does not, he had better abandon the idea of teaching until he first becomes a learner.”

I am sorry to be compelled to take issue with Dr. REESE. I cannot boast of “thirty years' experience,” to be sure; but I have not altogether wasted my own opportunities for seeking information: and I still affirm that “Hygiene is a sealed book to nine-tenths of our allopathic graduates.” What says Professor DICKSON? “HYGIENE, the science of prevention, whose pure and elevated object is the extinction of disease, has had until recently no separate functionary in our social institutions, no definite place in the progress of our improving civilization. And even now her voice is feebly uttered, scarcely listened to, and almost devoid of authority. WE HAVE NO PROFESSORS OF HYGIENE IN OUR COLLEGES; our Boards of Health are clothed with little power, and their recommendations destitute of influence, except in times of occasional panic, or when directed against nuisances palpably offensive. * * * No single great step has anywhere been taken in the right direction.*”

And now as regards the remedial uses of WATER, which Dr. HOOKER and Dr. REESE both think the world, or, at any rate, the profession knew quite enough about before the time of Priessnitz. It is true, gentlemen, that a good deal was known about WATER, even as far back as the times of Hippocrates and Galen; but it was incomparably far less understood and appreciated then than now. And so of THE SKIN; something was known about it, undoubtedly, in the days of Adam and Eve, but I question if it has ever been so well and thoroughly studied out as it has been within the last fifteen years. I would rather be the author of ERASMUS WILSON's *Treatise on Healthy Skin* than of all the works attributed to HIPPOCRATES and SYDENHAM both. And what does ERASMUS WILSON—himself an allopathist of the highest repute in London—what does he say about WATER? Why, this. “The water-practice has effected important results in the treatment of disease, and will, I trust, be instrumental in RESTORING to medicine one of her most valuable and important auxiliaries. Medical men may be jealous that these benefits have been ‘conjured from the vasty deep’ by other hands than those of the high-priests of Therapeia, but they have no just reason of complaint: THE TREATMENT OF DISEASE BY WATER HAD BEEN IMPROPERLY NEGLECTED; now, however, its merits may be

* HYGIENE: an Introductory Lecture; by SAMUEL HENRY DICKSON, M. D., Professor of the Theory and Practice of Medicine in New York University, Medical Department, at the Session of 1848—9.

tested, and the test aided by *public encouragement*; moreover, the remedy will revert to those who are alone qualified to employ it, and we may fairly hope that a correct system for its use will be established by their labors.* This language, gentlemen, is in precisely the right spirit. Would that it had found a more cordial response at your hands, Dr. REESE, and at yours, Dr. HOOKER!

Here, for the present, I lay aside my pen. What I have written, I have written frankly and without fear. There are, doubtless, among the many readers of the Journal, some whom I should have pleased far more with other language than that which is here set down; there are not a few in our country who have suffered so severely in days gone by from the *abuses* of allopathic medication, and who have found relief from rational hydropathy, that they cannot bear to believe that WATER alone is *not* sufficient for all sexes and all ages, at all times and all places, and in every conceivable emergency. To all such enthusiasts I would merely suggest the propriety of putting their faith into practice; let them only take this world of ours just as they find it, and not as they would have it. They cannot fail to do *some* good, I am confident, but I do not believe they will *always* be able to accomplish what they expect and hope for; and it would not greatly surprise me if, in the end, they were to give in their voluntary adhesion to the broad, liberal, and comprehensive platform of the Hydropathic Convention of June, 1850.

No. 8, West Eleventh Street, }
November 8, 1850. }

"HEAT IS LIFE, AND COLD IS DEATH."

A SKETCH.

BY E. A. KITTREDGE, M.D.

THIS is the great principle on which the "Thompsonian" theory is based, and the literal application of it by the illiterate disciples of Thompson, has been the death of thousands.

Dr. Thompson, the founder of this theory, was, doubtless, a man of talent, and is deserving of praise for his well-meant efforts to serve his fellow-men.

But a theory, to be useful in practice, must be something more than well meant,—it must be well founded.

No one will dispute Dr. Thompson's assertion, that "Heat is life, and cold is death," in one sense at least, for every one knows that in every live man there is more or less heat, and in every dead one there is none; but it does not therefore follow that there is nothing else necessary to constitute the life principle than heat! In fact, many animals are cold-blooded entirely, and yet are the liveliest of any! But grant, for argument's sake, that heat is the *sine qua non* of human life, does that prove that "hot things" will prevent death?

Unfortunately for the operation of their theory,

however cold death may be, disease, which is the enemy with which they have to do, is anything but cold; in nearly all stages of all diseases, there is too much heat within, in the very parts, too, where the "hot drops," &c., expend their deadly energy.

All the best part of the Thompsonian theory in practice has been abandoned by the modern Solomons in whose hands it now is, namely, the application of warm vapor to the surface, followed by the cold affusion, as originally practised by Dr. T. I don't mean to say that this is entirely discarded, but comparatively.

Any one at all familiar with diseased action, will readily see how efficacious this treatment must be in the cure of most diseases, as it tends directly to equalize the circulation, and, what is often more important still, removes all obstruction from the pores of the skin, thereby letting the morbid matter escape through its legitimate avenues, which being pent up was the main cause of the diseased action.

To this, and to the omission of the poisonous articles given by the old school, I apprehend, is to be attributed the success of the Thompsonian system; and for this improvement on the allopathic practice of killing diseases by poison, Dr. Thompson is entitled to great praise. Unfortunately for the world, the theory of Thompson was no sooner embraced by the people, who, tired of being the receptacles of poisons, which, in trying to kill their diseases, were constantly killing themselves, than it was practised by a set of rapacious Yankees, who, in their hate of poison, and thirst for gain, were ready to do anything to "get an honest living," even to the trifling with the lives of their fellow-beings, as was manifest from their actions, taking upon themselves, without any previous study, or even brains, the important and responsible office of physician. In this way only can we account for the neglect of the only truly valuable part of the system above alluded to: these ignorant pretenders, with an assurance always proportionate to their ignorance, made the people believe what they themselves no doubt believed, or at least didn't care whether it was so or not, that the great "*idee*" of Dr. Thompson was, that in order to ward off death, you had only to heat up and keep the system heated to a certain point! and all that was necessary to do this was to give hot drops, composition, and lobelia; and if neither of these would do it, you "was a goner!"

In short, they acted just as if the only danger to human life was freezing, and consequently the greater the fire that could be kindled up within one, the better for him; and the medicine that would do it the quickest—provided it wasn't *mineral!*—was the medicine, and none other, "continually!"

I saw one of these dear little doctors, whom many, in their dread of being poisoned, have learned to look upon as "saviours," trying, the other day, with an assiduity worthy of a better cause, to bring a man to life and health again, who had been run over by a railroad-car, the

which had produced a concussion of the brain, injury of the spine, &c., and of course the man's extremities were "ratherish" cold, by giving him hot composition tea! Poor "doctor," he seemed to think it very strange that the man didn't "come up," and be warm again.

As for the concussion or any of its effects, he probably didn't know any more about it than he did of chemistry or philosophy, and a fractured skull and a "hole in the wall" were of a like significance to him. According to the received Thompsonianism of the present day, that man ought to have got well, or at least not to have died, for he had some "sparks of life" or fire left in him, and with his hot things, he ought to have been able to have kindled them into a blaze that would have lasted!

Speaking of "blazes," any one not prejudiced can see how such practices must operate when a man is seriously ill: for instance, suppose him to have "gastro enteritis," or inflammation of any kind within—and what must be the effects of such heating medicines? Why just such as one must suppose—the rapid increase of fever, ulceration, and death. It is much easier to kindle a fire in the system than it is to put it out with "medicines," and they find that a blaze in a man is as bad as a "house in a blaze."

So we see that though life is not without heat, yet it is equally impossible with too much heat.

In fact, the reverse of Thompson's theory is actually true in most cases of disease, for it is the heat that is the cause of death as a general thing. In all bad cases we find great fever or inflammation in some of the central organs; and just in proportion as we succeed in reducing this heat or inflammation, by bringing it to the surface, shall we succeed in saving the patient.

Now, everybody at all conversant with Water-Cure, knows that cold water properly applied to the surface and extremities will bring the heat thither, so that it will stay, better than anything in the world; and everybody, whether acquainted with Water-Cure or not, knows that cold water inside will put out the "raging fire within" better than anything else it is possible to conceive of. So we can with greater propriety in disease say, that heat is death and cold is life! The great mistake is in taking results for cause.

In the process of living, heat is evolved, life being in one sense a continual combustion; and only by disturbing the functions of the organs concerned in keeping up this wonderful phenomenon we call life, are we made sick; hence the only possible remedy is to cease our disturbance by living in true conditions. To do this is the aim and end of Hydropathy.

ADAGES.

A—mild answer turneth away wrath.
D—o as you would wish to be done by.
A—faithful friend is the medicine of life.
G—o thou and do likewise.
E—vil be to him that evil thinks.
S—ould counsel be good, no matter who gives it.

* Vide "Bulwer and Forbes on the Water-Treatment," page 133.

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FOWLERS AND WELLS,
No. 131 NASSAU ST., NEW-YORK.

A Happy New-Year.

BY R. T. TRALL, M. D.

SALUTATORY.

There's a midnight darkness changing
Into gray.
Men of thought, and men of action,
Clear the way!

AGAIN, with unmingled satisfaction, we congratulate the world, our friends, co-workers, readers, and subscribers, yea, our enemies, if any such there be, on the successful progress of our cause during the last half-year, and the bright prospects before us for the next. Our favorite messenger of the new medical gospel has worked its way through another volume, and we submit, with confidence, to its intelligent patrons, whether the high character of its pretensions has not been sustained? Much indeed was promised. Has not even more been performed? If you respond affirmatively, we shall have a happy New-Year, and to you, to all, our best exertions shall accompany our warmest wishes that many may be your "Happy New-Years." We know that

Good and bad herbs does the same earth disclose,
And near the nettle often grows the rose.

The roses of this life are all found in the pathway of truth. Yet turn we ever so little aside, and the nettles of existence beset us on every hand. On the cheeks of the obedient to physiological laws only do the roses of health bloom perennially. Those only who riotously trample on or unwittingly transgress them, find the lurking serpent of disease gnawing perpetually at their vitals, and their hold on life as frail as "the spider's most attenuated thread." The roses or the nettles are ours; let us be wise. Instead of struggling through life and agonizing through death, let us, by learning and obeying the "laws of constitution and relation," so discipline and harmonize all our functions of body and mind, that, when "summoned to that mysterious realm," we can depart,

Like one who draws the drapery of his couch
About him, and lies down to pleasant dreams.

OUR ELEVENTH VOLUME.—We have yet a work to do. The cloud of ignorance still hangs heavily and darkly over the human mind. The deep pools of human depravity are all around us. The thick mists of prejudice and superstition float luridly everywhere before our eyes. The mountains of error rear their diabolical peaks almost beyond our power of vision. We must toil on. "Come over and help us."

The busy world shoves angrily aside
The man who stands with arms a-kimbo set,
Until occasion tells him what to do:
And he who waits to have his task marked out,
Shall die and leave his errand unfulfilled.

Who, that sees disease, deformity, want, and misery spread over the land, and knows that this world is adapted by Omnipotent Wisdom to health, beauty, plenty, and happiness, would be a drone? Who can view this earth,

So glorious in its action and itself,

so perverted, misused, and abused, without striving, in some relation, for its redemption?

THE PHILOSOPHY OF REFORM.—The world is swarming with reforms and reformers. Good-hearted philanthropists are busy in scheming for counteracting influences to most of the evils of society. Most of their schemes aim but to crop the branches of the great tree of evil; few direct their missiles to its trunk; fewer still see the method of exterminating its roots. How very few appreciate the first principle, the starting point of every human reformation! REFORM THE MAN! Here is the true philosophy. PURIFY THE BODY, AS WELL AS EDUCATE THE MIND! The kitchen and the cook are as efficient instrumentalities for good as the pulpit and the minister. We would have both in harmony.

