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The botanical character, chemical properties, and medicinal virtues of the Chelone Glabra, or Snake-head. By Jonathan A. Allen, M.D. of Brattleborough, Vt.

WITH A PLATE

[Communicated for the New-England Journal of Medicine and Surgery.]

THE chelone glabra is a perennial indigenous plant, which is found on the banks of brooks, and on wet grounds, probably from Georgia to Nova Scotia. It forms bunches, and rises to the height of two or three feet. Its usual period of florification is in July and August.

This genus has a calyx five cleft or leaved; corolla ringent inflated; the upper lip emarginate, obtuse; under lip slightly three cleft, with the rudiment of a fifth glabrous filament; capsule two celled.

Its arrangement in the sexual system of Linnæus is in the class didynamia, and order angiospermia; and in Linnæus' natural order, personatæ. Its Jussieuan order is scrophulariæ.

This species, of which there is supposed to be only the glabra in this country, is characterized by leaves opposite; lanceolate, acuminate, serrate, spikes terminal.

The stem is smooth, bluntly four cornered, and not unfrequently branching. The leaves commence near the ground, and are handsomely disposed at a distance of from two to three inches apart to the top. A few only of the flowers expand at a time, and are usually of a white colour, in many instances; however they have a red shade. The corolla is large, inflated and contracted at the mouth, which gives it the resemblance to the head of a serpent. The lower tip has three small seg-

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ments, with two woolly stripes within. The stamens are hairy. The calyx nearly sessile, with five short rounded segments. The seeds are numerous.

The sensible property of the leaves of the Chelone is an intense bitter. The flowers and stem are nearly tasteless.

On adding a solution of acetate of lead to an alcoholic tincture, a copious white precipitate was produced. Sulphate of iron caused a black precipitate; muriate of iron a precipitate, which, on standing, assumed a brownish hue. A tincture of the leaves in water produced a muddy appearance. From these experiments it will readily be inferred that the Chelone possesses, 1. A bitter principle; 2. Tannin; 3. Extractive matter; 4. Resin.

The medicinal properties of the Chelone are those of a tonic and astringent. These properties it possesses in an eminent degree.

For several years past, Dr. Lemuel Dickerman, President of the second Medical Society of Vermont, has been in the habit of prescribing a decoction of the chelone in the last stages of dysenteria and diarrhœa with uniform success.

Dr. John Hazeltine of Townsend, Vermont, for several years has found it successful in most cases of relaxation of the alimentary canal. He has also found it to give relief in an obstinate case of habitual colic, after the failure of many other medicines. The patient had suffered from a severe attack of the colic, every few weeks, for a number of years, but from the commencement of the use of the chelone, she had not had a return for more than a year.

Dr. William Atherton has found it successful in several cases of obstructed catamenia. He is of opinion, however, that its efficacy depended on its tonic power and not on its having any specific influence on the uterine system.

In my hands the chelone has proved as successful as any vegetable tonic. It has failed, and so have others. In one instance it relieved an old dyspeptic after eupatorium perfoliatum, bark and wine had been used without obtaining a cure. It is certainly less nauseous than the eupatorium, and as a tonic and astringent in general is preferable.

It may be given either in decoction, tincture, or powder. Two drachms of the powdered leaves to a pint of spirit form a sufficiently strong tincture. The decoction requires the same proportions. Of either the spirituous or aqueous solution, from two drachms to an ounce may be taken three or four times a day.

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The plant should be gathered when in flower, carefully dried, the leaves are then to be stript from the stem and laid away for use.

Clinical Remarks. By Abel L. Peirson, M.D.

[Communicated for the New-England Journal of Medicine and Surgery.]

Messrs. Editors,

MUCH practical information, particularly useful to the younger part of our profession, is lost undoubtedly from the unwillingness of men of business to communicate the result of their experience through the medium of public journals. And this unwillingness arises in part from the mistaken idea, that these results can be useful to the world only when published scientifically and methodically. Allow them a style a little more colloquial than that of our best practical writers, and we should oftener have, from the more experienced members of our profession, a description of, and remedy for those daily difficulties and vexations which embarrass the practice of almost every man, when he first essays our profession; and which, if he has a feeling heart, must make some of his first attempts in the healing art, subjects of unpleasant retrospection.

I will acknowledge that, in composition, methodical detail predominates much in rank and dignity over the opposite. But while few are able to write methodically, the honest reflections of any man of skill are important to the inexperienced practitioner. For my own part, I shall always esteem your journal rich, when I find within its covers, the miscellaneous, practical remarks of men of experience, illustrated by common *every day cases* and dissections, explaining the most obvious causes of error in practice, and the most certain way of avoiding them. If you agree with me in these preliminaries, you are welcome to make use of any thing which I can contribute to your valuable paper.

Inflammation of the mucous membrane of the intestines.

It seems to me impossible that any man should commit a gross error in the treatment of local diseases, who is able to compass two points:

First. To make an accurate investigation of the *diseased appearances*, or the symptoms, and

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