The temperance reform, as now prosecuted by its leading advocates, is doing much towards restraining the propensity for alcoholic indulgence; but the deeper ground we take contemplates the removal of the causes of the morbid appetite. The peace reform is doing humanity good service in attracting the attention of benevolent minds to the horrors of war. We would teach men so to live that the war passion would die within them. Instead of expending all our strength in efforts to restrain the brutal rage in man for a brother's blood, we would cleanse his own blood of the hellish lust. There is the anti-slavery reform.

"He is the freeman whom the truth makes free,
And all are slaves beside."

Then there are moral, social, political, land, church, state, and national reforms. We are the "heralds" of them all. We would lay the true foundation of them all in REFORMING THE WHOLE MAN.

Medical or health reform is our more peculiar field. The delusions of the world in the matters of food, drink, and medicine, and in the employment of all the hygienic agencies, we regard as the greatest stumbling-block in the way of human progress. These delusions cause three-quarters of human talent—energies of mind and body—to be either wasted, or, worse than wasted, misapplied; and against these delusions we shall still wage "offensive and defensive war." With "simple nature" as our only authoritative teacher, we shall criticise, with all possible freedom, the teachings and theories of the learned, called science, and the sayings and doings of the learned and unlearned, called experience. As ever, we shall and do invite and challenge controversy on all points in issue. Personally we will treat all candid opponents respectfully; but notions, dogmas, and opinions, we shall handle without conditions.

APPLICATION.

"The future works out great men's destinies;
The present is enough for common souls."

The learned may talk and write so profoundly that nobody but the learned can understand them. But, *cui bono?* The learned in medicine are too

content to let unlearned people remain in accommodating ignorance. It is much easier to turn their whims, conceits, caprices, and errors to a good business account, than to instruct them away. It is easier to make a profitable hobby of the ignorance of the masses, than to educate them. Be ours the harder task. We will leave "common souls" to do the best they can with the present state of affairs, while we will labor to make good the poet's prophecy. We ask but one condition, one favor—*access to the public mind*. Give us the ear of the masses, the common people, the rabble if you please. They will soon become thinkers, and then co-workers; and then a generation of men and women shall arise and replenish the earth, neither cradled in sin nor brought up in iniquity, in the physiological sense, but reared with healthy bodies, pure hearts, and clear heads, lions in strength, yet lambs in gentleness. Give us readers and subscribers. Help us to intercourse with as much human mind as possible, and the consummation of the especial reform we labor for will be proportionately hastened.

"For there are wonders, wondrous strange,
To those who will through nature range,
And use the mind, and clear the eye,
And let instruction not pass by."

PHYSICAL EDUCATION.

WITH ILLUSTRATIONS.

BY T. ANTISELL, M. D.

WHEN mankind reflect how large a portion, not merely of a comfortable existence, but of a positive pleasurable enjoyment of life, depends upon the feeling of good health in the system; when they reflect that a large portion of this comfort in existence and joyous sensation is dependent upon themselves; that they can have it when they will, and that if they have it not it is partly because they will not; and when they farther reflect that not only have they the power to build up their physical frames to that condition of tone and elasticity that action becomes delightful and repose tranquil, but they also have the power of transmitting such frames, and of course transmitting the same sensations—that it is possible for them to make their children of a constitution physically happy, and that it is thus in their power to multiply the happiness of the whole human family, by giving them better knit bodies, whose tendency is to make their minds look on the bright side of nature;—when they reflect that all this is in their power—that they can do it *if they will*—that to do it is right, and to do it is agreeable to themselves—does it not appear strange that it requires a warning voice, a tutelary angel, to remind them that they are not pursuing that course which results in either individual or collective happiness?

That mankind is aware that he can, to a great extent, make or mar his own happiness, is evident from the public voice acting on the community with respect to the necessity of taking some precautions to better public health, by establishing public walks, parks, baths, wash-houses, better ventilated public buildings, and general sanitary measures. The public are alive, but the individual man neglects himself—and it can only be referred to the influence of that all-powerful controller of human

destinies, HABIT. "The majority of mankind act more from habit than reflection," said the illustrious Paley; and never is it better shown than in the neglect of physical education. When man was a fighting animal, as in the palmy days of Greece and Rome, and even during the Middle Ages—when valor and virtue meant the same thing—when the best right to the possession of any object was the power to take it, the development of the human frame was a paramount necessity, and hence physical education was the education of early life, both in public and private. To wrestle, to throw the dart, and to ride the great horse, was the education of Persian children; to draw the bow and to use the broadsword, to run a tilt with the lance, or to manage a Ferrara blade, to box, and to play single or double stick, have been, in different ages, the physical education of various countries. These no doubt have been the arts of war, and were cultivated for war when it was an exhibition of physical force; but when it became a science, and force was no longer necessary to success, this education fell into disuse, until, in our days, when war is beginning to be frowned down, and a Christian spirit of peace is displaying itself in national as well as individual forbearance, not only have the arts of war been neglected, but even the sinews of war have wasted away in the community.

That a weak tone of muscle begets a weak tone of mind, is a physiological fact, and was as well known to the ancients as to us, who forbade their slaves to exercise themselves in the public gymnasium—well knowing that a love of liberty would spring up with a muscular frame. That satirical writer, Dr. Arbuthnot, in contrasting ancient and modern habits, thus alludes to this: "The Cretans wisely forbade their servants gymnastics as well as arms; and yet your modern footmen exercise themselves daily, while their enervated lords are softly lolling in their chariots."

The necessity of physical education is not less imperative now than in earlier times, though for a different reason. In our day, the arts of peace have an injurious effect upon the community indirectly, by producing excessive labor, long hours of toil, and, owing to machinery, a close congregation of human beings together. From these circumstances results an overtaxing of the muscular powers of some part of the body, unaccompanied by sufficient rest to that series of muscles, or occupation of the others. For this reason, to this class a course of training which will develop and call into active exercise the rest of the body is necessary to preserve the balance of health.

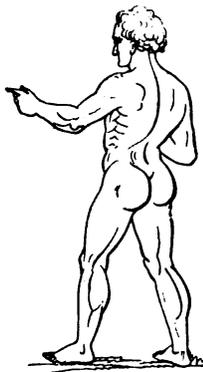
When a muscle is brought by exercise into constant activity, it increases in size. It is made up of innumerable small threads or fibres, each separated from the other by a thin sheath of cellular membrane, which yet serves to connect the whole into one mass of red flesh. For healthy and vigorous action these then must be of a deep red color, of a strong texture. Everywhere in the body the muscles are made proportionate in size and power to the effects they were intended to accomplish. If not called into play, the fibres become thin and pale; when exercised, they increase in thickness and also act with greater readiness and rapidity; in other words, the contractility of muscular fibres is increased by exertion. But not merely does the

muscular fibre thicken, but the bloodvessels of the part are altered, the veins become larger on the surface of that part, and the arteries, those deep-seated vessels which convey the blood from the heart to the muscle, become more filled with blood, and deliver that blood in a quicker current; the part is more nourished by blood, and becomes of a deeper red color. The arm of the mechanic and the drawing-room lady, when contrasted, exemplify these statements.



Here, where the muscles of the arm and shoulder are developed to the utmost by excessive action of that part, the outline of the muscle becomes prominent in a remarkable degree, and the contraction of the fibres may almost be observed under the skin by the eye. The surface of the skin is marked by veins of cable-like dimensions, and the arteries, though unseen, may yet have their action estimated by feeling the pulse at the wrist or at the bend of the elbow, where the size of the vessel and the rapidity of the passage of the wave of blood is appreciated by the shock given to the finger. On the other hand, in the unemployed lady the veins are not to be seen, and the arterial pulse is scarcely and feebly felt. The blood is compelled to flow through an exercised muscle, for the latter, in contracting, presses against the sides of the artery running between its fibres; the blood, thus pressed upon strongly, has a tendency to flow either backward or forward; backward it cannot flow, owing to the elasticity of the vessel, and the column of blood again coming from the heart preventing it; it must then go forward, and thus the circulation in the part is kept up more actively by muscular exercise.

What is true of a single muscle is true of the more than four hundred of which the human frame is built up. When all are duly exercised, all are better developed, a greater power and energy is given to the frame, the body becomes broader and the limbs more massy, more blood is contained in the individual, and it circulates more quickly.



The ancient athlete, and the modern wrestler and prize-fighter, furnish illustrations of the fuller muscles and increased dimensions of trunk and limb.

So intimate is the relation between mind and matter, between muscular fibre and thought, that we cannot improve the one without also calling out the other. The faster the blood flows upon the brain, other things being the same, the readier will thought be produced; and when the muscles of the whole body are developed, the circulation of the whole system is quickened, and the flow of ideas is more active from the brain. It is difficult to think when the muscles are over-fatigued, because they cease to contract and to circulate the blood. Similarly situated is the student, the sedentary man "toiling by the midnight lamp," the inactive clerk chained to a desk from morn till night, and she of the boudoir. Their muscles, lax from want of exercise, hang loosely, and of small proportions, upon a thin and narrow frame.



There is no beauty in this outline, no quivering activity in the limb, no proportion of parts, and the efforts both of body and mind soon cease to be exerted spontaneously, and require for their renewal the supply of some artificial stimulant which shall make the blood flow more rapidly through the muscles and upon the brain. Hence the excessive use of tea by some writers, and of alcoholic liquors by others, and not a few yield to opium. Dunning, the English lawyer, never entered court to speak at any trial of importance, without having a blister upon his chest. How worse than absurd appear these means, adopted to produce excited circulation and more active thought, when the same end could be accomplished more certainly and more agreeably by a fair development of the muscular system.

And this is all that is contended for. It is not wished in these pages to inculcate the fullest development which any single set of muscles is capable of arriving at. Such is not health; it is what the employment of artisans tends to produce, and it ultimately results in disease. These special muscles are supplied with blood and nourished at the expense of other parts of the system, and then, of course, there is corresponding atrophy or wasting. The unpleasant contrast which the upper part of the body of the sailor presents with the lower limbs, must be fresh in the recollection. The tailor also has the trunk developed at the expense of his legs. Not merely is this undue action of a part of the body an offence against our idea of beauty, but it is a transgression of a law of nature, and disease results. The shoemaker, who generally sits bent to one side on a bench, and exercises the right arm, has, after some years, a

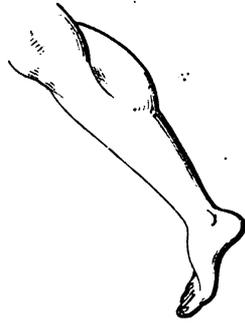
curved spine. A similar disease attacks those who are constantly occupied turning a heavy wheel.

There is, then, a law of nature compelling to muscular action, not of a part, but of the whole. Muscular action may indeed be said to be the chief means of carrying on the functions of life. It is the best mode of sustaining a regular circulation. If it be neglected, the blood will circulate slowly or not at all; it will accumulate in the lowest positions and in places most distant from the heart, until swelled limbs and varicose veins give notice of the transgression of Nature's law.

This law appears to act in a kind of circle. The muscle in action discharges blood quickly, and requires fresh blood to enter as quickly. The very act of emptying its vessels admits of the new supply. This fresh supply enables the muscle to act with increased vigor. There is a corresponding waste or consumption of blood and of nutrition of the part. To replenish and keep up the full measure of blood, requires increased food. The appetite becomes stronger, and the food is digested quicker, and more readily absorbed into the arteries to form the new blood. This fluid has to be aerated more bountifully than before, and the lungs accordingly perform the office of respiration with greater frequency and fullness. Thus all the parts of the body become invigorated and supplied with new energy when the muscular system is put into a state of activity.

The full development of the muscles of a limb contributes materially to the beauty of its outline. The sense of beauty, however, appears in different ages to have varied a little. Thus, in the chef-d'œuvre of antique sculpture, there is a curvature given to the lower part of the leg just above the ankle, in the Greek statues, accompanied by a thickness which does not correspond with our present notions of elegance of form; in these the thinner of the two bones of the leg, the *fibula*, is represented as curved outward, which gives a more solid plant to the foot and a capability of greater resistance to receiving a stroke. The statue of the Apollo Belvidere comes closer to modern notions of elegance of form, although the knees are very large: they are, however, placed close together, and give an oblique position to the thigh bones, and have the lower part of the leg bearing a due proportion to that immediately below the knee.

In the leg of the dancer we perceive combined all that constitutes beauty in form and contributes to powerful action and rapid motion; we observe the protuberant calf, implying power over the motions of the foot; the muscles of the calf being attached to the heel bone and moving the foot on the ankle joint with great rapidity, in graceful curves, so aptly termed "the poetry of motion;" the resisting force is not required in the dancer, and hence there is no fullness of the leg above the ankle; in fact, the bones of the leg there appear to be merely covered with integument, and give thus a strongly marked contrast to the round and full development above. In the dancer's foot there is also combined beauty and solidity in the double arch, the high instep showing the curve from before backwards, and there is also a corresponding bridge from side to side, so that there is a well marked hollow in the sole of the dancer's



foot. The instep becomes so much higher than usual in professional *danceuses*, that it is impossible to obtain a shoe to fit that part, except made upon a special last.

In the ploughman the reverse form exists; the calf dwindles away and the fullness above the ankle increases, or, in common language, the "calf drops into his shoes," owing to exercise only developing a few muscles. A similar effect takes place with those who wear boots, which are unfavorable to the play of the muscles of the calf, and call into action those situated lower down, giving an unpleasant thickness to the lower part of the leg. The *grace* contributed to motion by well developed muscles, aided by skill, did not escape the notice of Locke, who, in his essay on the understanding, has declared that the "legs of a dancing master and the fingers of a musician fall, as it were, naturally, without thought or pains, into regular and admirable motions."

There is another view of the necessity of a good development of the muscular frame, which has not yet been adverted to, but which presents so much of interest and truth as to command attention: it consists in a review of some considerations arising out of a chemical view of the question.

It is well known that every portion of our frame is continually undergoing change,—that deposition of new matter is continually in progress, and absorption of the old as constant. There is nothing stable in the human frame. Our muscles of today are not our muscles in a few months; a new set have to be deposited; and in a few years the whole fabric has dissolved away and been as gradually replaced. These particles are selected from the blood, it containing all the materials of bone, sinew, muscle, ligament, membrane, and fat: the blood is conveyed by the arteries to its special destination, and there what is necessary is separated out to form the additional supply for the wasting organ. Each particle newly deposited is, so to speak, dependent upon the previous state of the part, for its nature: in other words, the particle deposited bears a relation to the size of the artery, the quantity of blood carried, and the quality of that blood. If the artery be small, the deposit will be small: if the blood be of poor quality, the matter deposited will be of an unhealthy character. Thus, to obtain a healthy muscle, it is in some degree needful that an active circulation should have previously existed; and we perceive from the foregoing how possible it is for us to change our *physique*, and to build up for ourselves, after a few years, a new body, of a healthier muscular tone, of

greater contractility, more capable of enduring physical fatigue, and, what is of great importance, more capable of resisting the first advances of disease.

Here we find the crowning necessity for muscular exercise; a necessity arising out of the very nature of our frame, and therefore one which, if we wish to live in physical comfort, we must obey.

In future articles we shall give practical directions for developing all parts of the human body.

HOOPING-COUGH; ITS NATURE AND TREATMENT.

BY JOEL SHEW, M.D.

The *hooping-cough* takes its name from that peculiar sound or convulsive clangor which accompanies it. There could not, certainly, be a more appropriate term by which to designate a disease. The names *chin-cough*, *kin-cough*, and *kind-cough* come from the Saxon or German word "*kind*," a child, or child's cough, the disease being peculiarly common to children. The Greeks denominated the disease *bez theriodes*, which, translated literally into Latin, is *tussis ferina*,—a "wild or untameable cough." The name *pertussis*, which is more commonly employed by scientific writers, is from *per*, a prefix denoting *excess*, and *tussis*, cough.

The distinctive feature of this affection is the peculiar convulsive cough which occurs at intervals, in fits, as we say. These "fits," when the disease is fully formed, consist of several expirations, followed by inspirations, in which there is a very peculiar clangor or *hoop*—a sound which, once heard, cannot easily be mistaken for that of any other cough. The fits of coughing generally come on more frequently in the evening, or the night or morning, than during the day.

IT OCCURS MOSTLY IN CHILDHOOD.—Although this disease occurs for the most part only in childhood, cases are not frequently met with in persons of advanced age. Dr. Mackintosh, of Edinburgh, tells us that he had seen many instances of it in adults. Dr. Heberden saw it in a woman of threescore and ten, and in a man of eighty years of age. These were probably cases of a second coming on of the disease, a circumstance which is well known sometimes to occur.

IS HOOPING-COUGH CONTAGIOUS?—It is often epidemic, and is evidently a contagious disease generally, although not highly so. This some writers have denied. Even Lennec, the great French writer on diseases of the chest, regarded that its contagious nature was not satisfactorily proved; and that alternations of temperature are quite as much a cause of this as of other catarrhs or colds in the lungs. But if this be true, we may ask, how does it happen that hooping-cough so rarely affects a person more than once during life? This fact would seem to lead us to the conclusion that it is a specific disease, as much so as measles, scarletina, or small-pox, all of which leave behind them in the system some mysterious influence which shields the person ever afterward from an attack. And yet, it must be admitted, that the remote cause of hooping-cough is very difficult to trace. "Frequently, indeed," says Dr. Good,

"like common or humid cough, it seems to proceed from cold, from some irritability of the stomach, or some peculiar affection of the lungs." Linnæus endeavored to resolve almost all diseases into an animalcular or insect origin, and hence taught that the hooping-cough was also produced in the same way by an insect of a peculiar kind. Evidently enough this theory cannot be proved, for cases often happen in which it is wholly impossible to determine the cause of the disease. From what is known of this affection, then, we are to conclude, that it proceeds, in most instances, from some miasm or poison of a specific nature, which, like that of the influenza, or epidemic catarrh, and the measles, has a direct determination to the lungs; though, as Dr. Good observes, it is not, like these contagions, necessarily linked with fever.

PERIODS OF INCUBATION.—We speak in medicine of *incubation* or *hatching*, by which is meant the period of time that elapses between the exposure to the contagion and the appearance of a disease. The contagion of hooping-cough is supposed to remain dormant from ten to fourteen days. So it is believed in the country, where these things can be more readily traced than in the thickly inhabited city. Medical works, so far as I know, are wholly silent on the subject.

MORTALITY OF THE DISEASE.—Hooping-cough is not of itself a very fatal disease. It is doubtful, indeed, if it ever causes death, except by being connected with, or by inducing some other affection which is sufficient to destroy life. According to Dr. Watt, as quoted by Dr. Mackintosh, the deaths from hooping-cough in Glasgow have been pretty nearly $\frac{5}{8}$ per cent. of the whole deaths in that city. The greatest number in any one year took place in 1809, when they amounted to 114 per cent.; and Dr. Watt concludes that next to small-pox formerly, and measles now, hooping-cough is the most fatal disease to which children are liable. According to Dr. Emerson, the disease in Philadelphia is more fatal to the female sex. Dr. Dunglison quotes from the census of Ireland for 1841, which gives for every 100 males, 115.43 of females who died of hooping-cough. According to all experiences, the younger the subject the worse and more liable to prove fatal has been the disease. It is said not often to attack children at the breast; but the writer at this time knows of a number of nursing children who have it; and about one year ago, he attended a lady of this city, (New York) in child-birth, in the month of October, whose infant was attacked with hooping-cough before it was a week old. It, however, did well under water treatment.

SYMPTOMS.—Hooping-cough may, for the sake of convenience, be divided into three stages, although such a division—it need scarcely be said—must necessarily be, to a considerable extent, arbitrary. There are:

1. THE CATARRHAL STAGE, or the coming on of the disease, which resembles simply a common cold or catarrh.
2. THE NERVOUS, SPASMODIC, OR CONVULSIVE stage, which is easily known by the peculiar cough attending it; and
3. THE PERIOD OF DECREMENT, or decline, and which is indicated by the wearing away of the spasmodic symptoms.

IN THE FIRST STAGE, there is more or less of indisposition, as in a common cold. There is apt to be a feverishness, alternating with chilliness, suffusion of the face and eyes, sneezing, running at the nose, and an increased discharge of tears. There is also a dry fatiguing cough, which, like a common cough, returns in paroxysms, particularly at night, in consequence of the feverishness which is apt then to recur. This stage, like all the others, varies considerably in duration; it may last only a few days, or, on the other hand, for weeks. Usually it does not last more than a fortnight.

IN THE SECOND STAGE, the cough attains its greatest violence. It is now excessively convulsive and violent. The little patient, as he feels the symptoms of its approach, if able, runs to lay hold of his parent or nurse, or some object by which he can support himself, till the fit is over. Sometimes, too, he gets down on all fours, and seems to derive more aid in that, than any other position. After the paroxysm is over, he jumps up and runs about to play, as if nothing at all had happened to mar his comfort. Sometimes also the feeling of suffocation leads him to run to the open air, and mothers have found by experience, that if as soon as the fit comes on, the child be taken to an open window, or the door, it is the more easily borne, and shorter in duration.

In some cases the sense of suffocation is dreadful beyond description; the respiration is impeded; the cough is intense and protracted; the features are swollen, and of a livid color; the eyes seem ready to start out of their very sockets; the eyelids are red and swollen, and the cheeks, perhaps, bathed in tears, till at last expectoration takes place, and brings relief. This is at first more tough and ropy in character, but as the disease advances, becomes thinner, and is consequently more easily thrown off. When the cough is bad, there may be three or four fits as it were in quick succession, which terminate only by the expulsion of a thick, ropy, tenacious phlegm, which is also sometimes accompanied with vomiting up the contents of the stomach, particularly in cases where food has been recently taken. The child often swallows the phlegm, which, contrary to the notion of old women, is not necessarily an unfavorable circumstance. It passes to the stomach, and cannot therefore be again thrown up by coughing, as is supposed. Vomiting up the food is considered a favorable omen, since it generally brings relief to the sufferer.

In bad cases there is a good deal of head-ache experienced. The appetite becomes bad, the stomach and bowels disordered, and oppressed with flatulence and distension. It is possible, in some rare cases, for bleeding of the lungs to occur; so also some of the little bloodvessels in the conjunctiva of the eye may break. The nose often bleeds, and when this occurs in a plethoric child, more particularly, it is to be looked upon as a good omen. In the worst cases of the disease there is more or less of fever always present; this, in connection with the impediment of respiration, shows that there is mischief going on within, which, if not remedied, is very apt to end in death. Fits of temporary asphyxia, or fainting, sometimes occur, and which may suddenly destroy life. It is said by Dr. Mackintosh that, in some cases, children have been known to die suddenly in this way,

whose cases were previously slight, and not attended with fever. Convulsions may also carry off the patient; but cases of this kind, as well as those which die in a fainting fit, must be exceedingly rare, and such, too, as are not properly attended to from the beginning. The worst cases we find are those which happen in connection with an absence of general health, with bronchitis, or which succeed the small-pox, scarletina, measles, or some other serious malady.

IN THE THIRD STAGE, or decrement of the disease, there is a gradual wearing away of the spasmodic fits; the paroxysms of coughing become by degrees shorter and shorter, and less frequent and violent in character. The peculiar noise which designates the disease also disappears gradually—although in some cases quite of a sudden; matter expectorated becomes thicker and more opaque, assuming towards the last a greenish hue; and sometimes it becomes puriform or puslike in character. The cough towards the last does not differ from that of an ordinary catarrh. This, if it be in the autumn, may last until the coming on of warm weather in the spring, particularly if the child be feeble and has an hereditary tendency to affections of the throat and chest. At other seasons of the year, however, the disease generally passes off very soon after the *hooping* has ceased, especially if the case be well managed according to the principles of the water treatment.

DURATION OF HOOPING-COUGH.—This, as in other diseases, is variable and uncertain. On an average, its period may be estimated at from six weeks to three months. It may in some few cases be shorter than a month and a half; but it is generally much longer, and not unfrequently lasts beyond three months. Much here depends upon the management of the case.

TREATMENT.—Each of the three stages demands a treatment in some respects peculiar to itself, although the general principles of management must all along be the same. As regards the use of drug medicines, Dr. Dunglison frankly admits that it rarely happens that we are able to cut short the disease or to modify its course. "The number of remedies which have been brought forward," remarks this author, "is immense, but the true plan is to treat the disease according to general principles; for neither in this, nor in any other disease, has a specific been discovered." And Dr. Gregory, with that characteristic frankness and candor which ever marked his brilliant career, remarked, in his lectures, "I think it proper for me to warn you, in the first place, that we have no cure for it." Long ago the great Sydenham declared it to be "a most stubborn, and commonly unconquerable, incurable disease." If we look over all the best authorities on the Practice of Medicine, we shall find as much discrepancy of opinion regarding the treatment of this as of any other affection. In carrying out the best of motives for the good of the sick and suffering, medical men have left no stone unturned in the treatment of this disease. Every remedial substance, from the simplest herb to the most deadly and virulent poison—not omitting bleeding, leeching, and blistering, to the fullest extent, have been again and again resorted to, and with this result—that there is no known specific for the disease. In regard to its treatment by drug substances, we

have another among the many proofs of the lamentable ignorance that obtains in the profession concerning the true principles of the healing art.

The first stage, as I have remarked, resembles in all respects a common catarrh or cold; and consequently the treatment should be the same. In short, everything should be done in the way of bathing, air, exercise, diet, and in the hygienic habits throughout, that may be, to fortify and invigorate the general health. I believe all authorities agree on this one point—that fresh air, exercise, prudent exposure out of doors daily, cold bathing, and, in short, the tonic plan generally, is the best possible course that can be followed in this disease. Dr. Mackintosh tells us that he has seen the greatest advantages in this disease, as in many other cases of chronic bronchial affections, from sponging the body with water, or vinegar and water, two or three times a day. "At the meeting of the Medical Section of the British Association, in 1840," says Dr. Dunglison, "it was stated, that rubbing the chest with cold water, repeated two or three times a day, with so much activity as to produce a rubefacient (reddening) effect, was frequently of great use." Dr. Elliotson remarks that "after a time, there can be no doubt of the use of the cold shower bath." And the celebrated Dr. Good tells us that "cold bathing, so far as his own experience extended, had proved more certainly and rapidly remedial than any other prescription whatever." The effects of fresh air, also, which belong to the same category of therapeutic agents, are spoken of in the highest terms of recommendation. Even the change from one room to another is often productive of manifest improvement. This fact is very well understood by people generally. In the city of New-York, some have been in the habit of taking their children frequently across the ferries, where the air is pure and fresh, and with the best of results.

Sometimes, however, mischief is done, by exposing the child to a great change suddenly. This happens oftener in consequence of its having been kept too closely confined within doors, and in over-heated rooms. If the apartments be kept at all times sufficiently ventilated and of proper temperature, neither too hot nor too cold, and the child is at the same time bathed daily in cool or cold water, it can seldom receive any harm from being taken out into the open air. Nothing in the medical art is better established than the great value of cold bathing and ventilation as a means of preventing colds.

The second or inflammatory stage of whooping-cough is generally attended with more or less general feverishness; and in connection with this disease there may be at the same time some other, of inflammatory type. In all such cases, the great indication of treatment is to subdue the abnormal heat. Without attention to this matter, we might, as Dr. Elliotson observes, "give all the anti-spasmodics, all the narcotics, and all the other medicines that are supposed to have a direct influence over the spasm, and yet do no good; we should, in fact, make the patient worse; and if nature were not to get the better of us, and cure the individual, there is every probability that great mischief would be done."

The water treatment, properly managed, is beginning to be understood at this late day, is the

best, safest, and most effectual means possible for reducing general feverishness, of whatever kind. As to what amount is to be given, the nature of the case should determine. One patient may need few baths in a day, another many; and, in all cases, enough of the water processes should be followed out to keep the general fever constantly in check.

THE WET JACKET.—There is one method of practice, which I have adopted with marked success. It may be resorted to during the whole period in which the cough is present. I refer to the use of the wet jacket. We make, of linen cloth—sheeting, usually, although heavy cotton will answer the purpose tolerably well—a jacket, with arm-holes, that covers the whole trunk of the body; two or three thicknesses are worn at a time. It should be re-wet in from one to three hours, according to circumstances, always before it becomes too warm or dry. In the hottest weather there would be danger of its doing more harm than good, by the heat retained, if it were not changed very often. In cold weather there may be flannel enough over the wet to keep up a comfortable degree of warmth. This, especially in bad cases, should be worn constantly. In some cases, where it has been left off for a short time—as, for instance, an hour or two only—the fits of coughing have at once grown worse, and, on putting it on again, the unfavorable symptoms have as quickly vanished.

THE BATH.—In connection with the wet jacket, I have been in the habit of ordering two to four ablutions in the twenty-four hours—with water not entirely cold—at from 60° to 70° Fahrenheit, according to the child's strength, and the season of the year. The colder the weather, the cooler the water used. But I conclude that there is no need of using it at a lower temperature than 60° Fahrenheit. Certain I am that there is no need of doing any great violence to the child's feelings by using the water very cold. Tepid water—by which we mean a temperature of from 70° to 90°—is cold water in effect, only milder in degree. We may give the tepid bath oftener and longer at a time, if necessary to produce the desired effect.

The shallow bath I regard the best form. Any common tub may be used; and if the child objects to sitting down in the water, as is often the case, he may stand while the water is poured, cupful by cupful, over him. Or it may be laved, so to say, upon the surface, by means of a sponge or large towel.

THE WET SHEET.—In some cases I have advised the packing, loosely applied, twice in the twenty-four hours, with the bath after it. This method may be adopted in connection with the wet jacket, if it be desirable, at any time. If the child is very young, the sheet should be placed loosely round its body, with blankets sufficient to insure comfortable warmth, and then held in the lap to sleep. A young child usually sleeps better while thus held than in bed.

If the child swoon or faint away from congestion of the brain, carrying it to the open air, and sprinkling cold water upon it, is the best means of reviving it. It is possible for a child to die in such fits—such cases having been known to occur—and so trifling a matter as sprinkling cold

water upon the surface, might easily, in some cases, make all the difference between life and death. These fits are often hard to bear.

THE DIET.—As in all inflammatory diseases, so in whooping-cough, the diet should be light, rather spare, and of unstimulating kind.

THE CLOTHING.—This should be loose, so as to admit of a free circulation of air about the whole surface. At the same time it should be such as to insure a comfortable temperature in the cool and cold seasons; in the hot there could scarcely be too little; one single light flowing garment would be better than to have more. It should be remembered, in reference to this, as in all other inflammatory diseases, that, while the heat is above the natural standard it is the very next thing to impossible in any way to take a cold. This is particularly true of cases in which the water treatment is practised.

WATER DRINKING.—It is of great importance in whooping-cough, that all the water used for cooking, as well as for drinking and bathing, be pure and soft. All families may, at a trifling expense in the construction of cisterns, have always an abundance of the best and purest water, that which falls from the clouds. Pure, filtered rain water, with the addition of a little ice in the hot season, if necessary, to make it palatable, is one of the greatest of luxuries, as well as highly conducive to health. Let the child, then, with whooping-cough, have as much pure soft water as it will take; during the paroxysms of coughing it will be manifestly relieved if it can be induced to take small draughts of fluid; and throughout the whole management, the more freely we use the pure soft element, both internally and externally, the less thick and tenacious will be the phlegm, the less the quantity expectorated, and the less violent and troublesome the symptoms of every kind.

In the third stage, or decline of the disease, the treatment should be, according to circumstances, similar to that of the first stage, and always such as is calculated to fortify and invigorate the general health. If boils make their appearance, as is sometimes the case in the decline of the disease, we are to regard the symptom as a good one.

If the whooping-cough occurs in connection with any other disease, we are simply to treat the case according to the symptoms, without any reference whatever to mere names.

It is the opinion of most writers, though not all, that we cannot by any means whatever shorten the duration of this malady. If it be admitted that we cannot, we know that we may, in a very marked degree, mitigate its severity by the water treatment, and doubtless, in some instances, save life, where, in the ordinary methods, the patient would be lost.

W.-C. Institution, Twelfth st. and University Pl.

A CHANGE OF DRESS.—Mormon women, it is said, have commenced dressing in pantaloon. Then, they have shown good sense in one thing, at least.

Some slandering bachelor says it is "much joy" when you first get married, but is more *jawy* after a year or so.

FISHING IN MILK.—Lately, a living trout was found swimming in the "new milk" supplied by a contractor to the Killarney (Ireland) workhouse.

THOUGHTS

ON THE DEATH OF A YOUNG FRIEND.

BY SYLVESTER GRAHAM.

Gone, loved one, gone!
 And we thy bright form shall behold no more!
 With what celerity thou wast hurried on
 To death's wide yawning door!
 But yester-week we saw thee full of life,
 With a proud bearing and a stately tread;
 The crown of health was on thy head;
 In thy warm heart, still warmer hopes were rife.
 Thy laughing eye
 Was radiant with a blithesome spirit's light,
 And onward swept
 Far over flowery fields of coming joy.
 In early manhood's might
 And noble pride,
 Thou didst go forth with nothing to annoy;
 Pressing toward the goal
 Of all thy fond heart's hopes, with eager stride,
 And thy expectant soul
 Kenned not the doom that so hard by thee slept.
 Now thou art to earth,
 As if thou hadst not been:
 In its mixed scenes of wo and mirth,
 Thou'lt never more be seen
 The social hearth
 No more shall be
 Made glad by thee;
 And hearts that loved thee passing well,
 No more with sweet delight shall own
 Thy joyous presence, nor shall swell
 In sympathy with thine. The place
 That thee hath known,
 Again shall know thee never.
 Thy days have flown;
 And every trace
 Of thee is gone from earth forever!
 O, how the heart with faintness doth grow sick
 In contemplation of the ills of life,
 Which strew the path of man so darkly thick
 With blighted hopes and disappointment's strife!
 How the rough-edged knife
 Of stern adversity doth sever
 The tenderest ties,
 And separate forever
 Hearts which in love's fond alliance had combined;
 Leaving behind
 A pang which never dies,
 A wound which never heals.
 How fell calamity's fierce grasp doth wring
 The nerve which keener feels—
 The soul fraught string
 Which binds us to life's dearest thing!
 And is it not enough that man,
 Blind, erring, wayward, frail;
 Whose longest life is but a span,
 Made up of feebleness and ail;—
 O, is it not
 Enough that he
 Is so afflicted in his lot,
 With ever clustering misery,—
 So beaten by the iron flail
 Of scourging Heaven,
 To chasten him from sin's deep leaven,
 But must he be more sorely curs'd
 Than by the damning sin at first,
 In that to which he looks for life
 With most relying trust,
 In this sad world,
 To means of death so rife,
 Must man impart
 Apollyon's most destructive mace,
 And most venom'd dart,
 Whose work immense,
 Exceedeth that of sword and pestilence,
 Slaying alike the cowardly and brave,—
 Assailing all the race?
 Must men be thrust
 Into death's forced embrace,
 Like beasts into the charnel mart?
 Headlong hurled
 In multitudes, to an untimely grave,
 By the deadly virtues of "THE HEALING ART?"

NORTHAMPTON, MASS.

ILLUSTRATIONS OF THE EYE.

FIG. 1.—A longitudinal section of the globe of the eye. 1. The sclerotic, thicker behind than in front. 2. The cornea, received within the anterior margin of the sclerotic, and connected with it by means of a beveled edge. 3. The choroid, connected anteriorly with (4) the ciliary ligament, and (5) the ciliary processes. 6. The iris. 7. The pupil. 8. The third layer of the eye, the retina, terminating anteriorly by an abrupt border at the commencement of the ciliary processes. 9. The canal of Petit, which encircles the lens (12); the thin layer in front of this canal is the zonula ciliaris, a prolongation of the vascular layer of the retina to the lens. 10. The anterior chamber of the eye, containing the aqueous humor: the lining membrane by which the humor is secreted is represented in the diagram. 11. The posterior chamber. 12. The lens, more convex behind than before, and enclosed in its proper capsule. 13. The vitreous humor enclosed in the hyaloid membrane, and in cells formed in its interior by that membrane. 14. A tubular sheath of the hyaloid membrane, which serves for the passage of the artery of the capsule of the lens. 15. The neurilemma of the optic nerve. 16. The arteria centralis retinae, embedded in the centre of the optic nerve.

FIG. 2.—A dissection of the eyeball, showing its second tunic, and the mode of the distribution of the venæ vorticosæ of the choroid. After Arnold. 1. Part of the sclerotic coat. 2. The optic nerve. 3, 3. The choroid coat. 4. The ciliary ligament. 5. The iris. 6, 6. The venæ vorticosæ. 7, 7. The trunks of the venæ vorticosæ at the point where they have pierced the sclerotic. 8, 8. The posterior ciliary veins, which enter the eyeball in company with the posterior ciliary arteries, by piercing the sclerotic at 9. 10. One of the long ciliary nerves, accompanied by a long ciliary vein.

FIG. 3.—The anterior segment of a transverse section of the globe of the eye, seen from within. 1. The divided edge of the three tunics; sclerotic, choroid (the dark layer), and retina. 2. The pupil. 3. The iris, the surface presented to view in this section being the uvea. 4. The ciliary processes. 5. The scalloped anterior border of the retina.

FIG. 4.—The posterior segment of a transverse section of the globe of the eye, seen from within. 1. The divided edge of the three tunics. The membrane covering the whole internal surface is the retina. 2. The entrance of the optic nerve with the arteria centralis retinae piercing its centre. 3, 3. The rami-

FIG. 6.—The appendages of the eye. 1. The superior tarsal cartilage. 2. The lower border of the cartilage, on which are seen the openings of the Meibomian glands. 3. The inferior tarsal cartilage: along the upper border of this cartilage the openings of the Meibomian glands are likewise seen. 4. The lachrymal gland—its superior or orbital portion. 5. Its inferior or palpebral portion. 6. The lachrymal ducts. 7. The plica semilunaris. 8. The earuncula lachrymalis. 9. The puncta lachrymalia of the lachrymal canals. 10. The superior lachrymal canal. 11. The inferior lachrymal canal. 12. The lachrymal sac. 14. The dilatation of the nasal duct, where it opens into the inferior meatus of the nose. 15. The nasal ductifications of the arteria centralis. 4. The foramen of Soemmering, in the centre of the axis of the eye; the shade from the sides of the section obscures the limbus luteus which surrounds it. 5. A fold of the retina, which generally obscures the foramen of Soemmering after the eye has been opened.

SEA-SICKNESS.—M. CURRIE, in a paper read before the Paris Academy, has pointed out the cause of sea-sickness; he has shown that it depends upon the movement of the intestinal canal, which floats, as it were, in the abdomen. It descends with every movement of the vessel, and then, ascending, pushes up the stomach and the diaphragm. His theory, well explained, was well received, and MAGENDIE and KERAUDIEN gave their assent to it. But his remedy was thought more ingenious than practicable. It was to breathe in with every downward movement of the vessel, and expire the air with its assent. What seemed more easy, and is known to be more effectual, is a horizontal position in the middle of the ship, and a tight bandage over the abdomen.

PRETTY WELL PAID.—Sir Benjamin Brodie received from the estate of Sir Robert Peel \$1,200 for his last visits and attendance, merely looking upon the patient and doing absolutely nothing—Sir Robert refusing to have his rib set, owing to his acute sensitiveness to pain.

MAXIMS IN WATER-CURE.

REGULAR TILTING.

BY E. A. KITTRIDGE, M. D.

In reducing inflammation or fever, do that which will effect your object quickest, without compromising the general health. Applying cold water will allay inflammation quicker than anything else in the known world; therefore, cold water should be used.

Never bleed; for however great the "phlogisis" or fullness of the bloodvessels may be, it can be much more easily remedied by the proper application of water and abstinence from food.

Never give cathartics, as they only make a bad matter worse, and are never necessary, as sitz-baths, injections, &c., are all-sufficient.

Never use drug emetics, as warm water, perseveringly administered, will do all that ever ought to be done in the way of vomiting, and, if properly given, never produces cramps, whereas drug emetics frequently do, and sometimes death.

Never use blisters, or antimony, as they make a useless and very troublesome sore, and, in delicate constitutions, disturb the equilibrium of the nervous system in a manner always dangerous, and sometimes fatal.

PRECAUTIONS AGAINST PESTILENCE.

BY DOUGLASS JERROLD.

A CONSTITUTIONAL DIALOGUE BETWEEN JONES AND BROWN.

JONES.

WHY, BROWN, how well you look, I say,
 In this alarming season,
 To what you did the other day!
 Old fellow, what's the reason?

BROWN.

Well, I do feel an altered man,
 For which I owe thanksgiving;
 I've also rather changed the plan
 And manner of my living.

JONES.

What would I give to be like you!
 I'm ill and melancholy:
 I wish you'd tell me what to do,
 To look so fresh and jolly.

BROWN.

Then, first of all, betimes I rise,
 And wash myself all over,
 Not cleansing only what your eyes
 Are able to discover:

My wife and children, too, I make,
 To arm the constitution,
 Each morn their soap and water take,
 And do the like ablution.

Scrub'd sweet and clean I've had my home,
 From garret to foundation:
 And taken care, in every room
 To 'stablish ventilation.

Beneath my kitchen ran a drain,
 Which oft the nose offended;
 The sink was faulty, it was plain—
 I caus'd it to be mended.

The money saved in drink, I spend
 In good nutritious diet,
 And warm apparel; now, my friend,
 You know my system—try it.

Then epidemics you may view
 With very slight misgiving;
 They seldom trouble people who
 Adopt my style of living.

JONES.

I think you're right; and mean to try
 Your measures of protection:
 And so—please goodness—shall defy
 Contagion and infection.

NOTE.—There is truth as well as rhyme in the above, and it would be well for "our dear people" to follow the example of Mr. BROWN and his family.

Reviews.

ACCIDENTS AND EMERGENCIES.

An interval must necessarily elapse between the occurrence of an accident and the arrival of medical aid. Accidents often occur under circumstances which render it impossible to procure the services of a physician before it is too late. Indeed, emergencies frequently arise in the course of our lives—particularly when traveling by railroad, steamboat, stage coach, etc.—in which a knowledge of the best modes of treatment in certain cases becomes invaluable, as often the future health and happiness of ourselves or those near to us depend on such knowledge. To furnish information which shall be useful at such times, the following brief and comprehensive directions are presented.

BLEEDING occurs either from an artery, vein, or the small vessels which join the arteries with the veins. It may take place as the result of injury, or spontaneously, from various internal organs. If the person show signs of fainting, do but little to rally him, as fainting tends to stop bleeding.

1. ARTERIAL BLEEDING.

Arterial bleeding is known from the bright scarlet color of the blood, and from its issuing in jerks. To stop it, put your finger in the wound and press upon the bleeding aperture, and as long as this pressure is properly applied, bleeding cannot occur (Fig. 1). Or, tie a handkerchief twice round the limb above the injury, and place a piece of stick in it, and turn till the pressure is so great that the blood cannot flow (Fig. 2). Or, fold a piece of soft rag several times, and put it quickly over the aperture, and secure it in its proper

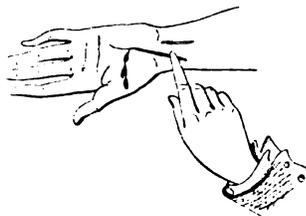


Fig. 1.

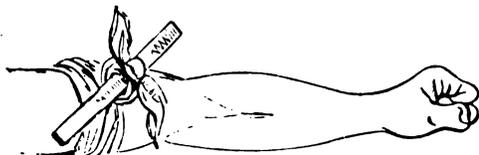


Fig. 2.

place by a piece of broad tape, or a bandage (Fig. 3).



Fig. 3.

2. VENOUS BLEEDING.

Venous blood is dark colored, and flows continuously. Stop it by the pressure of the finger (Fig. 1), or piece of linen (Fig. 3)

13. POISONED WOUNDS.

Sometimes great injury arises from poison being introduced into a wound, such as dead animal matter, etc. Place a ligature tightly round the limb, a little way above the point of injury, and only so tightly that it shall favor, but not stop the bleeding (Fig. 7). Wash well with warm water, and place one end of a large quill, or small tube, over the wound, and keep sucking at the other, which will produce a vacuum, and act as a cupping glass (Fig. 8). When the wound is poisoned, the parts around speedily swell to an alarming extent, requiring the constant care of the surgeon to prevent its extension over the whole body.

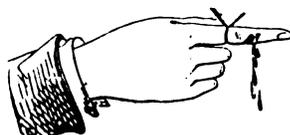


Fig. 7.



Fig. 8.

19. BURNS AND SCALDS.

The action of a hot body on the skin is called a scald, if the hot body be fluid, such as boiling water or melted grease. If the substance be solid, or if the injury arise from the effect of fire, it is called a burn. When the clothes catch fire, roll the person in the carpet or hearth-rug, or bed blanket, as quickly as possible, to stifle the flames, leaving only the head out for breathing (Fig. 12).

The effects of burns are three-fold—redness and pain, blisters, and the total destruction of the part.

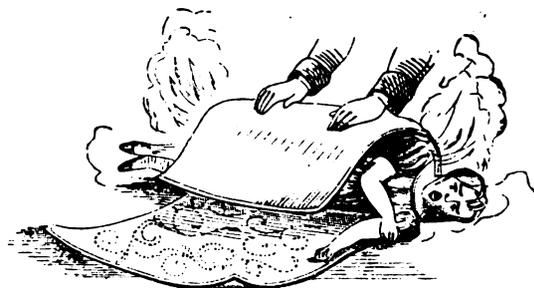


Fig. 12.

Apply cold wet cloths until the heat, redness, and pain abate; then, if the skin be entire, a wet cloth covered with a dry one. If the surface be destroyed, apply linen covered with any bland oil or cerate. If blisters arise, leave them alone, if not very tense; and if they be very tense, puncture with a fine needle, and keep on the lint and oiled silk.

Absence of pain over the injured part is a bad sign, and shows that it is destroyed. Apply linen and oiled silk as before, or bread-and-water poultice.

If shock exists, constant care alone will save the patient. See Shock (53). Afterward, if excessive sleepiness, stupor, or difficulty of breathing set in, or great pain ensue about the stomach, danger exists. The surgeon should always attend even the slightest burns, if large in size, for then, especially in children, there is always ground for alarm.

25. ADDER-BITE.

We have, fortunately, in this country (England), but one poisonous reptile (Fig. 14), which is called in some counties the viper, in others the adder. It may

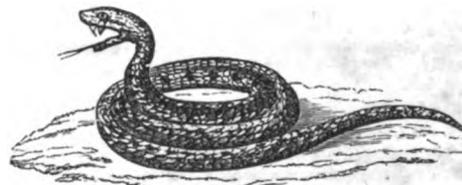


Fig. 14.

be known from the common snake, which is quite harmless, by a series of black lozenge-shaped marks down its back. If a person be bitten, proceed as for a poisoned wound (No. 13, Figs. 7 and 8).

35. MATTERY EYES.

When the eyes run with matter, it is very serious, and the matter is eminently contagious. Wipe away the matter, and wash with tepid or warm water very frequently, and gently squirt it between the lids. Neglect for twenty-four hours may irreversibly cause the loss of the eye.

42. OPIUM—LAUDANUM.

Excite vomiting. Dash cold water over the face; make the patient walk between two persons; pull the hair, or otherwise inflict pain to prevent sleep. This treatment must be pursued for many hours.

43. STUNNING.

Place the patient in bed with head slightly raised. Apply warmth to the feet and legs. Sprinkle cold water on the face, and apply a cold wet cloth to the forehead. Keep very quiet. If the head be manifestly broken, look to bleeding (1). Place the patient in the same position as for Apoplexy.

FITS.

FITS are intervals of unconsciousness, and, therefore, in all cases, the senses of sight, hearing, feeling, and tasting are lost, or very much diminished, and the power of motion is interfered with, or takes place involuntarily.

44. FAINTING.

Face and lips turn pale; the pulse is scarcely to be felt. Place the patient flat (Fig. 21). If he can swallow, give cold water. If the cold-

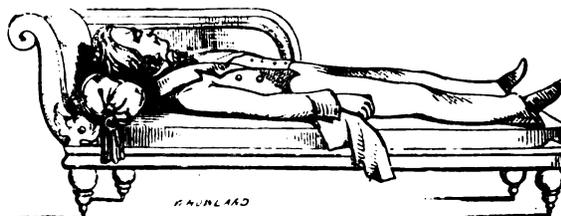


Fig. 21.

ness of the extremities continue, apply hot bottles (8) to the feet and legs, and cold water to the head.

* From "ACCIDENTS AND EMERGENCIES: a Guide, containing Directions for Treatment in Bleeding, Cuts, Stabs, Bruises, Sprains, Ruptures, Broken Bones, Dislocations, Railway and Steamboat Accidents, Burns and Scalds, Explosions, Bites of Mad Dogs, Inflammations, Cholera, Diarrhea, Injured Eyes, Choking, Poisons, Fits, Sun Stroke, Lightning, Drowning, etc., etc. By ALFRED SARR, F.R.S. With Alterations, Corrections, and Appendix, by Dr. R. T. TRALL. Illustrated with engravings." Published by Fowlers & Wells, 131 Nassau Street, New York.

45. APOPLEXY.

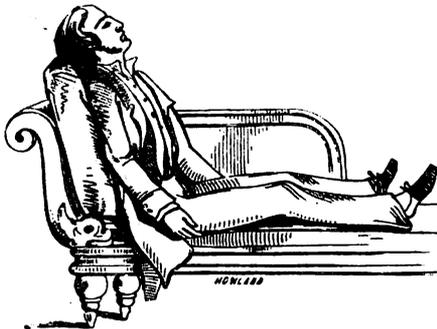


Fig. 22.

The pulse is generally strong; the patient usually shows symptoms of pain or oppression over the head, which is aggravated when the patient lies down. Sometimes half the face drops, or half the body becomes powerless.

48. SUN STROKE.

This very rarely occurs in this country (England). The symptoms in the cases which I have seen much resemble Apoplexy, and require to be treated in the same manner.

49. LIGHTNING.

If symptoms of Apoplexy exist, treat as for that fit. If the heart's action be stopped, treat as for Sudden Death (60).

50. HYSTERICIS.

Patients select a comfortable place for this fit. The patient usually cries or laughs immoderately. The pulse is not much altered.

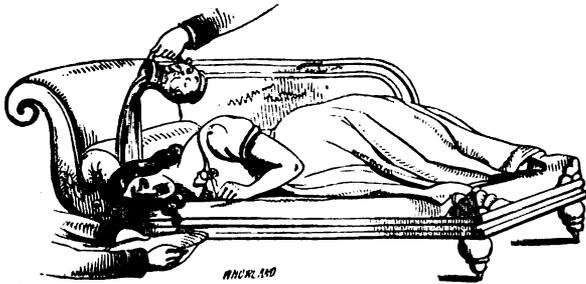


Fig. 23.

Place the head over a basin, and pour water from a jug over the head and chest till the patient becomes chilly and revives. Never use anything but cold water for the hysterical fit, unless the party turn very cold, when you should discontinue it, and apply warmth to the feet. I once saw the cold applied for three hours, but the patient was quite well the next day.

54. DROWNING.

Strip off the wet clothes; cover the body with other clothes, to maintain the heat; wrap up in blankets, and give the warmth by hot bottles placed in contact with all parts of the body. A hot bath is also of great value. Have several assistants to rub the body with their hands. Clear the mucus from the mouth, hold the nose, and then suck the foul air with a tube, and blow in fresh air in the same manner.

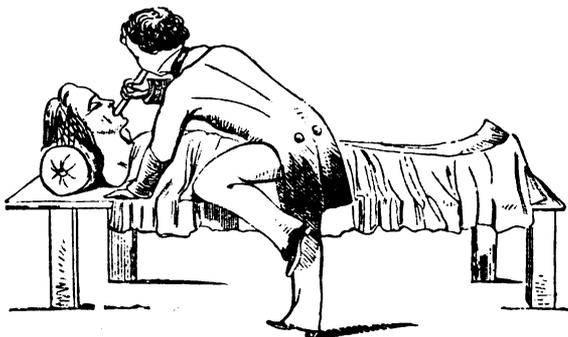


Fig. 24.

Restoration has followed after eight hours' perseverance. Attempts at resuscitation had better always be continued for twelve hours, or longer, if there be any signs of life.

(4.) THE PULSE.—The pulse may be best felt an inch above the root of the thumb, and about half an inch from the outer side of the arm (Fig. 26.) Where there is any doubt, apply your ear over the left side of the chest, as the action of the heart may sometimes be heard, even when the pulse can scarcely be felt.

[Besides the above, the little work from which we extract, contains many other useful hints, including the various processes of the Water-Cure, with all the illustrations; which every family should understand.

The price of the work is only twelve and a half cents, and may be sent by mail to any post office.

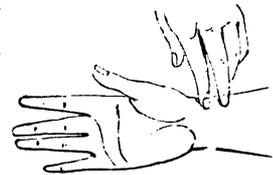


Fig. 25.

THE WATER-CURE LIBRARY, in seven 12mo. volumes. New York: Published by FOWLERS AND WELLS.

“Whatever opinion may be formed in regard to the merits of Hydropathy as a curative system, there is no doubt of the general interest and favor with which the writings of its professors have been received by the great mass of readers in this country. This may be accounted for in part by the simplicity of style, and the tone of plain, practical common sense, with which most of these productions are pretty strongly marked. They have more the air of actual household life—they take more direct hold of the various aches and pains which are every day met with—and they aim more exclusively at showing the invalid the best means of procuring relief for his sufferings, than the generality of medical works which are written for the professional student, and which savor of the hospital, the dissecting-room, and post-mortem examinations—the significant close of the series of fashionable methods of medical education. The Water-Cure publications, moreover, are usually full and explicit in regard to the means of preserving health; they abound in valuable suggestions concerning diet, regimen, exercise, the government of the passions, and the regulation of the habits—presenting a great fund of advice, which commends itself by its plainness and availability to those who have neither leisure nor inclination to peruse the more pretending treatises of the old-school professors.

“The issue of the ‘Water-Cure Library’ by Messrs. Fowlers and Wells is an expressive sign of the demand for medical or rather physiological reading—as the pure element is the only medicine known to Hydropathy—of this description, and will serve, in a very great degree, to gratify the taste by which it has been called forth. It consists of the most valuable works in the various departments of the Water-Cure that have already appeared from the most eminent practitioners in this country, including the translation of several standard treatises from the German.

“In the seven volumes comprising this ‘Library,’ the reader will find a general statement of the principles of the Water-Cure practice; its application to the innumerable forms of disease, and copious directions as to the methods to be pursued by the patient, when no practitioner is at hand. The views presented on dietetics are often of a character to call forth dissent, even from advocates of physiological reform, but they are sustained with ability, and are suited to direct attention to a subject which will not be settled without further discussion. We have no doubt that the issue of this work will be welcomed with great satisfaction by the numerous inquirers who are in pursuit of the true system of health, and who already feel themselves deeply in debt to the publications of the house which has taken such an active part in the leading reforms of the day.”

Thus writes the editor of the New York Tribune; and we are happy to state that this beautiful LIBRARY is being introduced into many families, as a GUIDE in the “HOME PRACTICE” of the Water-Cure.

The price of this Library is \$1 00 a volume, or the complete set, in seven volumes, will be furnished at FIVE DOLLARS.

THE MELON has been cultivated for centuries. It is a native of Persia, and draws its rich and luscious juices from her arid and barren sands. To have the melon here in perfection, it must be grown in a sandy soil. New land, fresh from the woods, suits them best. A piece of new land, that has been trod by cattle, will produce the water-melon of monstrous size. All melons, to be kept pure, should not be planted in the immediate vicinity of squashes, cucumbers, or gourds, as the seed saved from these, raised in close proximity, will produce melons partaking of the nature and flavor of all the squash tribe. The mixture of the pollen produces new varieties, but rendering all worthless, causing the melon to be insipid, the cucumber to be overgrown and hollow, the squash to be watery, and the gourd-shell soft. Water and musk-melons may be planted from the middle of March through the month of April. Plant water-melons ten feet apart, each way, some eight or ten seeds to a hill, and when they show, thin them out so as to leave four plants to a hill. Musk-melons may be planted about five feet apart, and thinned out in the same manner. The nutmeg, or citron musk-melon, is the finest variety cultivated. When grown in perfection, it combines the flavor of the strawberry and the pineapple; but this variety should not be grown in the vicinity of any other melon. To save seed, select the earliest and best melons, dry the seeds in the shade, and put them away in paper bags. Water-melon seed improves with age, and may be kept ten years to advantage.

Miscellany.

OUR PRESENT ENLARGED FORM.—It has been said by a friend who examined the proofs, that the WATER-CURE JOURNAL “surpasses, in the beauty of its mechanical execution, all other journals published in America.” This sounds like “talking large;” but, on looking around, we do not remember to have met with any other serial publication that pleased us better. We confess we like it. That it LOOKS well, all will admit; yet that is by no means the principal test of its value. Does it READ well?—that is THE question. Our modesty compels us to leave this question to the reader. That it is printed on new and beautiful types, and on the very best quality of superfine paper, is evident to every beholder. But are its articles acceptable, sensible, and useful? If so, all is well, and printers, publishers, and readers are satisfied.

GOSSIP FROM BOSTON.

BY NOGGS.

A spirited apothecary in this city, whose enormous profits enable him to sport his tandem, and live the life of one of the fastest of our “fast men,” offers to give a young man of intelligence and education the magnificent salary of fifty dollars a year, and the man board himself, with the flattering prospect of having twenty-five dollars added each year for five years, and the knowledge of the mysterious art of compounding medicine—a business just about as difficult to learn as that of a fancy restaurant, and very similar, the latter being far less injurious!

True, the business of an apothecary has been very lucrative; but times have altered, and are altering fast.

Even now the best part of most of our druggists' business is selling soda, mead, segars, liquors, confectionary, and fancy articles generally; and pretty soon they will be druggists only in name, having, in self-defence, become oyster saloons, or something of that sort—the people having become so disgusted with drugs, that even the unprincipled among the allopaths dare not prescribe much medicine.

How a man with any soul, knowing all this, could have the impudence to ask a young man to throw away his five most precious years, is more than I can conceive of.

I hear good reports of the doings of hydropaths everywhere, especially in your own city of New York.

This way we are coming over to the faith (believing the truth as it is in cold water) “like sheep over a wall!” In East Cambridge, Dr. K— has just finished a very well-attended course of lectures on hydropathy, and “everybody that was anybody” was there, from the members in Congress down to the schoolboy. Before this, only two copies of your excellent journal were taken; now twenty-five are already subscribed and paid for, and many more intending soon to take it.

By the way, have you seen “Dr. Pillcoody's ingenious manner of accounting for the success of arsenic in ‘curing’ bad humors?”

“Pray tell me,” says Miss Jemima, “how it is arsenic purifies the blood?” “Why,” says the doctor, “by killing the humor, and the humor being dead, of course the blood is pure!” “But how can you kill a humor, Doctor?—it aint a critter, is it?” “Humors are said to exist in man, and of course must be alive! Arsenic will kill anything, and of course, it will kill a humor!”

A man hereabouts has been lame seven years. Dr. Warren says his lameness was caused by being poisoned by the bite of a leech!

The Massachusetts Medical Society meets next week, when much important business is expected to be done, especially about dinner time.

REPLY TO NOGGS.

BELOVED HYDRO—Thy “gossipings” are as sharp as leech-bites, and twice as refreshing. It rejoiceth Gotham exceedingly to behold thy endeavors to wash the “unctuous matter” off the “cutaneous skins” of the Boston allopathics. Their “sebaceous follicles” need amazingly to be opened as well as their understandings.

Hereabouts as well as thereabouts are a few “great guns” of the profession, whose *pillula* tell effectually on the theory of population; and I assure thee, they are “some pumpkins” in all matters pertaining to cod-liver-whale-or-any-common-fish-oilogy.

Against thy “sapient” editor of a medical journal, we can boast of a living locomotive gas-ometer, which conducts a medical gazette. The way his tank explodes ever and anon when brought into contact with cold water, is a caution to Saltpeter. He argues from the strongest possible data, being his own strongest possible assertions, and reasons on the high pressure principle, which makes a terrible noise with dreadful little steam.

Here is an ensample:—He says there are 875 allopathics in our town against 35 homœopathists, and from this compound he extracts the inference that allopathy must be all right. O antimony!

Now, we have at least 875 rum-groceries, and not more than 35 of the anti-grog sort. Isn't the rum business the rightest, according to arithmetic?

It makes the very Croton Reservoir swell with “fiery indignation” to hear these learned donkeys bray so.

Thy Boston physio man, who don't believe in washing folks very often, publishes to the world that hydropathy is running out. I leave thy modest face to speak for the Old Cradle; but, as to York, it's pretty considerably so. It's running out, and over, too. Out to all the regions round about, and over all creation. Does thee suppose he has more than one reader to our ten? Cause why, he hasn't more than a tenth part as much sense.

That same neighbor of thine—that man of “markery” and acquainted with jalap, which is pretty much all—prays, too, that the Water-Cure may be soon buried so low that the waters of a deluge can never wash it up again. There's a genius. How wonderfully the ideas of some men don't come out of their heads at all! Washing up cold water with a flood of water! Such logic is very like trying to get the poison of disease out of a man's blood by sending a whole apothecary-shop full of poisons after it. It's allopathy to the life—to the death, rather.

Thy gossip alluded to a doctor who was doctored to the future state lately, somewhere down East. It has often attracted notice in these parts, that when a consultation of regulars is held over a regular, he is apt to get finished off right away. Not long ago, a regular doctor came over from Jersey to be doctored by our regular doctors in the regular way. The doctor was doctored through a regular course, and in just four days the doctor was regularly done for! After he died, an examination was made, and it was discovered that *nothing could have saved him!* Isn't it true that the profession is too much crowded?

A word confidentially. Can't we contrive some way of provoking these regulars into an argumentation through the papers, so that the “common herd” can see both sides? Let the allopathics bring on as many as they please of the tallest professors they can scare up between Lake Winipissioes and Sundown, and one of us—it won't need both—will handle them after the similitude of David and the Philistine. What does thee think? Give my love to Mrs. Nogs and all the little Nogssees.

Quoggs.

WANTED, a Driver for one of the last Stages of Consumption—an allopathic physioian preferred. Inquire at a drug store.

SATAN'S SUGAR-COATED PILLS.—Dr. Jewett thus designates a new preparation for smuggling “the critter” into the human stomach:

The latest trick of the old enemy, and one which would do a vast amount of mischief if not exposed, and considerable, do what we may, I first became acquainted with about ten days since. I have already made some efforts to expose it, and will briefly lay the matter before your readers. I learned, before leaving Massachusetts, that some of the confectioners and grocers were selling an article in the shape of a little sugar ball, which contained a fluid smelling like alcohol, and, worst of all, that boys from our schools were purchasing and consuming them.

I managed to procure a quantity of the article, and have analyzed them. The balls are about the size of a filbert, flattened somewhat on one side, and hollow. The crust of the shell is composed of white sugar and gum. If a resinous substance were used to cement the particles of sugar, the shell would be soluble in alcohol but insoluble in water; as, however, gum is used with sugar in the preparation of these little (not bomb, but) *rum shells*, the alcohol cannot escape.

George III. is represented by the facetious “Pindar,” or Dr. Walcott, as inquiring of the apple-dumpling maker, “But, Goody, Goody, tell us where's the seam?”—to whom the old lady replied, in the most respectful manner, doubtless—

“There is no seam, great sire,—I never knew
That folks did apple-dumplings sew.”

The persevering king, still bent on unraveling the mystery, inquires—“But how the Devil got the apple in?” Now, to me, it is equally a mystery how the rum or brandy contained in these shells is put there; but it is there, nevertheless, and it is there to do its work of ruin, by creating in the constitution of the young and thoughtless, who may consume them, a fixed appetite for intoxicating stimulants.

Each of the balls contains one-fourth of a teaspoonful; and an ounce of them, for which only five cents is demanded, contains alcohol enough to intoxicate a lad of eight or ten years pretty essentially. The article is manufactured, as I am informed, in New York. Let your columns warn the young against this agent of mischief, and let parents look well to their children and to the confectioners.

MISS BLACKWELL, M. D., AT GRAEFENBURG.—“A private letter has been transmitted to us by a mutual friend, which we are not at liberty to insert in full, by which we learn that Miss Blackwell continued her studies in Paris up to July last. The disease of one of her eyes, contracted from a patient under her observation, has proved a serious calamity, the sight being nearly destroyed. In July she was at Graefenburg, at the hydropathic establishment of Priessnitz, partly to try the effects of his system upon herself, and partly to study its effects upon the numerous patients congregating there, with a view to ascertain what success is really attained, and to determine how much is to be attributed to the therapeutic action of water, and how much to the general hygienic condition under which the patients are placed. She states that she has received a courteous invitation to pass several months in London, every facility for attending the hospitals and schools having been promised; and that it is her intention to avail herself of this opportunity to institute a comparison between French and British practice.” Thus says the Buffalo Medical Journal. We shall hear more of Miss Blackwell, in connection with the Water-Cure, in due time. After having visited Graefenburg, she will not be slow in applying the principles of hydropathy to such cases of disease as present themselves for her advice and treatment.

The late Professor Gregory scrupled not to declare, in his medical class-room, in London, that ninety-nine out of every hundred medical facts were so many medical lies; and that medical doctrines were, for the most part, little better than stark staring nonsense. And yet these lies and that nonsense retain their hold in our colleges and in our academies, with a tenacity that is truly wonderful. Medical students are regularly crammed with them, just as our geese in the fall are pampered by the wholesale use of pellets of moistened meal. And the result is exactly what might be expected—most disastrous. A practice, based on lies and nonsense, what *can* it produce but misery, ruined constitutions, and premature deaths?—so that it has been justly pronounced, in the true spirit of profound inspiration, “the destructive art of healing!”—*Universe*.

THE WATER-CURE JOURNAL IN ILLINOIS.—The Western Mercury, published in Geneva, says—“This Journal of Health increases in value, and is a bold, energetic, and scientific exponent of the true principles of health and disease. No system of medicine, be it allopathic or homœopathic, can at all compare with the system recommended in this publication. One feature in this journal we cannot but admire, namely—its disinterested benevolence. The spirit of love for mankind, and an earnest desire to alleviate and prevent human suffering, stands out in bold relief on every page. Much good has already been done by this magazine, and its future will be made more eminently successful and glorious by its extended circulation. No person should think of being without a copy.”

Now, this is plain talk, spoken by an honest man, without a selfish motive. Would it not be well for every one to heed his advice, and subscribe for the Journal?

LONG LIFE.—The New Hampshire Statesman says—“There is residing in Canterbury an aged couple, Mr. Elijah Matthews and wife, who have lived together 71 years last September, and in the same house 69 years. The age of Mr. Matthews is 91, and that of Mrs. Matthews 88. What is still more remarkable is, that no death has ever occurred in the house since they lived in it.”

This is at it should be, and as it would be, if the laws of life and health were obeyed; yet how few there are who live in harmony with these natural and divine laws! Sicknes and premature death are as common as night, and few indeed reach the number of years allotted to the life of man. Who will aid in reforming the world and prolonging human life?

SUDDEN DEATH.—It is our sad task to record the sudden departure from this life of Mrs. Sewall, wife of Samuel E. Sewall, Esq., and daughter of Mr. Nathan Winslow, of Portland. Having come into town from her residence at Melrose, on Monday evening, in her usual health, she called at the house of Mr. Pitman, in Carver street, where she was taken with bleeding at the lungs. Two physicians were called, but in three hours she expired. A very numerous circle of friends will mourn the loss of a most amiable, accomplished, and benevolent lady, whose heart and hand were in every good work; nor will they forget to sympathize with one whose happy home has so unexpectedly lost the presence of its guardian angel.—*Chronotype*.

WONDERFUL CURE.—The Belfast, Me., “Journal,” tells of an old lady who was always troubled with the asthma during the prevalence of east winds. “After consulting physicians without success,” her husband nailed the weathercock with its head to the west, and she hasn’t been troubled with the distemper since.

THE WATER-CURE IN ALABAMA.—We have as yet no regular Water-Cure establishment in Alabama, but many among us resort to water, and nothing else, as a remedy in all cases of sickness.

We have tested the water in our own case, and have seen it adopted in many families with the most beneficial results.

All who have paid any attention to hydropathy, and understand the principles upon which it is founded, express the fullest confidence in it as a system of medicine. The time is at hand when people will no more think of taking calomel, quinine, or any other poison, to cure disease, than of using nitric or prussic acid as a common beverage.—*Alabama paper*.

BATHING.—*Arthur’s Gazette* publishes that silly twaddle, copied out of the Boston *Medical and Surgical Journal*, and calls it an “ably-written article.” We regret to find this new paper so far behind the age as to be ignorant of the advantages of daily bathing. It is not at all surprising that the allopathic medical journals should take the course they do in opposing hydropathy; but it is quite uncalculated for in *Arthur’s Home Gazette*, in which paper we find so many good things.

“TOBACCO.—There are in operation at the present time in Richmond, Va., 43 factories, in which are employed over 2,300 hands, and which produce in manufactured tobacco 14,500,000 lbs. annually. It would require considerable shrewd ciphering to ascertain the precise number of ‘old sokers’ to which this quantity of ‘raw material’ is finally reduced.”

Enough to saturate a State! We would sooner work at anything else than this filthy, unhealthy, and degrading business. We have visited tobacco factories, and know that it is in *st* decidedly injurious to the health of the operative. Who ever saw a HEALTHY tobaccoist?

“ARMY AND NAVY.—At a supper party, some gentleman gave, ‘The army and navy.’ This was followed by a total silence. There was no epauletted soldier or lieutenant with gold ‘swabs’ to respond for the tent or quarter-deck. Matters were in this position, when a certain M. D. rose, and glanced around the sumptuous table.

“Gentlemen,” said he, ‘the health of the army and navy has been given. I am neither a soldier nor a sailor. We have no one here who has shed blood for his country except myself—yes, gentlemen, except myself. I have a hundred times—yes, a thousand times. I have bled for my country—yes, and blistered, too.’”

A CANDID CONFESSION, truly. Well, we had never before thought of classing the regular M. D.’s with the “regular warriors,” but we now see that there is a resemblance.

The young woman who ate a dozen peaches, half a dozen apples, the same number of pears, three raw tomatoes, and a half-pint of plums, within half a day, says she knows “fruit aint wholesome!”

WOMAN’S DRESSES.—Our readers may look for a series of articles on DRESSES, in future numbers of the present volume.

WATER-CURE—NEW ESTABLISHMENT.—Doctors Robinson and Bolles have opened an Hydropathic Institution in McLean, N. Y., fourteen miles from Ithaca, on the regular thoroughfare between Ithaca and Syracuse. Their location presents many advantages, and we doubt not but they will be liberally supported.

J. F. DODGE, of Mississippi, has really set the people “all afloat” on the Water (Cure) in this great valley. A few such co-workers will soon annihilate the evil practice—s, of the “regulars.” Mr. Dodge has sent several large clubs of new subscribers for the WATER-CURE JOURNAL.

It is the etiquette in the Chinese Court for the Emperor’s physicians to apply the same title to his disease as to himself—so they talk of “his high and mighty diarrhoea!”

ICE-HOUSES.—Now is the time to “fill up.” Ice in hot weather is always a luxury, and, in certain diseases, a valuable remedy. Hence it would be well for everybody who has the facility, to “lay in” a supply.

“SWIMMING has been ordered to be taught in the French army since the accident at Angiers”—*Exchange*.

EVERY CHILD should learn to swim. Thousands of lives would be saved yearly were this art understood.

Read “THE SCIENCE OF SWIMMING,” published at the Journal office.

THE LEBANON SPRINGS WATER-CURE has been closed for the winter. It will be reopened on the first of next May.

THE TROY WATER-CURE is now in charge of Dr. Bedortha, of the New Lebanon W. C. Patients may receive treatment as usual, during the winter, at Troy.

BE EARNEST.—We’ve had milk and water stuff long enough in the old school journals. You must now give ‘em — something that will call the attention of everybody and family to the Water-Cure and its great expositor—the W. C. Journal.

Thus writes a zealous advocate of the liquid element. We hope to give the world nothing hotter or stronger than water, without the milk.

Varieties.

The number of Post-Offices in the United States at this time is nearly twenty-one thousand. Of these, there are eighty-three Post-mistresses. Upwards of thirty-six hundred offices have been established within the last eighteen months.

PROGRESSION.—An exchange has the following. The editor, referring to his newspaper, says—“Its character will be modified from that which we ever published or intended; for the world has changed, sentiment has gone with it, and FORWARD is the word, and we would not be behind.”

Thus is the WORLD progressing. The very earth is constantly undergoing changes, imperceptibly to the unobserving, but changing, nevertheless; and he who fails to take cognizance of these facts will be left behind the “LIGHT-HOUSE.”

We know a carpenter’s apprentice, who, being too lazy to work, about once an hour bumps his nose against a post till it bleeds, and then he sits down to have a good resting spell.

It is stated in an Irish paper, that a sheep was lately stolen from a field in Coolarney, county Mayo. Suspicion fell upon the wife of a man who had been transported for a similar offence, and, on searching the house, the officer found the sheep in bed with children, with a chemise and night-cap on!

“Jim, does your mother ever whip you?” “No; but she does a precious sight worse, though!” “What’s that?” “Why, she washes my face every morning!”

“Mr. Walter Colton saw at Rio a woman only twelve years old, who had two children. She was married, at the age of ten, to a man sixty-five.”

All but the woman.

Some one says the best vegetable pill yet invented is an apple-dumpling.

DIETETICS.—“What’s the matter with your veal?” said a nasal-voiced Yankee to a street butcher the other morning; “what makes it look so blue? Didn’t die, did it?” “No,” says the other; “it didn’t die, ‘zactly; it kind o’ gin out!”

We heard a good joke once of a party of young fellows who found fault with the butter on the board-ing-house table. “What is the matter with it?” said the mistress. “Just you ask it,” said one; “it is old enough to speak for itself.”

What is the difference between Noah’s Ark and a down east coaster? One was made of Gophir wood, and the other is made to go for wood.

To commit murder quietly, take a lady and tell her she has a pretty foot. She will then wear a small thin shoe, go out in the wet, catch cold, and a cold will bring on a fever, and she will die in a month.

The Poughkeepsie *Eagle* states that the health of the people of that village is so excellent, that the physicians have nothing to do but sit in their offices and make out bills.

A lady asked a physician if snuff was injurious to the brains. “No,” said he; “for nobody who has any brains ever takes snuff.”

The London Times complains that the descendants of Arnold, the American traitor, are supported from the fund of England.

Special Notices.

THE POSTAGE on the Water-Cure Journal is one cent in the State where published, and one and a half cents out of the State, in the United States, the same as on all other newspapers.

HYDROPATHIC ENCYCLOPÆDIA ; A COMPLETE SYSTEM OF PRACTICAL HYDROPATHY AND HYGIENE; Comprising

- Part I. OUTLINES OF ANATOMY, ILLUSTRATED.
- Part II. PHYSIOLOGY OF THE HUMAN BODY, ILLUSTRATED.
- Part III. HYGIENIC AGENCIES AND PRESERVATION OF HEALTH.
- Part IV. DIETETICS AND HYDROPATHIC COOKERY.
- Part V. THEORY AND PRACTICE OF WATER TREATMENT.
- Part VI. SPECIAL PATHOLOGY AND HYDRO-THERAPEUTICS, including the nature, causes, symptoms, and treatment of all known diseases.
- Part VII. APPLICATION TO SURGICAL DISEASES.
- Part VIII. APPLICATION TO MIDWIFERY AND THE NURSERY. Designed as a guide to families and students, and as a text-book for physicians.

By R. T. TRALL, M.D.

The above work is now in press, and will be issued in serial numbers as rapidly as possible. It will consist of eight numbers, of about two hundred pages each. Its object is to bring into the most condensed and practical form, all the facts and philosophy in medicine and its collateral sciences pertaining to the Philosophy of Life and Health, and the Water-Cure Treatment of Diseases. The price of the entire work will be \$2.00; each number 25 cents. Orders may be directed to the Publishers, FOWLERS AND WELLS, New-York.

A NEW-YEAR’S PRESENT. It may not be known that the custom has become very common, for those interested in the advancement of Hydropathy, to order the Journal to be sent a year to a friend residing in a distant part of the county. Yet it is frequently done. What could be more useful or welcome to a young mother than such a present? This is as good to give as many more costly presents.

TO BORROWERS.—Now that the Water-Cure Journal can be had at HALF A DOLLAR a-year, in a club of twenty, we do think every one can afford to subscribe. Dr. Franklin said, “If we wish to use an article but once, it may be better to borrow; but, if wanted more than once, it is better to buy.” Now who is there who has ever read one number of the Journal but what wanted the whole twelve; then is it not better to subscribe?

AT WHOLESALE, to those who prefer it, we will send the Journal one year for \$1; Five years for \$4; Ten years for \$7; or Twenty years for \$10!

Most of our subscribers would as soon enclose the amount for three or four years as for one, and thus save the time and trouble of writing. We shall be suited if our subscribers suit themselves.

To Correspondents.

OUR NUMEROUS CONTRIBUTORS will please be patient. Their articles will appear as soon as our space will admit. Notwithstanding our enlargement, we find a great pressure on our space. The writers, the readers, and the public shall be served as promptly as possible.

H. R. S. Sends us a communication “On the Immediate Causes of Fever.” His principal proposition is based on Liebig’s hypothesis of the burning of carbon in the lungs to keep up animal heat. This Liebigian notion we regard, in the language of Mr. Hough, at the late Vegetarian Convention, as “flat chemical nonsense,” hence it is hardly worth while to publish oft-repeated absurdities for the sake of refuting them again. The observations on diet are but the re-echo of the common notions of medical books, which, by the way, we have very little respect for. Give us something really new, Mr. S., or a new view of old things.

INJURY TO THE HIP.—In the case of Mrs. C., of Princeville, Illinois, the symptoms strongly indicate what is called the “hip disease.” If so it is far advanced, and the patient ought to be under full treatment. The best home-practice is a constant succession of cold wet bandages if the part is hot; if not the tepid or warm douche, poured from a pitcher, and continued a long time. General treatment should be attended to also. Half or hip baths would do good.

CANTON FLANNEL.—J. M. P., Williamsburgh, asks: Whether Canton flannel as an article of clothing, is liable to the same objection as flannel? Probably not, for most purposes. When used about children, and liable to get wet often, fine soft flannel is the best, because it will not take up and retain so much moisture.

BRONCHITIS WITH SCROFULOUS TAIN.—J. F. D. requires the chest wrapper, a daily hip bath, and a pack occasionally. Kneading, pounding, thumping, &c., on the external muscles of the lower part of the abdomen, gentle of course, so as not to produce pain or aching, would help the breathing and voice, by rendering the “handle of the bellows” most flexible and active.

N. W. J., BOUCKVILLE.—Your complaint requires frequent hip baths, the pack sheet two or three times a week, the abdominal bandage, and a rigidly simple and abstemious diet. The ascending douche applied to the prolapsed part, if practicable, would be very useful.

ENLARGEMENT OF THE PROSTATE GLAND.—A. H. will find a rigidly close diet—the real “hunger cure”—moderate washings along the spine, and tepid or cool hip baths, the best of the hydropathic appliances.

ENLARGED TONSILS.—S. C. W. S. asks, What is the water-treatment for swelling of the tonsils? Treat for general health, and use iced water gargles locally. Abstemiousness in diet is very important.

A SUBSCRIBER.—Thorough Water treatment will be necessary in your case. It needs immediate attention. Medicines will do you no good.

W. B.—You may remit, in the same letter, from one to five bank notes, and not increase the postage.

DR. S. G.—Fruits and Vegetables will appear in our next number.

Book Notices.

THE WORLD’S PROGRESS—A DICTIONARY OF DATES, with Tabular Views of General History, and an Historical Chart. Edited by G. P. Putnam. 1 vol. small 8vo. cloth, \$2.

PLAN OF THE WORK.

I. TABULAR VIEWS OF UNIVERSAL HISTORY, in Contemporary Columns, from the Creation to the Present Time.

II. DICTIONARY OF DATES, Comprising all Essential Facts, Historical, Statistical, &c.

III. LITERARY CHRONOLOGY, in which all celebrated Writers of every age and nation are given.

IV. A COPIOUS LIST OF HEATHEN DEITIES, with the Heroes and Heroines of Antiquity.

V. A BIBLIOGRAPHICAL INDEX, which shows at a glance what events happened, and who were the prominent contemporaries of any celebrated personage.

The volume before us is one of unusual interest and value. It will find its place in every public and private library.

In speaking of this work, in Sartain’s Magazine, Prof. Hart says,—“As a work of reference, showing at a glance, in well digested tables, the progress of the world in arts, arms, science, and literature, from the time of the creation down to the arrival of the last steamer from Europe, we know nothing equal to the book under consideration, either for comprehensiveness or perspicuity. We know no one book of equal size, in which one can find so much valuable information with so little trouble.”

HISTORY OF PROPELLERS AND STEAM NAVIGATION.—With Biographical Sketches of the Early Inventors. By Robert McFarlane, C. E. New York: George P. Putnam.

A vast amount of valuable and interesting information in a very small compass, to be read as a scientific description of the progress of steam navigation, and as a cheering and edifying illustration of the power of perseverance to achieve wonders from very small beginnings. The wood cuts are so full and clear, as to give a very good idea of the various parts of steam machinery in the progressive stages of its preparation. The book ought to be in every school district library in the land.—*Christian Inquirer*.

We not only endorse the above, but would add, that it should be in the hands of EVERY MAN in all creation.

A WANT OF SPACE prevents us from noticing a number of other valuable works which have been sent us. They will be noticed in our next.

ADVERTISEMENTS.

THE TERMS for advertising in this journal will be as follows: For a full page, one month, \$40. For one column, \$15. For half a column, \$8; for a quarter of a column, \$5. For less than a quarter of a column, twenty cents a line. A reduction will be made to those who advertise by the year. No advertisements of an improper character will be admitted, and but a limited number of any kind.

ALL BOOKS ON THE WATER-CURE may be obtained at Wholesale or Retail at the Journal Office. Works will be imported to order by every Steamer. Remittances should be Post Paid, and addressed to FOWLERS AND WELLS, 131 NASSAU STREET, NEW YORK.

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